The New Hampshire Comprehensive Health Care Information System (NH CHIS) Limited Use Data Dictionary

Version 1

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Prepared for the
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Maintained by Milliman

INTRODUCTION

The New Hampshire Comprehensive Health Care Information System (CHIS) was created by New Hampshire State statute to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." The New Hampshire Insurance Department (NHID) and the NH Department of Health and Human Services (NH DHHS) jointly lead the project, which includes legislative provisions mandating that health insurance carriers submit their encrypted health care claims to the state. The NH DHHS's Office of Medicaid Business and Policy, after a competitive bid process, contracted with Milliman, Inc. in May of 2012 to maintain the CHIS. This data dictionary documents the Limited Use tables created from the data submitted to Milliman on behalf of NH CHIS.

UNDERSTANDING THE TYPES OF AVAILABLE DATA

New Hampshire's data are collected using the NHpreprocessor; an application developed by Milliman to perform initial data quality checks and automatically de-identify (hash) claims and enrollment data. Data are aggregated using Milliman's MedInsight enterprise data warehouse and software. MedInsight is an established integrated data warehousing and reporting tool specifically designed for health care analytics. Data from the MedInsight data warehouse are used to populate pre-defined data tables for the NH CHIS. These tables are organized as a relational data warehouse consisting of three primary types of data sets: **core** data sets, **supporting** data sets, and **reference** data sets. Separately, each provides a discrete path into the data; combined, they offer a comprehensive roadmap to understanding how healthcare is being used:

- **Core** data sets represent the bulk of the claims and eligibility information submitted by data reporters. Core sets include data originally submitted and are supplemented with a range of enhanced and value-added fields to aid in the use of the data. Examples of core data sets include: medical claims, pharmacy claims, medical membership, and pharmacy membership.

- **Supporting** data sets contain primarily redundant information submitted in the original files and extracted to single occurrences for efficiency in storage and performance. Examples of supporting data sets include member detail, pharmacy detail, and provider detail.

- **Reference** data sets are primarily look-up files containing all valid codes and their associated labels. Reference sets also may include elements that allow the summarizing of core data at a higher level. For example, the geography codes reference data set is ZIP-code based with one record for each ZIP code; it also includes the county associated with that ZIP code. Linking the medical claims data set to the geography codes reference data set on the ZIP code field allows the user to summarize data by county. Reference data sets include data for nonstandard code values used by individual data reporters; these often are referred to as local or homegrown codes. Users are encouraged to carefully review the contents of a reference file to determine if additional codes should be included in their specifications. Reference tables are named with the prefix REF to help identify these tables.

UNDERSTANDING HOW THIS DICTIONARY WORKS

This dictionary provides a list of available data elements – some as originally submitted, others created as keys for the dimension tables, or enhanced by Milliman. Elements are listed by table and provide technical specifications and background information, including inter-element mapping so users can plot the most efficient path to the data they need.

Table Information

The table list displays each of the available tables. The information is displayed in 3 columns:

- **TABLE NAME:** The table name used in the data tables.
- **TABLE COMMON NAME:** A brief descriptive name for the table.
- **TABLE DESCRIPTIVE TEXT:** A brief description of the contents of the table.

TABLE NAME	TABLE COMMON NAME	TABLE DESCRIPTIVE TEXT
MEMBER_DETAIL	MEMBERS	The member's reference data set links to the medical claims, medical membership, pharmacy claims, and pharmacy membership data sets to supply the unique member number.

Table Contents

The data element information is presented in 6 columns:

- **TABLE NAME:** The table in which the data element is populated. For the CLAIM_MC_yyyy, and CLAIM_PC_yyyy tables, check boxes were added to indicate which elements were relevant to Medical, and Pharmacy claims.
- **DATA ELEMENT COMMON NAME:** A brief descriptive title for the element or field.
- **DATA ELEMENT NUMBER/IDENTIFIER:** The column identifier from the NH Data Submission Manual that is used to create the text extract in the proper order.
- **DATA ELEMENT NAME:** The element name used in New Hampshire's database.
- **FIELD POSITION:** The position of each data element in the corresponding table.

- **TYPE (Max Length):** This column displays the data type for each element and the maximum length of each field.
    - There are 3 data types (DATE, VARCHAR (alphanumeric) and NUMERIC (numbers only)).
    - The maximum length of each DATE element is 8 unless otherwise specified. The maximum length of each VARCHAR or NUMERIC element is given in parentheses following the type designation. Note that all NUMERIC elements also include an (x,y) notation, indicating a maximum of *x* total digits inclusive of *y* possible digits to the right of a decimal point. For example, a (5,2)-length element embraces values such as 99999, 999.99, and 0.01.
- **DESCRIPTION:** A brief explanation of the contents contained in each element. The description also may indicate an element's relationship to other elements, particularly when reference data sets are involved. In many cases, this column also includes a list of all valid codes for the field. Note that many of these data sets include two codes that are necessary for the referential integrity of the warehouse: -1 (payer supplied no value) and -2 (payer supplied an incorrect or invalid value).

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Coverage Class	MC899, PC899,	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM

Additional Notes

A few additional notes about using the data described in this dictionary:

- **Table Order:** Data sets are listed in alphabetical order by common name. (Note that the order of data elements in the tables below does not necessarily reflect their order in the released data sets.) In addition to data fields, reference tables are also listed in the Table Contents section.
- **Common Use Flags:** Use flags are being created to simplify the filtering and analysis. It is the policy of Milliman to include all submitted data, which may include warehouse records that may not be desired for common analyses. Specifications for these use flags are still under review. Users are encouraged to review the distribution of data by the various Use Flags for each of the claims and membership data sets before incorporating these flags into their analysis.

AN IMPORTANT NOTICE ABOUT USING CLAIMS DATA

While every effort is made to ensure the utility of New Hampshire's data, it is critical to understand that there are inherent challenges to working with claims data. While carve-out and use flags have been employed to enhance data reliability, extensive caution still must be used when linking between claims and membership records in the medical and pharmacy files to avoid duplicate counts and overlaps. The claims data is segmented using the Milliman Health Cost Guidelines, which categorizes for hospital, surgical, medical and other services. If you need assistance in understanding how to interpret and use your data set, please contact Milliman or NH CHIS to inquire about training and consulting services.

LIMITED USE DATA DICTIONARY

TABLE INFORMATION

Table Name	Table Common Name	Table Description
CLAIM_yyyy	MEDICAL CLAIMS	The medical claims data set contains one record for each service that was rendered and is organized by service year. All adjustments to the claims have been applied to the data. Note that the yyyy in the data set's name will reflect the year of service. For medical claims industry standard coding definitions, please refer to the following websites: • For Level I HCPCS (CPT) codes, see: http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page • For Level II HCPCS (non-CPT) codes, see: http://www.cms.hhs.gov/MedHCPCSGenInfo/ • For ICD-CM codes, see: http://www.cdc.gov/nchs/icd.htm • For Revenue codes, see: http://www.nubc.org/
CLAIM_yyyy	PHARMACY CLAIMS	The pharmacy claims data set contains one record for each filled script and is organized by service year. All adjustments to the claims have been applied to the data. Note that the yyyy in the data set's name will reflect the year in which the script was filled.
FINALCLAIM_XXX_yyyy	FINAL STATUS OF CLAIMS	The medical final claims data set (MEDICAL_FINAL_CLAIM_DETAILS_yyyy) contains the final status of each claim for each service that was rendered and is organized by service year. PLEASE USE THIS DATA WITH CAUTION: The data in this table reflect the final status of the claim only (after all adjustments). For healthcare processors that submit the final status in their claim suffix with the highest number, these claims may or may not tie to other claim tables (these values can be reinstatements, or could reflect the most recent status of the claim). Note that the yyyy in the data set's name will reflect the year of service. For medical claims industry standard coding definitions, please refer to the following websites: • For Level I HCPCS (CPT) codes, see: http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page • For Level II HCPCS (non-CPT) codes, see: http://www.cms.hhs.gov/MedHCPCSGenInfo/ • For ICD-CM codes, see: http://www.cdc.gov/nchs/icd.htm • For Revenue codes, see: http://www.nubc.org/
MEMBER_DETAIL	MEMBERS	The member's reference data set links to medical claims, medical membership, pharmacy claims, and pharmacy membership data sets to supply the unique member number.
MEMBERSHIP_yyyy	MEMBERSHIP	The membership data set contains one record for each month of medical and/or pharmacy coverage for an individual. Note that the yyyy in the data set's name will reflect the year of service.
PROVIDER_DETAIL	PROVIDER DETAIL	The provider detail reference data set provides detailed service provider information, including unique records by payer and provider information.

Table Name	Table Common Name	Table Description
REF_CLAIM_ INSURANCE_TYPE	INSURANCE TYPE/PRODUCT CODE – CLAIMS FILES	Table 5 – Insurance Type/Product Code – Claims Files (MC003, PC003)
REF_COVERAGE_TYPE	COVERAGE TYPE CODES	The coverage type codes reference data set includes all valid type of coverage values and links to the medical membership, and pharmacy membership data sets.
REF_CLAIM_ PROCESSING_LEVEL_ INDICATOR	CLAIM PROCESSING LEVEL	Indicates either 1) Claim Level or 2) Service Line Level (MC218, PC214, DC218)
REF_CLAIM_STATUS	CLAIM STATUS	Table 9 – Claim Status (MC038, PC025, DC031)
REF_CPT	CPT CODES	The CPT codes reference data set includes all valid Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) values and descriptions and links to the medical claims data sets. This data set also holds any local payer-defined codes.
REF_CPT_MOD	CPT MODIFIER CODES	The CPT modifier codes reference data set includes all valid CPT modifier codes and links to the medical claims data sets.
REF_DATE	DATE CODES	The date codes reference data set includes all valid date ID codes and covers dates with values of 10/10/0220 through 12/31/2020. It links to data sets containing a date ID field.
REF_DENIED_CLAIM_ INDICATOR	DENIED CLAIM INDICATOR	Indicates Fully Paid, Partially Paid, Encounter, or No Payment.
REF_DRG	DRG LABELS	The DRG labels data set includes all DRG label descriptions as defined by 3MTM grouper software and links to the DRG Codes data set.
REF_GEOGRAPHY	GEOGRAPHY CODES	The geography codes reference data set holds all valid ZIP code values and descriptions and links to the following data sets: medical claims, medical membership, payers, pharmacy, pharmacy claims, pharmacy membership, and provider detail.
REF_GROUP	INSURED GROUP OR POLICY NUMBER	Includes the original Group ID and an encrypted version (ME006, ME032).
REF_ICD_DIAG	DIAGNOSIS CODES	The diagnosis codes reference data set includes only local, payer-defined diagnosis code values and descriptions and links to the medical claims data sets. Any invalid status codes are marked unknown.
REF_ICD_PROC	ICD PROC CODES	The ICD procedure code reference table includes all submitted procedure codes and their related reference description.
REF_PAYER	PAYERS	The payer's reference data set includes all payer demographic information and links to data sets containing a PAYERID field.

Table Name	Table Common Name	Table Description
REF_PAYER_PROCESS_RULES	PAYER PROCESSING RULES	This table contains all processing rules for each payer code, including how to link it to other files via the payer code, the member ID logic and claims adjustment logic to use. The Member ID Logic is used to create a standard member ID for each member. The Claim Adjustment is currently only used for the Limited Use Extracts Final Status of the Claim tables.
REF_PAYMENT_ ARRANGEMENT_TYPE	PAYMENT ARRANGEMENT TYPE	Defines the contracted payment methodology for the claim line.
REF_PROCESSING_ RULES	PROCESSING RULES	Logic for defining individual members and claims.
REF_PROV_SPEC	PROVIDER SPECIALTY CODES	The provider specialty codes reference data set includes all payer-specific specialty codes and links to the payers and provider detail data sets.
REF_PROV_TAXONOMY	PROVIDER SPECIALTY TAXONOMY	National Uniform Claims Committee (NUCC) health care provider taxonomy code assigned to this provider (MP010)
REF_PROVIDER_ ENTITY	PROVIDER ENTITY	The value that defines the type of Provider Entity, such as PERSON, FACILITY, PROFESSIONAL GROUP, etc (MP005)
REF_PROVIDER_ ENTITYCODE	ENTITY CODE	The value that defines the entity provider type. Required when MP005 does not = 1 (MP018)
REF_RELATION	RELATIONSHIP TO SUBSCRIBER CODES	The relationship to subscriber codes reference data set includes all valid member relationship to subscriber codes and descriptions and links to data sets containing a REL field.
REF_REV_CODE	REVENUE CODES	The revenue codes reference data set includes all valid revenue codes and links to the medical claims data sets.
REF_SERVICE_LINE_ TYPE	SERVICE LINE TYPE	The code that defines the claim line status in terms of adjudication.
REF_SV_STAT	CLAIM STATUS – STANDARDIZED CODES	The claim status codes reference data set includes standardized claim status code values and descriptions and links to the medical claims and pharmacy claims data sets.
REF_TIER	COVERAGE LEVEL CODES	The coverage level codes reference data set includes all valid coverage level values and links to the medical membership, and pharmacy membership data sets.

CLAIMS

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Coverage Class	MC899, PC899	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Date of Service (From) Year and Month	MC059, PC032	FROM_ YEARMO	2	VARCHAR (6)	This field contains the first year and month of service for this service line. This DATE field will be presented in a CCYYMM format.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Date of Service (From) Year	MC059, PC032	FROM_YEAR	3	VARCHAR (4)	This field contains the date of service of claims in a CCYY format. Its source is the Date of Service from element MC059 in the medical claims and PC032 in Pharmacy
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Date of Service (From)	MC059, PC032	FROM_DATE	4	VARCHAR (8)	This field contains the first date of service for this service line. This field links to the date reference file using the DATE_DAY element. In text-formatted extracts only, this DATE field will be presented in a CCYYMMDD format.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Date of Service (Through)	MC060	TO_DATE	5	VARCHAR (8)	This field contains the last date of service for this service line. This field links to the date reference file using the DATE_DAY element. This DATE field will be presented in a CCYYMMDD format.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Paid Year and Month	MC017, PC017	PAID_YEAR_ AND_MONTH	6	VARCHAR (6)	Multiple paid dates may occur for the same claim as part of the adjudication process. The Medical Detail file contains a record for each payment and adjudications record submitted by the payer. Its source is MC017 for Medical, and PC017 for Pharmacy. This DATE field is presented as the Year and Month that payment transaction occurred and will be presented in a CCYYMM format.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Paid Year (Calculated)	MC017, PC017	PAID_YEAR	7	VARCHAR (4)	Multiple paid dates may occur for the same claim as part of the adjudication process. The Medical Detail file contains a record for each payment and adjudications record submitted by the payer. Its source is MC017 for Medical, and PC017 for Pharmacy. This DATE field is presented as the Year that payment transaction occurred and will be presented in a CCYY format.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	First Paid Date	MC017, PC017	PAID_DATE	8	VARCHAR (8)	Multiple paid dates may occur for the same claim as part of the adjudication process. The Medical Detail file contains a record for each payment and adjudications record submitted by the payer. Its source is MC017 for Medical and PC017 for Pharmacy. This DATE field will be presented in a CCYYMMDD format.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admission Date	MC018	ADM_DATE	9	VARCHAR (8)	This field contains the date of the **inpatient** admission as submitted by the data reporter. This field is inconsistently reported across payers. It may be underreported on inpatient claims or over-reported on outpatient claims. This field links to the date reference file. In text-formatted extracts only, this DATE field will be presented in a CCYYMMDD format.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admission Year and Month (Calculated)	MC018	ADM_ YEARMO	10	VARCHAR (6)	This field contains the date of the **inpatient** admission as submitted by the data reporter. This field is inconsistently reported across payers. It may be underreported on inpatient claims or over-reported on outpatient claims. This DATE field will be presented in a CCYYMM format.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admission Year (Calculated)	MC018	ADM_YR	11	NUMERIC (4)	This field contains the year of the **inpatient** admission in CCYY format; its source is the Admission Date element (MC018) in the medical claims file. In addition to dates in CCYY format, valid codes also include: 0…Not an inpatient record -1…Not specified (no discharge date reported) -2…Not valid (invalid discharge date code reported)
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Discharge Date	MC069	DIS_DATE	12	VARCHAR (8)	This field contains the date of the **inpatient** discharge. This field links to the date reference file using the DATE_DAY field. This DATE field will be presented in a CCYYMMDD format.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Discharge Year and Month (Calculated)	MC069	DIS_YEARMO	13	NUMERIC (4)	This field contains the year and month of the **inpatient** discharge from the hospital in CCYYMM format; its source is the Discharge Date element (MC069) in the medical claims file. In addition to dates in CCYYMM format, valid codes also include: 0…Not an inpatient record -1…Not specified (no discharge date reported) -2…Not valid (invalid discharge date code reported)
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Discharge Year (Calculated)	MC069	DIS_YR	14	NUMERIC (4)	This field contains the year of the **inpatient** discharge from the hospital in CCYY format; its source is the Discharge Date element (MC069) in the medical claims file. In addition to dates in CCYY format, valid codes also include: 0…Not an inpatient record -1…Not specified (no discharge date reported) -2…Not valid (invalid discharge date code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Payer Claim Control Number with Claim Suffix	MC004, MC005A, PC004	CLAIM_ID_ WITH_CLAIM_ SUFFIX	15	VARCHAR (200)	This field contains the claim number used by the payer to internally track the claim. In general the claim number is associated with all service lines of the bill. Therefore, multiple medical records may share the same claim number. The Payer Claim Control Number should not be considered unique across payers. This field is not edited.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Payer Claim Control Number	MC004, PC004	CLAIM_ID	16	VARCHAR (100)	This field contains the claim number used by the payer to internally track the claim. In general the claim number is associated with all service lines of the bill. Therefore, multiple medical records may share the same claim number. Because the Payer Claim Control Number is not unique across payers, the Payer ID is assigned as the prefix to each submitted Payer Claim Control Number. This field is not otherwise edited.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Claim Version	MC005A	CLAIM_ SUFFIX	17	VARCHAR (100)	This field indicates the Claim Version number. This is used if the payer adjudicates claims based on a versioning system. Its source is MC005A. When more than one version of a fully-processed claim service line is submitted, each version of a claim service line shall be enumerated sequentially with a higher version number (MC005A) so that the latest version of that service line is the record with the highest version number (MC005A) and the same claim number + line counter.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Line Counter	MC005, PC005	SV_LINE	18	NUMERIC (6)	This field contains the line number for this service as reported by the payer. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Claim Type	MC899, PC899	FORM_TYPE	19	VARCHAR (1)	This field identifies whether the claim is a UB (U), HCFA/CMS (H) or Pharmacy (D) type of claim.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Claim Status Standardized	MC063, MC065, MC066, MC067, PC036, PC040, PC041, PC042	SV_STAT	20	VARCHAR (1)	This is the standardized status of the claim. The values include: P…Paid R…Reversed D…Denied
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Discharge Status	MC023	DIS_STAT	21	NUMERIC (2)	This field contains the patient discharge status code as reported by the payer. This field is inconsistently reported across data reporters; it may be underreported on inpatient records and sometimes reported on outpatient records. This does not apply to pharmacy. This field links to the ***REF_DIS_STAT*** table. 01…Discharged to home or self-care 02…Discharged/transferred to another short-term general hospital for inpatient care 03…Discharged/transferred to skilled nursing facility (SNF) 04…Discharged/transferred to nursing facility (NF) 05…Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06…Discharged/transferred to home under care of organized home health service organization 07…Left against medical advice or discontinued care 08…Discharged/transferred to home under care of a Home IV provider 09…Admitted as an inpatient to this hospital 20…Expired 30…Still patient or expected to return for outpatient services 40…Expired at home 41…Expired in a medical facility 42…Expired, place unknown 43…Discharged/transferred to a federal hospital 50…Hospice – home 51…Hospice – medical facility 61…Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						62…Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital 63…Discharged/transferred to a long term care hospital 64…Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare -1…Not specified (no discharge status reported) -2…Not valid (invalid discharge status code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Service Site (Professional) Code / Place of Service Code	MC037	POS	22	VARCHAR (2)	This payer-supplied field, which is required for professional claims and is not be used for institutional claims, records the site where the service was performed. Pharmacy Claims are always 01.This field links to the ***REF_POS*** file. Valid codes include: POS…POS_DESC 01…Pharmacy 03…School 04…Homeless Shelter 05…Indian Health Service – Free Standing Facility 06…Indian Health Service – Provider-Based Facility 07…Tribal 638 – Free Standing Facility 08…Tribal 638 – Provider-Based Facility 09…Prison – Correctional Facility 11…Office 12…Home 13…Assisted Living Facility 14…Group Home 15…Mobile Unit 16…Temporary Lodging 17…Walk-in Retail Health Clinic 18…Place of Employment/Worksite 20…Urgent Care Facility 21…Inpatient Hospital 22…Outpatient Hospital 23…Emergency Room – Hospital 24…Ambulatory Surgical Center 25…Birthing Center 26…Military Treatment Facility 31…Skilled Nursing Facility 32…Nursing Facility 33…Custodial Care Facility 34…Hospice 35…Adult Living Care Facilities (ALCF) – Unassigned as of 04/01/08 41…Ambulance – Land 42…Ambulance – Air or Water

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						49…Independent Clinic 50…Federally Qualified Health Centers 51…Inpatient Psychiatric Facility 52…Psychiatric Facility Partial Hospitalization 53…Community Mental Health Center 54…Intermediate Care Facility/Mentally Retarded 55…Residential Substance Abuse Treatment Facility 56…Psychiatric Residential Treatment Center 57…Non-Residential Substance Abuse Treatment Facility 60…Mass Immunizations Center (eff. 9/1/97) 61…Comprehensive Inpatient Rehabilitation Facility 62…Comprehensive Outpatient Rehabilitation Facility 65…End Stage Renal Disease Treatment Facility 71…State or Local Public Health Clinic 72…Rural Health Clinic 81…Independent Laboratory 99…Other Unlisted Facility
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member ID Number (Calculated)	Various combinations of: ME008, ME009, ME010, ME014, ME014, MC007, MC008, MC009, MC012, MC013, PC007, PC008, PC009, PC012, PC013,	MEMBER_ID	23	VARCHAR (200)	This is the standard unencrypted Member ID that is a composite of the member identification elements supplied by the data supplier. See ***REF_PROCESSING_RULES*** below for more details.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member Key	N/A	MEMBER_ KEY	24	NUMERIC (20)	This is the unique member identification key for each member. It links to the Member_Details table
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Medical Membership Month	N/A	MEMBER_ MONTH_KEY	25	NUMERIC (20)	This is the unique member month identification key for each member.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Subscriber ID	ME008, ME009	SUBSCRIBER_ID	26	VARCHAR (200)	Subscriber ID supplied by data submitter. This field was hashed during the NH preprocessor processing prior to submission to Milliman.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Subscriber Key	N/A	SUBSCRIBER_KEY	27	NUMERIC (22)	This field is the key that links to the subscriber's member record.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Standardized Individual Relationship to Subscriber Code	MC011, PC011	RELATION	28	VARCHAR(10)	This field contains the standardized relationship to the subscriber according to classifications made by Milliman. This field contains the Standardized value indicating the member's relationship to the subscriber or the insured and links to the ***REF_RELATIONSHIP*** data set using the Standardized Individual Relationship to Subscriber Key element. Its source is the Individual Relationship Code element reported by the payer in the member eligibility data.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member Age (Calculated)	ME014, MC059, PC032	AGE	29	NUMERIC (3)	This field contains the age of the member in years. Age is calculated using the FROM DATE element for medical claims (MC059), and pharmacy claims (PC032). For membership data, the age is calculated as of the last day of the membership month. It is derived from the member's date of birth (ME014). Children younger than one year have an age of 0. Age 90 and greater is rolled up to a single group, "90+". If no date of birth is available, this field is null. Erroneous age values – due to errors in submitted enrollment, service dates or dates of birth – will appear as null or 255.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member Gender	MC012, PC012	SEX	30	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member ZIP Code	ME017, MC016, PC016	MEMBER_ZIP	31	VARCHAR (11)	This field contains the member's ZIP code and links to the ***REF_GEOGRAPHY*** table.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	City Name of Member	ME015, MC014, PC014	MEMBER_ CITY	32	VARCHAR (30)	This field contains the city name of the member. Its source is MC014 and PC014.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member County Code	ME017, MC016, PC016	MEMBER_ COUNTY	33	NUMERIC (5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member State	ME016, MC015, PC015	MEMBER_ STATE	34	VARCHAR (2)	This field contains the member's state and uses the two-character state abbreviation as defined by the US Postal Service. Other valid codes include: -1…Not specific (no state reported) -2…Not valid (invalid state code)
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Parent Payer Code	MC001, PC001	PARENT_ PAYER_ CODE	35	VARCHAR (8)	This field is the Payer ID Number of the data submitter company that links to the ***REF_PAYER*** file using the Parent_Payer_Code value. This code is used to identify the data reporter. It is based upon MC001 or PC001.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Standardized Product Code	ME003	INSURANCE_ TYPE	36	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product and links to the ***REF_INSURANCE_TYPE***. Its

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12…Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13…Medicare Secondary – End-Stage Renal Disease Beneficiary 14…Medicare Secondary – No-Fault Insurance 15…Medicare Secondary – Workers' Compensation 16…Medicare Secondary – Public Health Service or Other Federal Agency 41…Medicare Secondary – Black Lung 42…Medicare Secondary – Veterans Administration 43…Medicare Secondary – Disabled Beneficiary Under Age 65 47…Medicare Secondary – Other Liability Insurance is Primary AP…Auto Insurance Policy CP…Medicare Conditionally Primary D…Disability DB…Disability Benefits EP…Exclusive Provider Organization HM…Health Maintenance Organization (HMO) HN…Health Maintenance Organization (HMO) Medicare Risk HS…Special Low-Income Medicare Beneficiary IN…Indemnity LB…Liability LC…Long-Term Care LD…Long-Term Policy LI…Life Insurance LM…Liability Medical LT…Litigation MA…Medicare Part A MB…Medicare Part B MC…Medicaid MD…Medicare Part D MH…Medigap Part A MI…Medigap Part B

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						MP…Medicare Primary OF…Other Federal Program PR…Preferred Provider Organization (PPO) PS…Point of Service (POS) QM…Qualified Medicare Beneficiary SP…Medicare Supplemental Policy VA…Veterans Administration Plan WC…Workers' Compensation -1…Not specified (no insurance type / product code reported) -2…Not valid (invalid insurance type / product code reported)
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Procedure Code	MC055	PROC_CODE	37	VARCHAR (10)	This field contains the HCPCS or CPT code for the procedure performed. Many data reporters continue to use local codes. This code links to the file ***REF_CPT*** which contains standard values and the non-standard values that are reported by the data reporters which are flagged as custom. These must be taken into consideration when selecting records for a specific type of procedure. This is one of three medical claims fields used to report the type of service (see also Revenue Code (MC054) and ICD-CM Procedure Code (MC058)). This field links to ***REF_PROC_CODE*** using the CPT Code element.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Procedure Modifier 1	MC056	CPT_MOD1	38	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to the CPT Modifier reference file ***REF_CPT_MOD*** for. This does not apply to Rx.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Procedure Modifier 2	MC057	CPT_MOD2	39	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to the CPT Modifier reference file ***REF_CPT_MOD*** for Medical.
☐ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Type of Service	N/A	TOS	40	VARCHAR (20)	MedInsight generated Type of Service value. Always NULL in the data.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Revenue Code	MC054	REV_CODE	41	VARCHAR (4)	This field is used to report the Revenue Code for hospital claims. National Uniform Billing Committee codes are used in this field. This field links to the ***REF_REV_CODE*** reference file using the Revenue Code. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and ICD-CM Procedure Code (MC058)).
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Type of Bill (Institutional) Code	MC036	UB_BILL_ TYPE	42	VARCHAR (2)	This field contains the Type of Bill code as reported on a UB. This field links to the ***REF_BILL_TYPE*** reference table. Valid codes include: First Digit (Type of Facility) 1…Hospital 2…Skilled Nursing 3…Home Health 4…Christian Science Hospital 5…Christian Science Extended Care 6…Intermediate Care 7…Clinic 8…Special Facility Second Digit if First Digit is 1 through 6 (Bill

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						Classification) 1…Inpatient (including Medicare Part A) 2…Inpatient (including Medicare Part B Only) 3…Outpatient 4…Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5…Nursing Facility Level I 6…Nursing Facility Level II 7…Intermediate Care – Level III Nursing Facility 8…Swing Beds Second Digit if First Digit is 7 (Bill Classification) 1…Rural Health 2…Hospital Based or Independent Renal Dialysis Center 3…Free Standing Outpatient Rehabilitation Facility (ORF) 5…Comprehensive Outpatient Rehabilitation Facility (CORF) 6…Community Mental Health Center 9…Other Second Digit if First Digit is 8 (Bill Classification) 1…Hospice, Non-hospital based 2…Hospice, Hospital based 3…Ambulatory Surgery Center 4…Free Standing Birthing Center 9…Other

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admission Source Code	MC021	ADM_SRC	43	VARCHAR (2)	This field is the primary identification key for each Admission Source record and links to the Admission Source element (MC021) in the medical claims file. This field is required for inpatient hospital claims. This field links to the admission source reference file ***REF_ADM_SRC***. Valid codes include: 1…Physician Referral 2…Clinic Referral 3…HMO Referral 4…Transfer from Hospital 5…Transfer from a Skilled Nursing Facility 6…Transfer from another Health Care Facility 7…Emergency Room 8…Court/Law Enforcement 9…Unknown A…Transfer from a Rural Primary Care Hospital
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admission Type	MC020	ADM_TYPE	44	NUMERIC (2)	This field is used to record the type of admission for all inpatient hospital bills. Many data reporters do not capture this information. This field links to the admission type reference file ***REF_ADM_TYPE***. Valid codes include: 1…Emergency 2…Urgent 3…Elective 4…Newborn 5…Trauma Center 9…Information Not Available
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Length of Stay (Calculated)	N/A	CLIENT_LOS	45	NUMERIC (4)	This field contains the length of stay (in days) for an inpatient claim. It is calculated by subtracting the Admission Date (MC018) from the Discharge Date (MC069).

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	ICD 10 or Higher Indicator	MC200	ICD_10_OR_ HIGHER	46	INT	Starting Oct. 1, 2015, CMS requires that Diagnosis and Procedures codes be submitted in ICD10 format. This column indicates that the correct ICD version is being used. 0…ICD9 Diagnosis and Procedure Codes exist in this claim line 1…ICD10 or higher Diagnosis and Procedure Codes exist in this claim line. It links to ***REF_ICD_PROC*** and ***REF_ICD_DIAG***.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	ICD-CM Procedure Code	MC058	ICD_PROC_ 01_PRI	47	VARCHAR (7)	This field is used to report the principal ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and Revenue Code (MC054)). It links to ***REF_ICD_PROC***.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Principal Diagnosis	MC041	ICD_DIAG_01 _PRIMARY	48	VARCHAR (7)	This field contains the ICD diagnosis code for the principal diagnosis. It (along with all ICD_DIAG Data Elements, links to ***REF_ICD_DIAG***).
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admitting Diagnosis	MC039	ICD_DIAG_AD MIT	49	VARCHAR (7)	This field contains the ICD diagnosis code indicating the reason for the inpatient admission. The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 01	MC042	ICD_DIAG_02	50	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 1). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 02	MC043	ICD_DIAG_03	51	VARCHAR (7)	This field contains the ICD diagnosis code for the second secondary diagnosis (Other Diagnosis 2). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 03	MC044	ICD_DIAG_04	52	VARCHAR (7)	This field contains the ICD diagnosis code for the third secondary diagnosis (Other Diagnosis 3). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 04	MC045	ICD_DIAG_05	53	VARCHAR (7)	This field contains the ICD diagnosis code for the fourth secondary diagnosis (Other Diagnosis 4). The decimal point is not coded.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 05	MC046	ICD_DIAG_06	54	VARCHAR (7)	This field contains the ICD diagnosis code for the fifth secondary diagnosis (Other Diagnosis 5). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 06	MC047	ICD_DIAG_07	55	VARCHAR (7)	This field contains the ICD diagnosis code for the sixth secondary diagnosis (Other Diagnosis 6). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 07	MC048	ICD_DIAG_08	56	VARCHAR (7)	This field contains the ICD diagnosis code for the seventh secondary diagnosis (Other Diagnosis 7). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 08	MC049	ICD_DIAG_09	57	VARCHAR (7)	This field contains the ICD diagnosis code for the eighth secondary diagnosis (Other Diagnosis 8). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 09	MC050	ICD_DIAG_10	58	VARCHAR (7)	This field contains the ICD diagnosis code for the ninth secondary diagnosis (Other Diagnosis 9). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 10	MC051	ICD_DIAG_11	59	VARCHAR (7)	This field contains the ICD diagnosis code for the tenth secondary diagnosis (Other Diagnosis 10). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 11	MC052	ICD_DIAG_12	60	VARCHAR (7)	This field contains the ICD diagnosis code for the eleventh secondary diagnosis (Other Diagnosis 11). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other Diagnosis 12	MC053	ICD_DIAG_13	61	VARCHAR (7)	This field contains the ICD diagnosis code for the twelfth secondary diagnosis (Other Diagnosis 12). The decimal point is not coded.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Service Provider Key	N/A	SERV_PROV_ KEY	62	NUMERIC (12)	This is the unique provider key of the service provider that links to the Provider_Details table.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Service Provider ID Number	MC024, MC026, PC047	SERV_PROV_ ID	63	VARCHAR (100)	This is the service provider ID submitted by the data supplier.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Service Provider Crosswalk ID	N/A	SERV_PROV_ CW_ID	64	VARCHAR (100)	This is the cross walked ID of the service provider that is mapped from the Provider IDs submitted by each data supplier into a consistent Provider ID for each provider.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Service Provider Crosswalk ID Key	N/A	SERV_PROV_ CW_KEY	65	NUMERIC (12)	This field contains the consistent, unique service provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Billing Provider ID Key	N/A	BILL_PROV_ KEY	66	NUMERIC (12)	This is the unique provider key of the billing provider that links to the Provider_Details table.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Billing Provider ID Number	MC076, MC077, PC018, PC021	BILL_PROV_ ID	67	VARCHAR (100)	This is the billing provider ID submitted by the data supplier. If both are populated, then preference is given to MC077. (MC076/PC018 is the internal/payer assigned billing provider number and MC077/PC021 is the NPI.)
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Billing Provider Crosswalk ID	N/A	BILL_PROV_ CW_ID	68	VARCHAR (100)	This is the cross walked ID of the billing provider that is mapped from the Provider IDs submitted by each data supplier into a consistent Provider ID for each provider.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Billing Provider Crosswalk ID Key	N/A	BILL_PROV_ CW_KEY	69	NUMERIC (12)	This field contains the consistent, unique billing provider ID key across all data suppliers that links to an identified single provider in the provider detail file.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Quantity	MC061, PC033	QTY	70	NUMERIC (10,2)	For Medical, this column is the count of services performed. For all observation bed service lines, set equal to one. For all other room and board service lines, regardless of the length of stay, set equal to zero. For Pharmacy, it is the Number of metric units of medication dispensed.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Charge Amount	MC062, PC035	AMT_BILLED	71	NUMERIC (10,2)	This decimal field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents. This field may contain a negative value. This field contains a decimal between dollars and cents.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Amount Allowed (Calculated)	MC063, MC067, MC066, MC065, PC036, PC042, PC041, PC040, MC212, PC212,	AMT_ ALLOWED	72	NUMERIC (10,2)	The decimal field contains the maximum amount deemed payable by insurer. Because this value is not supplied in the data prior to Dec 2015, it is calculated as the summary of paid, copay, coinsurance and deductible amounts.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Paid Amount	MC063, PC036	AMT_PAID	73	NUMERIC (10,2)	The decimal field contains all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents. This field may contain a negative value.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Deductible Amount	MC067, PC042	AMT_ DEDUCT	74	NUMERIC (10,2)	The decimal field contains an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that are not covered by the member's insurance plan. To determine the total out-of-pocket/member responsibility for this service, you must sum this field with both Copay Amount (MC065/PC040) and Coinsurance Amount (MC066/PC041). This is a money field containing dollars and cents. This field may contain a negative value.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Coinsurance Amount	MC066, PC041	AMT_COINS	75	NUMERIC (10,2)	The decimal field contains the amount paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans, the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses has been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (MC065/PC040) and Coinsurance Amount. To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067/PC042). This is a money field containing dollars and cents. This field may contain a negative value.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Copay Amount	MC065, PC040	AMT_COPAY	76	NUMERIC (10,2)	The decimal field contains the preset, fixed dollar amount payable by a member, often on a per-visit/-service basis. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount and Coinsurance Amount (MC066/PC041). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067/PC042). This is a money field containing dollars and cents. This field may contain a negative value.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Prepaid Amount	MC064	AMT_ PREPAID	77	NUMERIC (10,2)	The decimal field contains the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. Capitated services are services rendered by a provider through a contract under which payments are based upon a fixed dollar amount for each member on a monthly basis. Note that the provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database. This is a money field containing dollars and cents. This field may contain a negative value.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	National Drug Code	MC075, PC026	NDC	78	VARCHAR (11)	This field contains the National Drug Code. Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, three-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler/vendor code, is assigned by the FDA. A labeler is any firm that manufactures, repacks, or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be in one of the following configurations: 4-4-2, 5-3-2, or 5-4-1. Only applicable to institutional and pharmacy.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Drug Name	N/A	NDC_PROD_ NAME	79	VARCHAR (50)	This field contains the text name of drug as supplied by the data reporter.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Generic Drug Indicator	PC029	BRAND_STAT US	80	VARCHAR (7)	This field indicates whether the drug is a branded drug or a generic drug. The values included are: OTC…Over The Counter GENERIC…Generic SSB…Single Source Brand MSB…Multi Source Brand
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Days Supply	PC034	RX_DAYS_ SUPPLY	81	NUMERIC (3)	The decimal field contains the actual Days Supply for the prescription based on the Quantity Dispensed element (PC033). This field may contain a negative value.
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Ingredient Cost/List Price	PC037	RX_INGR_ COST	82	NUMERIC (10, 2)	The decimal field contains the cost of the drug that was dispensed as reported by the payer. This is a money field containing dollars and cents. This field may contain a negative value.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Dispensing Fee	PC039	RX_DISP_FEE	83	NUMERIC (10, 2)	The decimal field contains the amount charged for dispensing. This is a money field containing dollars and cents. This field may contain a negative value.
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Dispense as Written Code	PC030	RX_DAW	84	VARCHAR (2)	This field indicates the instructions given to the pharmacist for filling the prescription. This field links to the ***REF_DAW*** reference file using the Dispense as Written Code. Valid codes include: 0…Not dispensed as written 1…Physician dispensed as written 2…Member dispensed as written 3..Pharmacy dispensed as written 4…No generic available 5…Brand dispensed as generic 6…Override 7…Substitution not allowed – Brand drug mandated by law 8…Substitution allowed – Generic drug not available in marketplace 9…Other -1…Not specified (no dispense as written code reported) -2…Not valid (invalid dispense as written code reported)
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	New Prescription or Refill	PC028	RX_REFILLS	85	VARCHAR (2)	This field is used to determine if this is a new prescription or a refill. This field links to the New Prescription Code file using the New Prescription Key element. Valid codes include: 00…New prescription 01-99…Number of refill(s) Note that a value of 01 may have been reported if the specific number of the prescription refill was unavailable.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Compound Drug Indicator	PC031	COMPOUND	86	VARCHAR (2)	This field indicates if this is a compound drug. Valid codes include: N…Non-compound drug Y…Compound drug U…Unspecified drug compound -1…Not specified (no compound drug indicator reported) -2…Not valid (invalid compound drug indicator code reported)
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Postage Amount Claimed	PC038	POSTAGE	87	NUMERIC (10, 2)	The decimal field contains the postage amount included in the charges. This is a money field containing dollars and cents. This field may contain a negative value.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	National Plan ID	MC002, MC001, PC001	NPLAN	88	VARCHAR (30)	This field will contain the National Plan ID for the data reporter. This field is not populated. Note that the National Plan ID has not been established yet by CMS. For payer-specific identifiers, use the Payer Code.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	APC Submitted by Payer	MC074	APC_ORIG	89	VARCHAR (5)	This field contains the APC submitted by the payer for this claim. The CMS methodology is preferred for grouping. Precedence is to be given to APCs transmitted from the healthcare provider.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Claim Status	MC038, PC025	CLAIM_ STATUS_ ORIG	90	VARCHAR (2)	This field contains the status of the claim as reported by the payer on the remittance. Note that the claim status code is specific to each service line of a claim. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment. This field links to the ***REF_CLAIM_STATUS*** table. Valid codes include: 01…Processed as primary 02…Processed as secondary

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						03…Processed as tertiary 04…Denied 19…Processed as primary, forwarded to additional payer(s) 20…Processed as secondary, forwarded to additional payer(s) 21…Processed as tertiary, forwarded to additional payer(s) 22…Reversal of previous payment -1…Not specified (no claim status reported) -2…Not valid (invalid claim status code reported)
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	E-Code	MC040	ECODE_ORIG	91	VARCHAR (10)	This field describes an injury, poisoning, or adverse effect using an ICD E-Code diagnosis. The user should search the Principal Diagnosis and Other Diagnosis fields (MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, and MC053) to identify all submitted E-Codes. Note that the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the data reporter. This field links to the ***REF_ICD_DIAG*** file.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Patient Account Number	MC068	PATIENT_ ACCOUNT	92	VARCHAR (20)	This field is the Patient Account Number or control number assigned by the hospital to track this patient.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Admission Hour	MC019	ADMIT_HOUR	93	VARCHAR (4)	This field contains the hour and minutes of the inpatient admission to the hospital in military time. Valid codes include 0000 through 2359 (0000 = midnight; 1200 = noon) as well as: -1…Not specified (no admission hour/minutes reported) -2…Not valid (invalid admission hour/minutes reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Discharge Hour	MC022	DISCHARGE_ HOUR	94	VARCHAR (4)	This field contains the hour of the inpatient discharge from the hospital in military time. Valid codes include 00 through 23 (00 = midnight; 12 = noon) as well as: -1…Not specified (no discharge hour reported) -2…Not valid (invalid discharge hour reported)
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Subscriber SSN (Encrypted)	MC007, PC007	SUBSCRIBER _SSN	95	VARCHAR (200)	This field contains the encrypted Social Security number of the subscriber. If the Social Security number was not available from the payer, this field will be null and the CONTRACT field will be populated. This field has been encrypted using the same algorithm across all payers.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Plan-Specific Contract Number	MC008, PC008	CONTRACTN O	96	VARCHAR (128)	This field contains the encrypted, payer-assigned contract number for the subscriber. Its source is MC008.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Member Suffix or Sequence Number	MC009, PC009	MEMSEQ	97	VARCHAR (20)	This field contains the payer-supplied code that uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the CONTRACT element (MC008) in medical claims.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	DRG Submitted by Payer	MC071	DRG_ORIG	98	VARCHAR (7)	This field contains the DRG submitted by the payer for this claim. The CMS methodology is preferred for grouping. When the CMS methodology is used, this field contains only the DRG. When the All Payer DRG system is used, this field contains three components: ADRG-X, where a constant of A is the prefix, followed by the 3-digit DRG, followed by a dash and then the severity level (indicated here by X). Precedence is to be given to DRGs transmitted from the hospital provider.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Version of DRG Grouper Used	MC072	DRG_ VERSION_ ORIG	99	VARCHAR (2)	This field contains the version number of the grouper used to assign the DRG.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Use Flag Claim Evidence of Secondary Ins.	MC038, PC025 (Calculated)	UF_SECOND_ INS	100	VARCHAR (1)	Y…Information on claim indicates it was paid by a secondary insurer N…No evidence on claim that is was paid by a secondary insurer
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Payer Code	MC001, PC001	PAYERCODE	101	VARCHAR (8)	This field is the Payer Code of the data submitter that supplied the specific file for the submitter company. This code will either match the Parent Payer Code, or will have a suffix value that differentiates different submitters. This links to the ***REF_PAYER*** file using the Payer Code element.
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Refill Number	PC028	REFILL_NUM BER	102	VARCHAR (50)	Refill number on a prescription. 0/00…new prescription 1-99…number of refill(s). For data 2009 and prior: R…Refill N…New Prescription. This contains the source data from the Payers that is used to populate column RX_REFILLS.
☐ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Generic Drug Indicator	PC029	GENERIC_ DRUG_IND_ ORIG	103	VARCHAR (50)	Generic Drug Indicator provided on source data
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Insured Group or Policy Number	MC006, PC006	GROUPID	104	VARCHAR (50)	This field contains the Insured Group or Policy Number associated with the entity that has purchased the insurance. For self-insured individuals, this relates to the purchaser. For the majority of eligibility and claims data, the group relates to the employer. The group number does not uniquely identify the subscriber. The group number is a personal health identifier (PHI). It is referenced by **REF_GROUP**
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Unique Person Key	N/A	PERSON_KEY	105	NUMERIC (10)	This is the key that identifies a unique person within the data warehouse.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other ICD-CM Procedure Code – 2	MC202	ICD_PROC_02	106	VARCHAR (10)	This field is used to report the 2nd ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other ICD-CM Procedure Code – 3	MC203	ICD_PROC_03	107	VARCHAR (10)	This field is used to report the 3rd ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other ICD-CM Procedure Code – 4	MC204	ICD_PROC_04	108	VARCHAR (10)	This field is used to report the 4th ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other ICD-CM Procedure Code – 5	MC205	ICD_PROC_05	109	VARCHAR (10)	This field is used to report the 5th ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Other ICD-CM Procedure Code – 6	MC206	ICD_PROC_06	110	VARCHAR (10)	This field is used to report the 6th ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	CARRIER_ASSOCIATED_WITH_CLAIM	MC207, PC203	CARRIER_ASSOCIATED_WITH_CLAIM	111	VARCHAR (8)	For each claim, the NAIC code of the carrier when a TPA processes claims on behalf of the carrier. Optional if all medical claims processed by a TPA under contract to a carrier for carved-out services are submitted by the carrier with unified member IDs in all files.
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	PRACTITIONER_GROUP_PRACTICE	MC209	PRACTITIONER_GROUP_PRACTICE	112	VARCHAR (60)	Name of group practice to which a practitioner is affiliated if different from MC078.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Coordination of Benefits/Third Party Liability Amount	MC210	[COB/TPLA]	113	NUMERIC (10,2)	Coordination of Benefits (COB)/Third Party Liability (TPL) is the dollar amount paid from a prior payer (e.g. auto claim, workers comp, dual medical coverage). Report 0 if there is no COB/TPL amount.
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Service Line Type	MC215, PC215	SERVICE_ LINE_TYPE	114	VARCHAR (1)	The reported code that defines the claim line status in terms of adjudication: O…Original V…Void R…Replacement B…Back Out A…Amendment
☒ CLAIM_MC_yyyy ☐ CLAIM_PC_yyyy	Payment Arrangement Type	MC216	PAYMENT_ ARRANGEMENT _TYPE	115	VARCHAR (1)	Defines the contracted payment methodology for this claim line: 1…Capitation 2…Fee-for-Service 3…Percent of Charges 4…DRG 5…Pay for Performance 6…Global Payment 7…Other 8…Bundled Payment
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Claim Processing Indicator	MC218, PC214	PROCESSING _INDICATOR	116	VARCHAR (1)	1…Claim Level 2…Service Line level

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Denied Claim Indicator	MC219, PC216	DENIED_ CLAIM_ INDICATOR	117	VARCHAR (1)	1…Fully Paid – the entire claim was paid at the allowed amount 2…Partially Denied – some of the claims lines were paid at the allowed amount 3…Encounter Claim – this claim records a service provided that is paid under a non-Fee For Service (FFS) payment arrangement such as capitation or a fully reimbursed COB claim 4…No Payment – no payment made for reasons other than non FFS payment arrangement
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	Denial Reason	MC220, PC217	DENIAL_ REASON	118	VARCHAR (4)	Required when denied claim indicator = 2 or 4 Use the most appropriate code from either the Claim Adjustment Reason Codes (CARC) set or the Remittance Advice Remark Codes (RARC) set.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
☒ CLAIM_MC_yyyy ☒ CLAIM_PC_yyyy	HIOS Plan ID	MC233, PC213	HIOS_ PLAN_ID	119	VARCHAR (16)	The 16 character HIOS Plan ID (Standard component). Including a five digit issuer ID, two character state ID, three digit product number, four digit standard component number and two digit variant component ID. This field may not be available for all market segments; leave blank if not available

FINAL CLAIMS

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Coverage Class	MC899	COVERAGE_ CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED.
FINALCLAIM_yyyy	Claim Adjustment Logic Code	N/A	CLAIM_ ADJUSTMENT _LOGIC	2	VARCHAR (4)	This code denotes the method of claim adjustment logic that was applied to create the final status of the claim for the Claim Final Status view. This is based upon information provided by data submitters during the registration process. However, it can be modified if the data proves that a different method is required. The reference file for this code is supplied in ***REF_PROCESSING_RULES***.
FINALCLAIM_yyyy	Date of Service (From)	MC059	FROM_DATE	3	VARCHAR (8)	This field contains the first date of service for this service line. This field links to the date reference file using the DATE_DAY element. This DATE field will be presented in a CCYYMMDD format.
FINALCLAIM_yyyy	Date of Service (Through)	MC060	TO_DATE	4	VARCHAR (8)	This field contains the last date of service for this service line. This field links to the date reference file using the DATE_DAY element. This DATE field will be presented in a CCYYMMDD format.
FINALCLAIM_yyyy	First Paid Date	MC017	FIRST_PAID_ DATE	5	VARCHAR (8)	Multiple paid dates may occur for the same claim as part of the adjudication process. This field contains the First Paid Date associated with the claim. Its source is MC017. In text-formatted extracts only, this DATE field will be presented in a CCYYMMDD format.
FINALCLAIM_yyyy	Last Paid Date	MC017	LAST_PAID_ DATE	6	VARCHAR (8)	Multiple paid dates may occur for the same claim as part of the adjudication process. This field contains the Last Paid Date associated with the claim. This DATE field will be presented in a CCYYMMDD format.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Admission Date	MC018	ADM_DATE	7	VARCHAR (8)	This field contains the date of the **inpatient** admission as submitted by the data reporter. This field is inconsistently reported across payers. It may be underreported on inpatient claims or over-reported on outpatient claims. This field links to the date reference file. In text-formatted extracts only, this DATE field will be presented in a CCYYMMDD format.
FINALCLAIM_yyyy	Discharge Date	MC069	DIS_DATE	8	VARCHAR (8)	This field contains the date of the **inpatient** discharge. This field links to the date reference file using the DATE_DAY field. This DATE field will be presented in a CCYYMMDD format.
FINALCLAIM_yyyy	Payer Claim Control Number	MC004	CLAIM_ID	9	VARCHAR (100)	This is highest claim id associated with the grouped claim for those services that can only be grouped by service, dos, member, and provider. For all others this is the individual claim ID.
FINALCLAIM_yyyy	Claim Version	MC005A	CLAIM_ SUFFIX	10	VARCHAR (100)	This field indicates the Claim Version number. This is used if the payer adjudicates claims based on a versioning system. Its source is MC005A. When more than one version of a fully-processed claim service line is submitted, each version of a claim service line shall be enumerated sequentially with a higher version number (MC005A) so that the latest version of that service line is the record with the highest version number (MC005A) and the same claim number + line counter.
FINALCLAIM_yyyy	Claim Key	N/A	CLAIM_ID_ KEY	11	NUMERIC (12)	This is highest claim id key associated with the grouped claim for those services that can only be grouped by service, dos, member, and provider. For all others this is the individual claim ID key.
FINALCLAIM_yyyy	Warehouse Effective Date	N/A	MI_POST_ DATE	12	VARCHAR (8)	This field contains the effective date for the data warehouse. All records within this data set will contain the same date corresponding to the version of the warehouse. In text-formatted extracts only, this DATE field will be presented in a CCYYMMDD format.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Line Counter	MC005	SV_LINE	13	NUMERIC (6)	This field contains the line number for this service as reported by the payer. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.
FINALCLAIM_yyyy	Claim Type	MC054	FORM_TYPE	14	VARCHAR (1)	This field identifies whether the claim is a UB (U), HCFA/CMS (H) or Pharmacy (D) type of claim
FINALCLAIM_yyyy	Claim Status Standardized	MC063, MC065, MC066, MC067	SV_STAT	15	VARCHAR (1)	This is the standardized status of the claim. The values include: P…Paid R…Reversed D…Denied
FINALCLAIM_yyyy	Discharge Status	MC023	DIS_STAT	16	NUMERIC (2)	This field contains the patient discharge status code as reported by the payer. This field is inconsistently reported across data reporters; it may be underreported on inpatient records and sometimes reported on outpatient records. This does not apply to pharmacy. This field links to the ***REF_DIS_STAT*** table. 01…Discharged to home or self-care 02…Discharged/transferred to another short-term general hospital for inpatient care 03…Discharged/transferred to skilled nursing facility (SNF) 04…Discharged/transferred to nursing facility (NF) 05…Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06…Discharged/transferred to home under care of organized home health service organization 07…Left against medical advice or discontinued care 08…Discharged/transferred to home under care of a Home IV provider 09…Admitted as an inpatient to this hospital 20…Expired 30…Still patient or expected to return for outpatient services 40…Expired at home

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						41…Expired in a medical facility 42…Expired, place unknown 43…Discharged/transferred to a federal hospital 50…Hospice – home 51…Hospice – medical facility 61…Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed 62…Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital 63…Discharged/transferred to a long term care hospital 64…Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare -1…Not specified (no discharge status reported) -2…Not valid (invalid discharge status code reported)
FINALCLAIM_yyyy	Service Site (Professional) Code / Place of Service Code	MC037	POS	17	VARCHAR (2)	This payer-supplied field, which is required for professional claims and is not be used for institutional claims, records the site where the service was performed. This field links to the ***REF_POS*** file. Valid codes include: POS…POS_DESC 01…Pharmacy 03…School 04…Homeless Shelter 05…Indian Health Service – Free Standing Facility 06…Indian Health Service – Provider-Based Facility 07…Tribal 638 – Free Standing Facility 08…Tribal 638 – Provider-Based Facility 09…Prison – Correctional Facility 11…Office 12…Home 13…Assisted Living Facility 14…Group Home 15…Mobile Unit 16…Temporary Lodging

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						17…Walk-in Retail Health Clinic 18…Place of Employment/Worksite 20…Urgent Care Facility 21…Inpatient Hospital 22…Outpatient Hospital 23…Emergency Room – Hospital 24…Ambulatory Surgical Center 25…Birthing Center 26…Military Treatment Facility 31…Skilled Nursing Facility 32…Nursing Facility 33…Custodial Care Facility 34…Hospice 35…Adult Living Care Facilities (ALCF) – Unassigned as of 04/01/08 41…Ambulance – Land 42…Ambulance – Air or Water 49…Independent Clinic 50…Federally Qualified Health Centers 51…Inpatient Psychiatric Facility 52…Psychiatric Facility Partial Hospitalization 53…Community Mental Health Center 54…Intermediate Care Facility/Mentally Retarded 55…Residential Substance Abuse Treatment Facility 56…Psychiatric Residential Treatment Center 57…Non-Residential Substance Abuse Treatment Facility 60…Mass Immunizations Center (eff. 9/1/97) 61…Comprehensive Inpatient Rehabilitation Facility 62…Comprehensive Outpatient Rehabilitation Facility 65…End Stage Renal Disease Treatment Facility 71…State or Local Public Health Clinic 72…Rural Health Clinic 81…Independent Laboratory 99…Other Unlisted Facility

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Member ID Number	Various combinations of: ME008, ME009,ME010, ME014, ME014, MC007, MC008, MC009, MC012, MC013	MEMBER_ID	18	VARCHAR (200)	This is the standard encrypted Member ID that is a composite of the member identification elements supplied by the data supplier. See ***REF_PROCESSING_RULES*** below for more details.
FINALCLAIM_yyyy	Member Key	N/A	MEMBER_ KEY	19	NUMERIC (20)	This is the unique member identification key for each member. It links to the Member_Details table
FINALCLAIM_yyyy	Medical Membership Month	N/A	MEMBER_ MONTH_KEY	20	NUMERIC (20)	This is the unique member month identification key for each member.
FINALCLAIM_yyyy	Standardized Individual Relationship to Subscriber Description	MC011, PC011	RELATION	21	VARCHAR (10)	This field contains the standardized relationship to the subscriber according to classifications made by Milliman. This field contains the Standardized value indicating the member's relationship to the subscriber or the insured and links to the ***REF_RELATIONSHIP*** data set using the Standardized Individual Relationship to Subscriber Key element. Its source is the Individual Relationship Code element reported by the payer in the member eligibility data.
FINALCLAIM_yyyy	Member Age (Calculated)	ME014	AGE	22	NUMERIC (3)	This field contains the age of the member in years. Age is calculated using the FROM DATE element for medical claims (MC059), and pharmacy claims (PC032). For membership data, the age is calculated as of the last day of the membership month. It is derived from the member's date of birth (ME014). Children younger than one year have an age of 0. Age 90 and greater is rolled up to a single group, "90+". If no date of birth is available, this field is null. Erroneous age values – due to errors in submitted enrollment, service dates or dates of birth – will appear as null or 255.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Member Gender	MC012	SEX	23	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)
FINALCLAIM_yyyy	Member Zip Code	ME017	MEMBER_ZIP	24	VARCHAR (11)	This field contains the member's ZIP code and links to the ***REF_GEOGRAPHY*** table.
FINALCLAIM_yyyy	Member State	ME016	MEMBER_ STATE	25	VARCHAR (2)	This field contains the member's state and uses the two-character state abbreviation as defined by the US Postal Service. Other valid codes include: -1….Not specific (no state reported) -2….Not valid (invalid state code)
FINALCLAIM_yyyy	Standardized Insurance Product Type	ME003	PRODUCT_ TYPE	26	VARCHAR (3)	This includes the Milliman standardized payer type values, including: PPO…Commercial PPO POS…Commercial POS HMO…Commercial HMO MDE…Medicaid Dual Eligible HMO MD…Medicaid Disabled HMO MLI…Medicaid Low Income HMO MRB…Medicaid Restricted Benefit HMO MR…Medicare Advantage HMO MP…Medicare Advantage PPO MC…Medicare Cost SN1…Special Needs Plan – Chronic Condition SN2…Special Needs Plan – Institutionalized SN3…Special Needs Plan – Dual Eligible CHP…Child Health Insurance Program EPO…Exclusive Provider Organization SF…Self-Funded SL…Stop Loss IND…Indemnity This is referenced in the ***REF_ELIGIBILITY_TYPE*** file.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Payer Code	MC001	PARENT_ PAYER_ CODE	27	VARCHAR (8)	This field is the Parent Payer Code of the data submitter company that links to the ***REF_PAYER*** file using the Parent_Payer_Code value. This code is used to identify the data reporter. It is based upon the Payer Code, and may be related to one or more specific Payer Codes.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Standardized Product Code	ME003	INSURANCE_ TYPE	28	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product and links to the ***REF_INSURANCE_TYPE***. Its source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12…Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13…Medicare Secondary – End-Stage Renal Disease Beneficiary 14…Medicare Secondary – No-Fault Insurance 15…Medicare Secondary – Workers' Compensation 16…Medicare Secondary – Public Health Service or Other Federal Agency 41…Medicare Secondary – Black Lung 42…Medicare Secondary – Veterans Administration 43…Medicare Secondary – Disabled Beneficiary Under Age 65 47…Medicare Secondary – Other Liability Insurance is Primary AP…Auto Insurance Policy CP…Medicare Conditionally Primary D…Disability DB…Disability Benefits EP…Exclusive Provider Organization HM…Health Maintenance Organization (HMO) HN…Health Maintenance Organization (HMO) Medicare Risk HS…Special Low-Income Medicare Beneficiary IN…Indemnity LB…Liability LC…Long-Term Care LD…Long-Term Policy LI…Life Insurance LM…Liability Medical LT…Litigation MA…Medicare Part A MB…Medicare Part B

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						MC…Medicaid MD…Medicare Part D MH…Medigap Part A MI…Medigap Part B MP…Medicare Primary OF…Other Federal Program PR…Preferred Provider Organization (PPO) PS…Point of Service (POS) QM…Qualified Medicare Beneficiary SP…Medicare Supplemental Policy VA…Veterans Administration Plan WC…Workers' Compensation -1…Not specified (no insurance type / product code reported) -2…Not valid (invalid insurance type / product code reported)
FINALCLAIM_yyyy	Procedure Code	MC055	PROC_CODE	29	VARCHAR (10)	This field contains the HCPCS or CPT code for the procedure performed. Many data reporters continue to use local codes. This code links to the file ***REF_CPT*** which contains standard values and the non-standard values that are reported by the data reporters which are flagged as custom. These must be taken into consideration when selecting records for a specific type of procedure. This is one of three medical claims fields used to report the type of service (see also Revenue Code (MC054) and ICD-CM Procedure Code (MC058)). This field links to ***REF_PROC_CODE*** using the CPT Code element.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Procedure Modifier 1	MC056	CPT_MOD1	30	VARCHAR (5)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to the CPT Modifier reference.
FINALCLAIM_yyyy	Procedure Modifier 2	MC057	CPT_MOD2	31	VARCHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate that a service or procedure has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This field links to the CPT Modifier reference file ***REF_CPT_MOD*** for Medical.
FINALCLAIM_yyyy	Revenue Code	MC054	REV_CODE	32	VARCHAR (4)	This field is used to report the Revenue Code for hospital claims. National Uniform Billing Committee codes are used in this field. This field links to the revenue reference file using the Revenue Code. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and ICD-CM Procedure Code (MC058)).

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Type of Bill (Institutional) Code	MC036	UB_BILL_ TYPE	33	VARCHAR (2)	This field contains the Type of Bill code as reported on a UB. This field links to the ***REF_BILL_TYPE*** reference table. Valid codes include: First Digit (Type of Facility) 1…Hospital 2…Skilled Nursing 3…Home Health 4…Christian Science Hospital 5…Christian Science Extended Care 6…Intermediate Care 7…Clinic 8…Special Facility Second Digit if First Digit is 1 through 6 (Bill Classification) 1…Inpatient (including Medicare Part A) 2…Inpatient (including Medicare Part B Only) 3…Outpatient 4…Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5…Nursing Facility Level I 6…Nursing Facility Level II 7…Intermediate Care – Level III Nursing Facility 8…Swing Beds Second Digit if First Digit is 7 (Bill Classification) 1…Rural Health 2…Hospital Based or Independent Renal Dialysis Center 3…Free Standing Outpatient Rehabilitation Facility (ORF) 5…Comprehensive Outpatient Rehabilitation Facility (CORF) 6…Community Mental Health Center 9…Other Second Digit if First Digit is 8 (Bill Classification) 1…Hospice, Non-hospital based 2…Hospice, Hospital based 3…Ambulatory Surgery Center

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						4…Free Standing Birthing Center 9…Other
FINALCLAIM_yyyy	ICD-CM Procedure Code	MC058	ICD_PROC_01_PRI	34	VARCHAR (7)	This field is used to report the principal ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and Revenue Code (MC054)).
FINALCLAIM_yyyy	Principal Diagnosis	MC041	ICD_DIAG_01_PRIMARY	35	VARCHAR (7)	This field contains the ICD diagnosis code for the principal diagnosis. The decimal point is not coded.
FINALCLAIM_yyyy	Admitting Diagnosis	MC039	ICD_DIAG_ADMIT	36	VARCHAR (7)	This field contains the ICD diagnosis code indicating the reason for the inpatient admission. The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 01	MC042	ICD_DIAG_02	37	VARCHAR (7)	This field contains the ICD diagnosis code for the first secondary diagnosis (Other Diagnosis 1). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 02	MC043	ICD_DIAG_03	38	VARCHAR (7)	This field contains the ICD diagnosis code for the second secondary diagnosis (Other Diagnosis 2). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 03	MC044	ICD_DIAG_04	39	VARCHAR (7)	This field contains the ICD diagnosis code for the third secondary diagnosis (Other Diagnosis 3). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 04	MC045	ICD_DIAG_05	40	VARCHAR (7)	This field contains the ICD diagnosis code for the fourth secondary diagnosis (Other Diagnosis 4). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 05	MC046	ICD_DIAG_06	41	VARCHAR (7)	This field contains the ICD diagnosis code for the fifth secondary diagnosis (Other Diagnosis 5). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 06	MC047	ICD_DIAG_07	42	VARCHAR (7)	This field contains the ICD diagnosis code for the sixth secondary diagnosis (Other Diagnosis 6). The decimal point is not coded.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Other Diagnosis 07	MC048	ICD_DIAG_08	43	VARCHAR (7)	This field contains the ICD diagnosis code for the seventh secondary diagnosis (Other Diagnosis 7). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 08	MC049	ICD_DIAG_09	44	VARCHAR (7)	This field contains the ICD diagnosis code for the eighth secondary diagnosis (Other Diagnosis 8). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 09	MC050	ICD_DIAG_10	45	VARCHAR (7)	This field contains the ICD diagnosis code for the ninth secondary diagnosis (Other Diagnosis 9). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 10	MC051	ICD_DIAG_11	46	VARCHAR (7)	This field contains the ICD diagnosis code for the tenth secondary diagnosis (Other Diagnosis 10). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 11	MC052	ICD_DIAG_12	47	VARCHAR (7)	This field contains the ICD diagnosis code for the eleventh secondary diagnosis (Other Diagnosis 11). The decimal point is not coded.
FINALCLAIM_yyyy	Other Diagnosis 12	MC053	ICD_DIAG_13	48	VARCHAR (7)	This field contains the ICD diagnosis code for the twelfth secondary diagnosis (Other Diagnosis 12). The decimal point is not coded.
FINALCLAIM_yyyy	Service Provider Key	N/A	SERV_PROV_ KEY	49	NUMERIC (12)	This is the unique provider key of the service provider that links to the Provider_Details table.
FINALCLAIM_yyyy	Service Provider ID Number	MC024, MC026	SERV_PROV_ ID	50	VARCHAR (100)	This is the service provider ID submitted by the data supplier.
FINALCLAIM_yyyy	Service Provider Crosswalk ID	N/A	SERV_PROV_ CW_ID	51	VARCHAR (100)	This is the cross walked ID of the service provider that is mapped from the Provider IDs submitted by each data supplier into a consistent Provider ID for each provider.
FINALCLAIM_yyyy	Billing Provider ID Key	N/A	BILL_PROV_ KEY	52	NUMERIC (12)	This is the unique provider key of the billing provider that links to the Provider_Details table.
FINALCLAIM_yyyy	Billing Provider ID Number	MC076, MC077	BILL_PROV_ ID	53	VARCHAR (100)	This is the billing provider ID submitted by the data supplier.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Quantity	MC061	QTY	54	NUMERIC (3)	For Medical, this column is the count of services performed. For all observation bed service lines, set equal to one. For all other room and board service lines, regardless of the length of stay, set equal to zero.
FINALCLAIM_yyyy	Charge Amount	MC062	AMT_BILLED	55	NUMERIC (10,2)	The decimal field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents. This field may contain a negative value.
FINALCLAIM_yyyy	Amount Allowed	MC063, MC067, MC066, MC065, MC212 (Calculated)	AMT_ ALLOWED	56	NUMERIC (10,2)	The decimal field contains the maximum amount deemed payable by insurer. Because this value is not supplied in the data prior to Dec 2015, it is calculated as the summary of paid, copay, coinsurance and deductible amounts.
FINALCLAIM_yyyy	Paid Amount	MC063	AMT_PAID	57	NUMERIC (10,2)	The decimal field contains all health plan payments, including withhold amounts, and excludes all member payments. It also includes all payments made by the carrier except capitation. This is a money field containing dollars and cents. This field may contain a negative value.
FINALCLAIM_yyyy	Deductible Amount	MC067, PC042	AMT_ DEDUCT	58	NUMERIC (10,2)	The decimal field contains an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that are not covered by the member's insurance plan. To determine the total out-of-pocket/member responsibility for this service, you must sum this field with both Copay Amount (MC065, PC040) and Coinsurance Amount (MC066, PC041). This is a money field containing dollars and cents. This field may contain a negative value.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Coinsurance Amount	MC066	AMT_COINS	59	NUMERIC (10,2)	The decimal field contains the amount paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans, the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses has been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (MC065, PC040) and Coinsurance Amount. To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067, PC042). This is a money field containing dollars and cents. This field may contain a negative value.
FINALCLAIM_yyyy	Copay Amount	MC065	AMT_COPAY	60	NUMERIC (10,2)	The decimal field contains the preset, fixed dollar amount payable by a member, often on a per-visit/-service basis. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount and Coinsurance Amount (MC066, PC041). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067, PC042). This is a money field containing dollars and cents. This field may contain a negative value.
FINALCLAIM_yyyy	Prepaid Amount	MC064	AMT_ PREPAID	61	NUMERIC (10,2)	The decimal field contains the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. Capitated services are services rendered by a provider through a contract under which payments are based upon a fixed dollar amount for each member on a monthly basis. Note that the provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database. This is a money field containing dollars and cents. This field may contain a negative value.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	National Plan ID	MC002, PC002	NPLAN	62	VARCHAR (30)	This field will contain the National Plan ID for the data reporter. This field is not populated. Note that the National Plan ID has not been established yet by CMS. For payer-specific identifiers, use the Payer Code.
FINALCLAIM_yyyy	Claim Status Original	MC038	CLAIM_ STATUS_ ORIG	63	VARCHAR (2)	This field contains the status of the claim as reported by the payer on the remittance. Note that the claim status code is specific to each service line of a claim. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment. This field links to the ***REF_CLAIM_STATUS*** table. Valid codes include: 01…Processed as primary 02…Processed as secondary 03…Processed as tertiary 04…Denied 19…Processed as primary, forwarded to additional payer(s) 20…Processed as secondary, forwarded to additional payer(s) 21…Processed as tertiary, forwarded to additional payer(s) 22…Reversal of previous payment -1…Not specified (no claim status reported) -2…Not valid (invalid claim status code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	E-Code	MC040	ECODE_ORIG	64	VARCHAR (10)	This field describes an injury, poisoning, or adverse effect using an ICD E-Code diagnosis. The user should search the Principal Diagnosis and Other Diagnosis fields (MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, and MC053) to identify all submitted E-Codes. Note that the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the data reporter.
FINALCLAIM_yyyy	Member County	MC016	MEMBER_ COUNTY	65	VARCHAR (5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported)
FINALCLAIM_yyyy	Use Flag Claim Evidence of Secondary Ins.	MC038, PC025	UF_SECOND_ INS	66	VARCHAR (1)	Y…Information on claim indicates it was paid by a secondary insurer N…No evidence on claim that is was paid by a secondary insurer
FINALCLAIM_yyyy	Use Flag Existing Eligibility	MC003, MC013, MC059, PC003, PC013, PC032, (Calculated)	UF_EXIST_ ELIG	67	VARCHAR (2)	Y…A matching eligibility record for this patient was found in the enrollment table N…A matching eligibility record for this patient was not found in the enrollment table NB…New Born

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Use Flag Commercial Product	ME003 (Calculated)	UF_COMM_ PROD	68	VARCHAR (1)	Comprehensive Commercial Product. The current logic is intended to flag records as a Y if they don't have evidence that they were paid as secondary, and also the member is enrolled in a commercial health plan offering. Y…Insurance on this record represents a commercial product N…Insurance on this record does not represent a commercial product
FINALCLAIM_yyyy	Use Flag Patient Under Age 65	ME014, MC059, PC032	UF_U65	69	VARCHAR (1)	Y…Patient was under age 65 on date of service N…Patient was not under age 65 on date of service
FINALCLAIM_yyyy	Use Flag NH Resident	MC015, PC015	UF_NH_RES	70	VARCHAR (1)	Y…New Hampshire Resident N…Not a New Hampshire Resident
FINALCLAIM_yyyy	Use Flag	See definitions for UF_SECOND_ INS = N UF_PRI_INS = Y UF_U65 = Y UF_NH_RES = Y UF_COMM_PR OD = Y (Calculated)	USE_FLAG	71	VARCHAR (1)	The USEFLAG is a composite flag that combines results from other Y/N fields. This flag is Y when all of the following conditions are met: Use Flag Primary Eligibility Record(UF_PRIM_ELIG) = N Use Flag Primary Eligibility Record(UF_PRIM_ELIG) = Y Use Flag Patient Under Age 65 (UF_U65) = Y Use Flag NH Resident (UF_NH_RES) = Y Use Flag Commercial Product (UF_COMM_PROD) = Y If any of the above conditions are not met, then the USEFLAG is set to N.
FINALCLAIM_yyyy	Use Flag Primary Eligibility Record	ME028	UF_PRIM_ ELIG	72	VARCHAR (1)	Y…Indicates the primary eligibility record for a patient N…A non-primary eligibility record for a patient

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
FINALCLAIM_yyyy	Payer Code	MC001, PC001	PAYERCODE	73	VARCHAR (8)	This field is the Payer Code of the data submitter that supplied the specific file for the submitter company. This code will either match the Parent Payer Code, or will have a suffix value that differentiates different submitters. This links to the ***REF_PAYER*** file using the Payer Code element.
FINALCLAIM_yyyy	Insured Group or Policy Number	MC006, PC006	GROUPID	74	VARCHAR (50)	This field contains the encrypted Insured Group or Policy Number associated with the entity that has purchased the insurance. For self-insured individuals, this relates to the purchaser. For the majority of eligibility and claims data, the group relates to the employer. The group number does not uniquely identify the subscriber. The group number is a personal health identifier (PHI).

MEMBER DETAIL

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBER_DETAIL	Member Key	N/A	MEMBER_ KEY	1	NUMERIC (20)	This is the unique member identification key for each member. It links to the Member_Details table.
MEMBER_DETAIL	Member ID Number	Various combinations of: ME008, ME009,ME010, ME014, ME014	MEMBER_ID	2	VARCHAR (200)	This is the standard encrypted Member ID that is a composite of the member identification elements supplied by the data supplier. See ***REF_PROCESSING_RULES*** below for more details.
MEMBER_DETAIL	Unique Person Key	N/A	PERSON_KEY	3	NUMERIC (10)	This is the key that identifies a unique person within the data warehouse.
MEMBER_DETAIL	Member Gender	ME013	SEX	4	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)
MEMBER_DETAIL	Member Social Security Number	ME008	MEM_SSN	5	VARCHAR (200)	This field is used to record the member's encrypted Social Security number when available. If the member is the subscriber, this field contains the same value as the Encrypted Social Security Number. If the member is not the subscriber, this field will not contain that same value. Its sources are ME011, MC010, and PC010.
MEMBER_DETAIL	Member's Last Name	ME104	MEM_LNAME	6	VARCHAR (128)	This field is the encrypted last name of the member. Its sources are ME104, MC104, and PC104.
MEMBER_DETAIL	Member's First Name	ME105	MEM_FNAME	7	VARCHAR (128)	This field is the encrypted first name of the member. Its sources are ME105, MC105, and PC105.
MEMBER_DETAIL	Member's Middle Initial	ME106	MEM_MNAME	8	VARCHAR (128)	This field is the encrypted middle initial of the member. Its sources are ME106, MC106, and PC106.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBER_DETAIL	Member Date of Birth	ME014	DOB	9	VARCHAR(8)	This field is the member's date of birth. Its sources are ME014, MC013, and PC013. In text-formatted extracts only, this DATE field will be presented in a CCYYMMDD format.
MEMBER_DETAIL	Member County ID	ME017	MEM_COUNTY	10	VARCHAR(5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
MEMBER_DETAIL	Member State	ME016	MEM_STATE	11	VARCHAR(2)	This field contains the member's state and uses the two-character state abbreviation as defined by the US Postal Service. Other valid codes include: -1…Not specific (no state reported) -2…Not valid (invalid state code)
MEMBER_DETAIL	Member Zip Code	ME017	MEM_ZIP	12	VARCHAR (5)	This field contains the member's ZIP code and links to the ***REF_GEOGRAPHY*** table.
MEMBER_DETAIL	Payer Code	ME001	PAYERCODE	13	VARCHAR (8)	This field is the Payer Code of the data submitter that supplied the specific file for the submitter company. This code will either match the Parent Payer Code, or will have a suffix value that differentiates different submitters. This links to the ***REF_PAYER*** file using the Payer Code element.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBER_DETAIL	Subscriber's Last Name	ME101	SUB_LNAME	14	VARCHAR (128)	This field is the encrypted last name of the subscriber. Its sources are ME101, MC101, and PC101.
MEMBER_DETAIL	Subscriber's First Name	ME102	SUB_FNAME	15	VARCHAR (128)	This field is the encrypted first name of the subscriber. Its sources are ME102, MC102, and PC102.
MEMBER_DETAIL	Subscriber's Middle Initial	ME103	SUB_MNAME	16	VARCHAR (128)	This field is the encrypted middle initial of the subscriber. Its sources are ME103, MC103, and PC103.
MEMBER_DETAIL	Encrypted Social Security Number – Subscriber	ME008	SUB_SSN	17	VARCHAR (200)	This field contains the encrypted Social Security number of the subscriber. If the Social Security number was not available from the payer, this field will be null and the CONTRACT field will be populated. This field has been encrypted using the same algorithm across all payers. Its sources are ME008, MC007, and PC007.

MEMBERSHIP

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Coverage Class	MC899, PC899	COVERAGE_CLASS	1	VARCHAR (3)	This field indicated the type of record. For all medical claims records, this value will be MED. Pharmacy Claims are PHM.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Behavioral Coverage Flag	ME001	COVERAGE_BEHAVIORAL	2	VARCHAR (1)	This field indicates behavioral coverage; its source is ME001. Valid codes include: Y…Yes N…No
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Membership Year , Month, and Day	ME004, ME005 (Calculated)	MEMBER_MONTH_START_DATE	3	CHAR(8)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMMDD.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Membership Year & Month	ME004, ME005 (Calculated)	ENROLL_YEARMO	4	CHAR (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Membership Year	ME004	ENROLL_YEAR	5	CHAR (4)	This field contains the YEAR (ME004) field with a format of CCYY.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member Key	N/A	MEMBER_KEY	6	NUMERIC (20)	This is the unique member identification key for each member. It links to the Member_Details table.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member ID Number	Various combinations of: ME008, ME009,ME010, ME014, ME014	MEMBER_ID	7	VARCHAR (200)	This is the standard encrypted Member ID that is a composite of the member identification elements supplied by the data supplier. See ***REF_PROCESSING_RULES*** below for more details.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Subscriber ID	ME008, ME009	SUBSCRIBER_ID	8	VARCHAR (200)	Subscriber ID supplied by data submitter. This field was hashed during the NH preprocessor processing prior to submission to Milliman.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Standardized Individual Relationship to Subscriber Code	ME012	RELATION	9	VARCHAR (10)	This field contains the standardized relationship to the subscriber according to classifications made by Milliman. This field contains the Standardized value indicating the member's relationship to the subscriber or the insured and links to the ***REF_RELATIONSHIP*** data set using the Standardized Individual Relationship to Subscriber Key element. Its source is the Individual Relationship Code element reported by the payer in the member eligibility data.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member Age	ME014	AGE	10	NUMERIC (3)	This field contains the age of the member in years. Age is calculated using the FDATE element for, medical claims (MC059), and pharmacy claims (PC032). For membership data, the age is calculated as of the last day of the membership month. It is derived from the member's date of birth (ME014). Children younger than one year have an age of 0. If no date of birth is available, this field is null. Erroneous age values – due to errors in submitted enrollment, service dates or dates of birth – will appear as null or 255.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member Gender	ME013	SEX	11	VARCHAR (2)	This field indicates the member's gender. Valid codes include: M…Male F…Female U…Unknown -1…Not specified (no gender reported) -2…Not valid (invalid gender code reported)
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Hispanic Indicator	ME024	HISPANIC	12	VARCHAR (1)	This field indicates Hispanic ethnicity; its source is ME024. Valid codes include: Y…Yes, patient is Hispanic/Latino/Spanish N…No, patient is not Hispanic/Latino/Spanish U…Unknown

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Race 1	ME020	RACE	13	VARCHAR (6)	This field indicates the standardized values for race; its source is ME021. Valid codes include: 1…White 2…Black or African American 3…American Indian and Alaska Native 4…Asian 5…Native Hawaiian and Other Pacific Islander 6…Some Other Race 7…Two or More Races 9…Unknown Race -1…Not specified (no race reported) -2…Not valid (invalid race code reported)
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Race 2	ME021	RACE2	14	VARCHAR (6)	This field indicates race; its source is ME022. Valid codes include: R1…American Indian/Alaskan Native R2…Asian R3…Black/African American R4…Native Hawaiian or other Pacific Islander R5…White R9…Other race UNKNOW…Unknown/Not specified -1…Not specified (no race reported) -2…Not valid (invalid race code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Ethnicity 1	ME025	ETHNICITY1	15	VARCHAR (6)	This field indicates ethnicity; its source is ME025. Valid codes include: 2182-4…Cuban 2184-0…Dominican 2148-5…Mexican, Mexican American, Chicano 2180-8…Puerto Rican 2161-8…Salvadoran 2155-0…Central American (not otherwise specified) 2165-9…South American (not otherwise specified) 2060-2…African 2058-6…African American AMERCN…American 2028-9…Asian 2029-7…Asian Indian BRAZIL…Brazilian 2033-9…Cambodian CVERDN…Cape Verdean CARIBI…Caribbean Island 2034-7…Chinese 2169-1…Columbian 2108-9…European 2036-2…Filipino 2157-6…Guatemalan 2071-9…Haitian 2158-4…Honduran 2039-6…Japanese 2040-4…Korean 2041-2…Laotian 2118-8…Middle Eastern PORTUG…Portuguese EASTEU…Eastern European 2047-9…Vietnamese OTHER…Other ethnicity UNKNOW…Unknown/Not specified -1…Not specified (no ethnicity reported) -2…Not valid (invalid ethnicity code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Ethnicity 2	ME026	ETHNICITY2	16	VARCHAR (6)	This field indicates ethnicity; its source is ME026. Valid codes include: 2182-4…Cuban 2184-0…Dominican 2148-5…Mexican, Mexican American, Chicano 2180-8…Puerto Rican 2161-8…Salvadoran 2155-0…Central American (not otherwise specified) 2165-9…South American (not otherwise specified) 2060-2…African 2058-6…African American AMERCN…American 2028-9…Asian 2029-7…Asian Indian BRAZIL…Brazilian 2033-9…Cambodian CVERDN…Cape Verdean CARIBI…Caribbean Island 2034-7…Chinese 2169-1…Columbian 2108-9…European 2036-2…Filipino 2157-6…Guatemalan 2071-9…Haitian 2158-4…Honduran 2039-6…Japanese 2040-4…Korean 2041-2…Laotian 2118-8…Middle Eastern PORTUG…Portuguese EASTEU…Eastern European 2047-9…Vietnamese OTHER…Other ethnicity UNKNOW…Unknown/Not specified -1…Not specified (no ethnicity reported) -2…Not valid (invalid ethnicity code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member ZIP Code	ME017	MEMBER_ZIP	17	VARCHAR (11)	This field contains the member's Zip Code and links to the ***REF_GEOGRAPHY*** table.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Coverage Level Code	ME007	TIER	18	VARCHAR (3)	This field indicates the level of coverage as reported in ME007 and links to the coverage level codes reference data set using the Coverage Level Code. Although there are several code values for distinguishing between the various coverage levels, some payers do not maintain a high level of specificity in their records. Some payers are able to distinguish only between single coverage and family coverage. Summarizing data by coverage level across payers could overestimate the amount of family coverage. Valid codes include: CHD…Children only DEP…Dependents only ECH…Employee and children EMP…Employee only ESP…Employee and spouse FAM…Family IND…Individual SPC…Spouse and children SPO…Spouse only -1…Not specified (no coverage level reported) -2…Not valid (invalid coverage level code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Standardized Insurance Product Type	ME003	PRODUCT_TYPE	19	VARCHAR (3)	This includes the Milliman standardized payer type values, including: PPO…Commercial PPO POS…Commercial POS HMO…Commercial HMO MDE…Medicaid Dual Eligible HMO MD…Medicaid Disabled HMO MLI…Medicaid Low Income HMO MRB…Medicaid Restricted Benefit HMO MR…Medicare Advantage HMO MP…Medicare Advantage PPO MC…Medicare Cost SN1…Special Needs Plan – Chronic Condition SN2…Special Needs Plan – Institutionalized SN3…Special Needs Plan – Dual Eligible CHP…Child Health Insurance Program EPO…Exclusive Provider Organization SF…Self-Funded SL…Stop Loss IND…Indemnity This is referenced in the ***REF_ELIGIBILITY_TYPE*** file.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Standardized /Summarized?? Line of Business	ME003	LOB	20	VARCHAR (10)	These are standardized Lines of Business that are based upon the payer type information. These include: 1…COMMERCIAL 2…MEDICAID 3…MEDICARE
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Payer Code	ME001	PARENT_PAYER_CODE	21	VARCHAR (8)	This field is the Parent Payer Code of the data submitter company that links to the ***REF_PAYER*** file using the Parent_Payer_Code value. This code is used to identify the data reporter. It is based upon the Payer Code, and may be related to one or more specific Payer Codes.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_	Standardized Product Code	ME003	INSURANCE_TYPE	22	VARCHAR (2)	This field contains the code identifying the member's type of insurance or insurance product and links to the ***REF_INSURANCE_TYPE***. Its

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
yyyy						source is the Insurance Type / Product Code element reported by the payer. Valid codes include: 12…Medicare Secondary – Aged Beneficiary or Spouse with Employer Group Health Plan 13…Medicare Secondary – End-Stage Renal Disease Beneficiary 14…Medicare Secondary – No-Fault Insurance 15…Medicare Secondary – Workers' Compensation 16…Medicare Secondary – Public Health Service or Other Federal Agency 41…Medicare Secondary – Black Lung 42…Medicare Secondary – Veterans Administration 43…Medicare Secondary – Disabled Beneficiary Under Age 65 47…Medicare Secondary – Other Liability Insurance is Primary AP…Auto Insurance Policy CP…Medicare Conditionally Primary D…Disability DB…Disability Benefits EP…Exclusive Provider Organization HM…Health Maintenance Organization (HMO) HN…Health Maintenance Organization (HMO) Medicare Risk HS…Special Low-Income Medicare Beneficiary IN…Indemnity LB…Liability LC…Long-Term Care LD…Long-Term Policy LI…Life Insurance LM…Liability Medical LT…Litigation MA…Medicare Part A MB…Medicare Part B MC…Medicaid MD…Medicare Part D MH…Medigap Part A MI…Medigap Part B

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						MP…Medicare Primary OF…Other Federal Program PR…Preferred Provider Organization (PPO) PS…Point of Service (POS) QM…Qualified Medicare Beneficiary SP…Medicare Supplemental Policy VA…Veterans Administration Plan WC…Workers' Compensation -1…Not specified (no insurance type / product code reported) -2…Not valid (invalid insurance type / product code reported)
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	City name of member	ME015	MEMBER_CITY	23	VARCHAR (30)	This field contains the city name of the member. Its source is ME015.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	New Hampshire County Number	ME017	MEMBER_COUNTY	24	VARCHAR (5)	This field contains the member's county of residence if the member is a NH resident. Its source is the Member ZIP Code element and it links to the ***REF_GEOGRAPHY*** table. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member State	ME016	MEMBER_STATE	25	VARCHAR (2)	This field contains the member's State and links to the ***REF_GEOGRAPHY*** table.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag	See definitions for UF_SECOND_INS = N UF_PRI_INS = Y UF_U65 = Y UF_NH_RES = Y UF_COMM_PROD = Y	USEFLAG	26	VARCHAR (1)	The USEFLAG is a composite flag that combines results from other Y/N fields. This flag is Y when all of the following conditions are met: Use Flag Primary Eligibility Record(UF_PRIM_ELIG) = N Use Flag Primary Eligibility Record(UF_PRIM_ELIG) = Y Use Flag Patient Under Age 65 (UF_U65) = Y Use Flag NH Resident (UF_NH_RES) = Y Use Flag Commercial Product (UF_COMM_PROD) = Y If any of the above conditions are not met, then the USEFLAG is set to N.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag Existing Eligibility	MC003, MC013, MC059, PC003, PC013, PC032	UF_EXIST_ELIG	27	VARCHAR (1)	Y…A matching eligibility record for this patient was found in the enrollment table N…A matching eligibility record for this patient was not found in the enrollment table
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag Commercial Product	ME003	UF_COMM_PROD	28	VARCHAR (1)	Comprehensive Commercial Product. The current logic is intended to flag records as a Y if they don't have evidence that they were paid as secondary, and also the member is enrolled in a commercial health plan offering. Y…Insurance on this record represents a commercial product N…Insurance on this record does not represent a commercial product
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag Patient Under Age 65	ME014, MC059, PC032	UF_U65	29	VARCHAR (1)	Y…Patient was under age 65 on date of service N…Patient was not under age 65 on date of service
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag Primary Eligibility Record	ME028	UF_PRIM_ELIG	30	VARCHAR (1)	Y…Indicates the primary eligibility record for a patient N…A non-primary eligibility record for a patient

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag NH Resident	MC015, PC015	UF_NH_RES	31	VARCHAR (1)	Y…New Hampshire Resident N…Not a New Hampshire Resident
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	National Plan ID	ME002	NPLAN	32	VARCHAR (30)	This field will contain the National Plan ID for the data reporter. This field is not populated. Note that the National Plan ID has not been established yet by CMS. For payer-specific identifiers, use the Payer Code.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Primary Insurance Indicator	ME028	PRIMARY_INS	33	VARCHAR (1)	This field is the Primary Insurance Indicator; its source is ME028. Valid codes include: Y…Yes, primary insurance N…No, secondary or tertiary insurance
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Payer Code	ME001	PAYERCODE	34	VARCHAR (8)	This field is the Payer Code of the data submitter that supplied the specific file for the submitter company. This code will either match the Parent Payer Code, or will have a suffix value that differentiates different submitters. This links to the ***REF_PAYER*** file using the Payer Code element.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Special Coverage	ME031	COV_ SPECIAL	35	VARCHAR (3)	This field is the Special Coverage code; its source is ME031. Valid codes include: N…Not applicable, member not enrolled in a special coverage plan Y…Yes, member enrolled in a Health Protection Program -1…Not specified (no special coverage reported) -2…Not valid (invalid special coverage code reported)
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Coverage Type	ME029	COV_TYPE	36	VARCHAR (3)	This field indicates the type of coverage and is used to distinguish self-funded plans from commercially insured plans as reported in ME029. This field is the primary ID number for each coverage type record and links to the coverage type codes reference data set using the Coverage Type Key element. Valid codes include: ASW…For self-funded plans that are administered

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						by a third party administrator, where the employer has purchased stop-loss, or group excess insurance coverage ASO…For self-funded plans that are administered by a third party administrator, where the employer has not purchased stop-loss, or group excess insurance coverage STN…For short-term non-renewable health insurance as defined pursuant to RSA 415:4 III UND…For plans underwritten by the carrier OTH…For any other plan. Carriers using this code shall obtain prior approval from the NH Insurance Department -1…Not specified (no coverage type reported) -2…Not valid (invalid coverage type code reported)

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Market Category Code	ME030	MARKET_CAT	37	VARCHAR (4)	This field indicates the type of policy sold by the insurer; its source is ME030. Valid codes include: IND…For policies sold and issued directly to individuals, other than those sold on a franchise basis, as defined pursuant to RSA 415:19, or a group conversion policies required pursuant to RSA 415:18 VII (a) FCH…For policies sold and issued directly to individuals on a franchise basis as defined pursuant to RSA 415:19 GCV…For policies sold and issued directly to individuals as group conversion policies as defined pursuant to RSA 415:18 VII (a) GS1…For policies sold and issued directly to employers having exactly one employee GS2…For policies sold and issued directly to employers having between 2 and 9 employees GS3…For policies sold and issued directly to employers having between 10 and 25 employees GS4…For policies sold and issued directly to employers having between 26 and 50 employees GLG1…For policies sold and issued directly to employers having between 51 and 99 employees GLG2…For policies sold and issued directly to employers having 100 or more employees GSA…For policies sold and issued directly to small employers through a qualified association trust OTH…For policies sold to other types of entities. Carriers using this market code shall obtain prior approval from the N.H. Insurance Department -1…Not specified (no policy type reported) -2…Not valid (invalid policy type code reported)
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Use Flag Claim Evidence of Secondary Ins.	MC038, PC025,	UF_SECOND_INS	38	VARCHAR (1)	Y…Information on claim indicates it was paid by a secondary insurer N…No evidence on claim that is was paid by a secondary insurer

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Insured Group or Policy Number	ME006	GROUPID	39	VARCHAR (50)	This field contains the Insured Group or Policy Number associated with the entity that has purchased the insurance. For self-insured individuals, this relates to the purchaser. For the majority of eligibility and claims data, the group relates to the employer. Its source is ME006 and it is referenced by **REF_GROUP**
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Subscriber SSN (Encrypted)	ME008	SUBSCRIBER_SSN	40	VARCHAR (200)	This field contains the encrypted Social Security number of the subscriber. If the Social Security number was not available from the payer, this field will be null and the CONTRACT field will be populated. This field has been encrypted using the same algorithm across all payers.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Plan-Specific Contract Number	ME009	CONTRACTNO	41	VARCHAR (128)	This field contains the encrypted payer-assigned contract number for the subscriber. Its source is ME009.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Member Suffix or Sequence Number	ME010	MEMSEQ	42	VARCHAR (20)	This field contains the payer-supplied code that uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the Plan-Specific Contract Number element. Its source is ME010.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Medical Membership Month	N/A	MEMBER_MONTH_KEY	43	NUMERIC (22)	This is the unique member month identification key for each member.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Unique Person Key	N/A	PERSON_KEY	44	NUMERIC (10)	This is the key that identifies a unique person within the data warehouse.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	HIOS Plan ID	ME204	HIOS_PLAN_ID	45	VARCHAR (16)	The 16 character HIOS Plan ID (Standard component). Including a five digit issuer ID, two character state ID, three digit product number, four digit standard component number and two digit variant component ID. This field may not be available for all market segments.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Plan Effective Date	ME205	PLAN_EFFECTIVE_DATE	46	VARCHAR (8)	The date eligibility started for this member under this plan type. The purpose of this data element is to maintain an eligibility span for each member.
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	Exchange Indicator	ME207	EXCHANGE_INDICATOR	47	VARCHAR (1)	The plan reported in ME204 was available on the Exchange Marketplace in the month and year reflected in ME004 and ME005. Y…Yes N…No
MEMBERSHIP_MC_yyyy, MEMBERSHIP_PC_yyyy	High Deductible Health Plan	ME208	HIGH_DEDUCTIBLE_HEALTH_PLAN	48	VARCHAR (1)	The plan reported in ME204 meets the IRS definition of a HDHP. Y…Yes N…No U…Unknown

PROVIDER

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Unique Provider ID Number	MC024, MC076, PC018, MP003	PROV_KEY	1	NUMERIC (12)	This field is the primary ID number for each Provider_Detail record and links to the Serv_Prov_Key and the Bill_Prov_Key in claim files. It is generated by MedInsight and is based upon the various 'provider' fields in the claims data: MC024 Service Provider Number, MC076 Billing Provider Number, MC024 Service Provider Number and PC018 Pharmacy Number.
PROVIDER_ DETAIL	Provider Crosswalk Key	N/A	PROV_CW_ KEY	2	NUMERIC (20)	This field contains the consistent, unique provider ID key across all data suppliers. It is generated by MedInsight based upon a matching criteria that looks at various provider fields such as name, NPI, TIN, DEA, address.
PROVIDER_ DETAIL	Service Provider Number	MC024, MC076, PC018, MP003	PROV_ID	3	VARCHAR (100)	This field is the provider number assigned by the payer in the various 'provider' fields in the claims data: MC024 Service Provider Number, MC076 Billing Provider Number, MC024 Service Provider Numberand PC018 Pharmacy Number.
PROVIDER_ DETAIL	Provider Crosswalk ID	N/A	PROV_CW_ID	4	VARCHAR (100)	This field is the provider number assigned by the payer but crosswalked to other. It is chosen by MedInsight based upon a matching criteria that looks at various provider fields such as name, NPI, TIN, DEA, address.
PROVIDER_ DETAIL	National Provider ID Number	MC026, MP017	NPI	5	VARCHAR (10)	This field contains the National Provider ID Number used by CMS. Its source is MC026.
PROVIDER_ DETAIL	Payer Code	MC001, PC001, MP001	PAYERCODE	6	VARCHAR (8)	This field is the Payer Code of the data submitter that supplied the specific file for the submitter company (MC001, and PC001). This code will either match the Parent Payer Code, or will have a suffix value that differentiates different submitters. This links to the ***REF_PAYER*** file using the Payer Code element.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Individual Practitioner Flag	MC027	INDIVIDUAL	7	VARCHAR (1)	This field is used to indicate that this is the name of an individual provider or the name of a group or facility. This value is obtained by the National NPI provider reference if an NPI is available, or by the data submitter, as provided. If no valid code is available, this field is null. Valid codes include: 0…Group or facility 1…Individual
PROVIDER_ DETAIL	Facility Name	MC030	FACILITY_NAME	8	VARCHAR (255)	This field contains the service provider's facility name if the provider has been identified as a non-person entity. This field is derived from MC030 in the medical claims data and from the PROV_LNAME in the provider detail file. Note that if the provider is an individual practitioner, this field will be blank.
PROVIDER_ DETAIL	Organization Name or Service Provider Last Name	MC030	PROV_ LNAME	9	VARCHAR (100)	This field contains the last name of the provider/physician. If the provider is a facility, this field will be blank.
PROVIDER_ DETAIL	Service Provider First Name	MC028	PROV_ FNAME	10	VARCHAR (25)	This field contains the first name of the provider/physician. If the service provider is a facility, this field will be blank.
PROVIDER_ DETAIL	Service Provider Middle Name	MC029	PROV_ MNAME	11	VARCHAR (25)	This field contains the middle name of the provider/physician. If the provider is a facility, this field will be blank
PROVIDER_ DETAIL	MedInsight Specialty Code	N/A	PROV_SPEC	12	VARCHAR (10)	This field is used to standardize the specialty coding of the provider records. It is based upon the service provider specialty code and/or the providers nationally identified specialty (based upon NPI information) This field links to the ***REF_PROV_SPEC*** data set's Milliman Specialty Code.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	MedInsight Specialty Description	N/A	PROV_SPEC_ DESC	13	VARCHAR (150)	This field is the specialty description related to the standardized specialty coding of the provider records.
PROVIDER_ DETAIL	Crosswalk Provider Last Name or Facility Name	N/A	CW_PROV_ LNAME_ FACILITYNAM E	14	VARCHAR (100)	MedInsight Provider Last Name of Crosswalked Provider Record.
PROVIDER_ DETAIL	Crosswalk Provider First Name	N/A	CW_PROV_ FNAME	15	VARCHAR (100)	MedInsight Provider First Name of Crosswalked Provider Record.
PROVIDER_ DETAIL	Crosswalk Provider Middle Name	N/A	CW_PROV_ MNAME	16	VARCHAR (100)	MedInsight Provider Middle Name of Crosswalked Provider Record.
PROVIDER_ DETAIL	Crosswalk NPI	N/A	CW_NPI	17	VARCHAR (10)	MedInsight NPI of Crosswalked Provider Record.
PROVIDER_ DETAIL	MedInsight Specialty Code of Crosswalked Provider Record	N/A	CW_PROV_ SPEC	18	VARCHAR (10)	This field is used to standardize the specialty coding of the provider records. It is based upon the service provider specialty code (MC032) and the linkage activity. This field links to the ***REF_PROV_SPEC*** data set's Milliman Specialty Code element.
PROVIDER_ DETAIL	MedInsight Specialty Description of Crosswalked Provider Record	N/A	CW_PROV_ SPEC_DESC	19	VARCHAR (150)	Description of the specialty that is associated with the crosswalked provider record.
PROVIDER_ DETAIL	Crosswalk Provider Taxonomy	N/A	CW_ TAXONOMY	20	VARCHAR (10)	MedInsight Taxonomy of Crosswalked Provider Record.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Service Provider Suffix	MC031	PROV_ SUFFIX	21	VARCHAR (10)	This field contains the generational suffix for the individual. Its source is in the medica claims data. When populated, this field often contains the generational identifier (e.g., JR, SR, III), the credentials (e.g., MD), or the suffix to the Provider Tax ID Number.
PROVIDER_ DETAIL	Service Provider Entity Type Qualifier	MC027	PROV_TYPE	22	VARCHAR (20)	This field is used to distinguish an individual practitioner from a business entity. Its source is Provider Type from the National NPI reference or MC027 in the medical claims data when the NPI is not available. The valid values are PRAC, GROUP, PHARMACY, FACILITY, OTHER, or NULL.
PROVIDER_ DETAIL	Original Service Provider Entity Type Qualifier	MC027	PROV_TYPE_ ORIG	23	VARCHAR (2)	This field is used to distinguish an individual practitioner from a business entity. Its source is MC027 in the medical claims data. Valid codes include: 1…Person 2…Non-person entity -1…Not specified (no service provider entity type reported) -2…Not valid (invalid service provider entity type code reported)
PROVIDER_ DETAIL	Service Provider Tax ID Number	MC025, PC019, MP004	PRVTAXID	24	VARCHAR (100)	This field contains the service provider's tax ID number (aka TIN). For an individual, this code is often the Social Security number. Its source is MC025 in the medical claims data.
PROVIDER_ DETAIL	Taxonomy Code	MC026	TAXONOMY	25	VARCHAR (100)	This field is a CMS-defined Specialty Coding System value. This value is determined by cross-referencing the carrier's specialty code to a Milliman specialty code, then cross-referencing to the TAXONOMY codes reference data set, which is freely available from the CMS.
PROVIDER_ DETAIL	Original Provider ID	MC024, PC018	PROV_ID_ ORIG	26	VARCHAR (100)	The original Provider ID value from the source data.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Service Provider Clinic Name	MC030	PROV_CLINIC _NAME	27	VARCHAR (100)	This field contains the name of the provider. Its source is MC030 in the medical claims data.
PROVIDER_ DETAIL	Service Provider City	MC033, PC022	PROV_CLINIC _CITY	28	VARCHAR (30)	This field contains the city name of the provider (preferably their practice location). Its source is MC033 in the medical claims data. Note that although the provider location is requested, this field can be populated with the city name of the billing location.
PROVIDER_ DETAIL	Service Provider State	MC034, PC023	PROV_CLINIC _STATE	29	VARCHAR (2)	This field contains the provider's state and uses the two-character state abbreviation as defined by the US Postal Service. Its source is MC034 in the medical claims file.
PROVIDER_ DETAIL	Service Provider ZIP Code	MC035, PC024	PROV_CLINIC _ZIP	30	VARCHAR (11)	This field contains the ZIP code of the provider's practice location. It may contain non-US codes. This field links to the GEOGRAPHY_DIM reference file using the ZIP Code element. Note that although the provider location is requested, this field can be populated with the ZIP code of the billing location.
PROVIDER_ DETAIL	Service Provider County Code	MC035, PC024	NH_COUNTY_ CODE	31	VARCHAR (5)	This field contains the county code of the service provider's location; its source is the Service Provider ZIP Code element (MC035) in the medical claims file. Valid codes include: 1…Belknap 3…Carroll 5…Cheshire 7…Coos 9…Grafton 11…Hillsborough 13…Merrimack 15…Rockingham 17…Strafford 19…Sullivan 999…Other (not New Hampshire) -1…Not specified (no ZIP code reported) -2…Not valid (invalid ZIP code reported):

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
PROVIDER_ DETAIL	Service Provider Country	MC070	COUNTRY	32	VARCHAR (10)	This field contains the country of the provider practice location. It is derived from MC070 in the medical claims data.
PROVIDER_ DETAIL	DEA Number	MP015	PROV_DEA	33	VARCHAR (20)	The Provider's Drug Enforcement Administration number.
PROVIDER_ DETAIL	Provider License	MP017	PROV_LIC	34	VARCHAR (15)	State license number. Prefix with standard two character State abbreviation.
PROVIDER_ DETAIL	Provider Entity	MP005	PROVIDER_ ENTITY	35	INT	The value that defines the type of entity. This joins to the **REF_PROVIDER_ENTITY** table.
PROVIDER_ DETAIL	Provider Entity	MP018	PROVIDER_ ENTITYCODE	36	VARCHAR (2)	The value that defines the entity provider type. Required when MP005 does not = 1. This joins to the **REF_PROVIDER_ENTITYCODE** table.

REFERENCE TABLES

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_CLAIM_ INSURANCE_TYPE	Insurance Type	MC003, PC003	INSURANCE_ TYPE	1	VARCHAR (2)	Table 5 – Insurance Type/Product Code – Claims Files - Code column
REF_CLAIM_ INSURANCE_TYPE	Insurance Type Description	MC003, PC003	INSURANCE_ TYPE_DESC	2	VARCHAR (100)	Table 5 – Insurance Type/Product Code – Claims Files – Description Column
REF_CLAIM_ INSURANCE_TYPE	Medicare	N/A	MEDICARE	3	VARCHAR (1)	1 if True, Blank if False.
REF_CLAIM_ INSURANCE_TYPE	Medicaid	N/A	MEDICAID	4	VARCHAR (1)	1 if True, Blank if False.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_CLAIM_ INSURANCE_TYPE	Product Type	N/A	PRODUCT_ TYPE	5	VARCHAR (3)	Product Type is classification of the member's payer. They are: PPO = Commercial Preferred Provider Organization, POS = Commercial Point of Service, HMO = Commercial Health Maintenance Organization, MDE = Medicaid Dual Eligible Health Maintenance Organization, MD = Medicaid Disabled Health Maintenance Organization, MLI = Medicaid Low Income Health Maintenance Organization, MRB = Medicaid Restricted Benefit Health Maintenance Organization, MR = Medicare Advantage Health Maintenance Organization, MP= Medicare Advantage Preferred Provider Organization, MC = Medicare Cost, SN1 = Special Needs Plan - Chronic Condition, SN2 = Special Needs Plan - Institutionalized, SN3 = Special Needs Plan - Dual Eligible, CHP = Child Health Insurance Program
REF_CLAIM_ PROCESSING_ LEVEL_INDICATOR	Claim Processing Level Indicator	MC218, PC214	CODE	1	INT	1…Claim Level 2…Service Line Level
REF_CLAIM_ PROCESSING_ LEVEL_INDICATOR	Claim Processing Level Indicator	MC218, PC214	DESCRIPTION	2	VARCHAR (50)	

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_CLAIM_ STATUS	Claim Status Code	MC038	CODE	1	VARCHAR (2)	Based on MC038, this code describes the payment status of the specific service line record. This field links to the ***REF_CLAIM_STATUS*** table. Valid codes include: 01…Processed as primary 02…Processed as secondary 03…Processed as tertiary 04…Denied 19…Processed as primary, forwarded to additional payer(s) 20…Processed as secondary, forwarded to additional payer(s) 21…Processed as tertiary, forwarded to additional payer(s) 22…Reversal of previous payment -1…Not specified (no claim status reported) -2…Not valid (invalid claim status code reported)
REF_CLAIM_ STATUS	Claim Status Description	MC038	VALUE	2	VARCHAR (50)	Descriptions of Claim Status Code above.
REF_COVERAGE_ TYPE	Coverage Type Code	ME029	COV_TYPE	1	VARCHAR (3)	This field is the primary identification key for each coverage type record and links to the Coverage Type element in the medical membership, and pharmacy membership data.
REF_COVERAGE_ TYPE	Coverage Type Code Description	N/A	COV_TYPE_ DESC	2	VARCHAR (25)	This field contains the description of the Coverage Type Code.
REF_CPT	CPT Code	MC055	PROC_CODE	1	VARCHAR (10)	This field contains the locally defined CPT Code and is used to link to the medical claims CPT field (MC055). This field may not be unique if it contains the value of a local CPT code assigned by a payer. This links to the ***REF_CPT*** file using the PROC_CODE.
REF_CPT	CPT Code Class	N/A	CPT_ CUSTOM	2	VARCHAR (1)	This field has a value of PAYER SUPPLIED to indicate that the CPT Code is a locally defined code. This value is 0 if this is a standard code and 1 if it is a custom code

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_CPT	CPT Code Description	N/A	CPT_DESC	3	VARCHAR (255)	This field contains the description of the local CPT Code as provided by the payer.
REF_CPT_MOD	CPT Modifier Key	N/A	CPT_MOD	1	VARCHAR (10)	This field is the primary identification key for each CPT modifier record and links to the procedure modifier fields in the medical claims data sets (MC056, MC057).
REF_CPT_MOD	CPT Modifier Key Description	N/A	CPT_MOD_ DESC	2	VARCHAR (280)	This field contains the description of the CPT Modifier Key element.
REF_DATE	Dates	N/A	DATES	1	VARCHAR (10)	This field contains dates in YYYY-MM-DD format.
REF_DATE	Year	N/A	YEARS	2	NUMERIC (4)	This field contains the year in CCYY format.
REF_DATE	Month of Year	N/A	MONTHS	3	NUMERIC (2)	This field contains the month as a number (MM) within a calendar year.
REF_DATE	Year & Month	N/A	YEAR_MO	4	NUMERIC (6)	This field contains the year and month in CCYYMM format (e.g., January 2006 = 200601).
REF_DATE	First Date of Month	N/A	FIRST_DATE_ IN_MONTH	5	DATE	This field contains the first date of the month for the associated date.
REF_DATE	Day of Month	N/A	DAY_OF_ MONTH	6	DATE (10)	This field contains the date for a specific day with a MM/DD/CCYY format. Please note that separator slashes are required in this element's format.
REF_DATE	Day of Week	N/A	DAY_OF_ WEEK	7	VARCHAR (9)	This field contains the name of the day of the week.
REF_DATE	Quarter of Year	N/A	QUARTER	8	NUMERIC (1)	This field contains a code for the quarter of the year. Valid codes include: 1…January through March 2…April through June 3…July through September 4…October through December

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_DENIED_ CLAIM_INDICATOR	Denied Claim Code	MC219, PC216	CODE	1	INT	1…Fully Paid – The entire claim was paid at the allowed amount 2…Partially Denied – Some of the claims lines were paid at the allowed amount 3…Encounter Claim – This claim records a service provided that is paid under a non FFS payment arrangement such as capitation or a fully reimbursed COB claim 4…No Payment – No payment made for reasons other than non FFS payment arrangement
REF_DENIED_ CLAIM_INDICATOR	Denied Claim Description	MC219, PC216	DESCRIPTION	2	VARCHAR (50)	
REF_DENIED_ CLAIM_INDICATOR	Denied Claim Detailed Description	MC219, PC216	DETAILED DESCRIPTION	3	VARCHAR (200)	
REF_DRG	DRG Grouper Description	N/A	DRG_TYPE	1	VARCHAR (8)	This field is the specific DRG Grouper Description that identifies the DRG weight table used to generate the DRG value and associated IDN value for the inpatient hospital stay identified in the DRG codes reference data set.
REF_DRG	DRG Code	N/A	DRG_CODE	2	VARCHAR (3)	This field contains the Diagnosis Related Group (DRG) Code.
REF_DRG	DRG Code Description	N/A	DRG_DESC	3	VARCHAR (100)	This field is the description of the DRG Code as supplied with the DRG grouper software.
REF_DRG	MDC Code	N/A	MDC_CODE	4	VARCHAR (3)	This is the Medical Diagnostic Category Code associated with the DRG.
REF_DRG	MDC Description	N/A	MDC_DESC	5	VARCHAR (100)	This is the description of the Medical Diagnostic Category Code associated with the DRG.
REF_ELIGIBILITY_ INSURANCE_TYPE	Standardized Insurance Type Description	ME003	INSURANCE_ TYPE_DESC	2	VARCHAR (50)	Descriptions of Insurance_Type above.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_GEOGRAPHY	City	N/A	CITY	1	VARCHAR (100)	This field identifies the city associated with the ZIP code.
REF_GEOGRAPHY	Geographic Record ID Key	N/A	ID	2	NUMERIC (20)	This field uniquely identifies a geographic record and links to data sets' ZIP Code ID (ZIPCODEID) fields.
REF_GEOGRAPHY	New Hampshire County Name	ME017, MC016, PC016	NH_COUNTY_ NAME	3	VARCHAR (100)	This field contains the name of the New Hampshire county associated with the NH_COUNTY Code and/or value provided.
REF_GEOGRAPHY	New Hampshire County Number	N/A	NH_COUNTY	4	NUMERIC (3)	This field contains a number that represents a New Hampshire county.
REF_GEOGRAPHY	New Hampshire HAA ID Number	N/A	NH_HAA	5	VARCHAR (2)	This field contains the 2006 New Hampshire Hospital Analysis Area (HAA) ID number.
REF_GEOGRAPHY	New Hampshire HAA Name	N/A	NH_HAA_ NAME	6	VARCHAR (100)	This field contains the name of the New Hampshire HAA associated with the zip code provided.
REF_GEOGRAPHY	State	ME017, MC016, PC016	STATE	7	VARCHAR (2)	This field identifies the state that the ZIP code represents and uses the two-character abbreviation as defined by the US Postal Service.
REF_GEOGRAPHY	ZIP Code	ME017, MC016, PC016	ZIP	8	VARCHAR (11)	This field is used to link to the first five positions of the data sets' ZIP Code (ZIPCODE) fields.
REF_GROUP	INSURED GROUP OR POLICY NUMBER	ME006	INSURED_ GROUP_OR_ POLICY_ NUMBER	1	VARCHAR (50)	Group or policy number (not the number that uniquely identifies the subscriber).
REF_GROUP	ENCRYPTED INSURED GROUP OR POLICY NUMBER	ME006	INSURED_ GROUP_OR_ POLICY_ NUMBER_ ENCRYPTED	2	VARCHAR (255)	Encrypted group or policy number.
REF_GROUP	GROUP NAME	ME032	GROUP_ NAME	3	VARCHAR (60)	Name of the group which the member is covered by. If the member is part of a group of one or non-group then leave field blank.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_ICD_DIAG	Diagnosis Code	MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, MC053	ICD_DIAG	1	VARCHAR (10)	This field contains the Diagnosis Code and is used to link to the diagnosis fields (MC039, MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, and MC053) in the medical claims file. This field may not be unique if it contains the value of a local Diagnosis Code assigned by a payer.
REF_ICD_DIAG	Diagnosis Code Description	N/A	ICD_DIAG_ DESC	2	VARCHAR (100)	This field contains the description of the Diagnosis Code associated with the claim as provided by the payer.
REF_ICD_DIAG	ICD 10 or Higher Indicator	N/A	ICD_10_OR_ HIGHER	3	INT	Starting Oct. 1, 2015, CMS requires that Diagnosis and Procedures codes be submitted in ICD10 format. This column indicates that the correct ICD version is being used. 0…ICD9 Diagnosis and Procedure Codes exist in this claim line 1…ICD10 or higher Diagnosis
REF_ICD_PROC	ICD-CM Procedure Code	MC054, MC055	ICD_PROC	1	VARCHAR (10)	This field is used to report the principal ICD-CM Procedure Code. The decimal point is not coded. This field generally is available only on inpatient hospital claims. It is not consistently reported by data reporters. This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and Revenue Code (MC054)).
REF_ICD_PROC	ICD-CM Procedure Description	N/A	ICD_PROC_ DESC	2	VARCHAR (100)	This is the description of the ICD Procedure Code.
REF_ICD_PROC	ICD 10 or Higher Indicator	N/A	ICD_10_OR_ HIGHER	3	INT	Starting Oct. 1, 2015, CMS requires that Diagnosis and Procedures codes be submitted in ICD10 format. This column indicates that the correct ICD version is being used. 0…ICD9 Diagnosis and Procedure Codes exist in this claim line 1…ICD10 or higher Diagnosis

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_PAYER	Payer Code	N/A	PAYERCODE	1	VARCHAR (8)	This field is the Payer Code of the data submitter that supplied the specific file for the submitter company. This code will either match the Parent Payer Code, or will have a suffix value that differentiates different submitters. This links to the ***REF_PAYER*** file using the Payer Code element.
REF_PAYER	Company	N/A	COMPANY	4	VARCHAR (100)	This field contains the company name of the parent payer or data reporter.
REF_PAYER	Claim Adjustment Logic Code	N/A	CLAIM_ADJUSTMENT_LOGIC	12	VARCHAR (5)	This field denotes the claim adjustment logic that was performed for this data submitter to capture their final claim status. This is only applicable for medical claims files, and is based upon information received from the data submitter in their registration, but modified as necessary if the data requires a different type of logic. The reference file for this code is supplied in ***REF_PROCESSING_RULES***.
REF_PAYER_PROCESS_RULES	Payer Processing Rules File Type	ME899, MC899, PC899	FILETYPE	1	VARCHAR (2)	This field indicated the type of record. For all medical claims records, this value will be MC Pharmacy Claims are PC.
REF_PAYER_PROCESS_RULES	Payer Processing Rules Parent Payer Code	ME001, MC001, PC001	PARENT_PAYERCODE	3	VARCHAR (8)	This field is the Payer ID Number of the data submitter company that links to the ***REF_PAYER*** file using the Parent_Payer_Code value. This code is used to identify the data reporter. It is based upon MC001or PC001.
REF_PAYER_PROCESS_RULES	Payer Processing Rules Claim Adjustment Logic	N/A	CLAIM_ ADJUSTMENT _LOGIC	5	VARCHAR (10)	Letter/numeric ID for Rule_Description. Used to link to between ***REF_PROCESSING_RULES*** and ***REF_PAYER_PROCESS_RULES***.
REF_PAYMENT_ ARRANGEMENT_ TYPE	Payment Arrangement Type Code	MC216	CODE	1	INT	Defines the contracted payment methodology for this claim line, such as Capitation, Fee-for-Service, etc

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_PAYMENT_ ARRANGEMENT_ TYPE	Payment Arrangement Type Description	MC216	DESCRIPTION	2	VARCHAR (50)	Defines the contracted payment methodology for this claim line, such as Capitation, Fee-for-Service, etc
REF_PROCESSING _RULES	Processing Rule Type	N/A	RULE_TYPE	1	VARCHAR (25)	Either MEMBER_ID (for most Limited Use extracts) or CLAIM_ADJUSTMENT (for 'FinalClaim' extracts).
REF_PROCESSING _RULES	Processing Rule Code	N/A	RULE_CODE	2	VARCHAR (10)	Letter/numeric ID for Rule_Description. Used to link to between ***REF_PROCESSING_RULES*** and ***REF_PAYER_PROCESS_RULES***.
REF_PROCESSING _RULES	Processing Rule Description	N/A	RULE_ DESCRIPTIO N	3	VARCHAR (255)	Friendly name of the rule used to define Member_ID or Claim_Adjustment logic.
REF_PROCESSING _RULES	Processing Rule SQL	Various combinations of: ME008, ME009, ME010, ME014, ME014, MC007, MC008, MC009, MC012, MC013, PC007, PC008, PC009, PC012, PC013	RULE_ DEFINITION	4	VARCHAR (255)	SQL Logic used to determine Member_ID or Claim_Adjustment.
REF_PROCESSING _RULES	Processing Rule File Type	ME899, MC899, PC899	FILE_TYPE	5	VARCHAR (2)	This field indicated the type of record. For all medical claims records, this value will be MC Pharmacy Claims are PC.
REF_PROCESSING _RULES	Processing Rule Table	N/A	TABLE_NAME	6	VARCHAR (25)	Friendly name of FILE_TYPE column.
REF_PROV_SPEC	Service Provider Payer Code	N/A	PROV_SPEC_ SOURCE	1	VARCHAR (20)	This field contains the submitter code for the payer submitting the file as reported in and links to the payers reference file using the Payer Code element. The first two characters indicate the data collection state and the third character indicates the type of submitter: NHC…Commercial data reporter

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						NHT…Third party administrator NHU…Unlicensed entity A single payer may have multiple data reporter codes because the payer is submitting from more than one system or from more than one location. All data reporter codes associated with a single payer will have the same first seven characters. A suffix in the eighth position may be used to distinguish the location and/or system variations. This field is primarily used for tracking compliance by payer. Rows that have 'Taxonomy' indicate the PROV_SPEC is an industry standard taxonomy and not a custom value from a payer.
REF_PROV_SPEC	Service Provider Specialty Code	N/A	PROV_SPEC	2	VARCHAR (50)	This field contains the specialty code submitted by the payer.
REF_PROV_SPEC	Service Provider Specialty Code Description	N/A	PROV_SPEC_ DESC	3	VARCHAR (100)	This field contains the description of the Service Provider Specialty Code as submitted by the payer.
REF_PROV_ TAXONOMY	PROVIDER TAXONOMY CODE	MP010, MC027, MC032	TAXONOMY_ CODE	1	VARCHAR (10)	National Uniform Claims Committee (NUCC) health care provider taxonomy code assigned to this provider.
REF_PROV_ TAXONOMY	PROVIDER TYPE		PROVIDER_ TYPE	2	VARCHAR (117)	
REF_PROV_ TAXONOMY	PROVIDER CLASSIFICATION		CLASSIFICATION	3	VARCHAR (139)	
REF_PROV_ TAXONOMY	PROVIDER SPECIALIZATION		SPECIALIZATION	4	VARCHAR (112)	

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_PROV_ TAXONOMY	MILLIMAN ASSIGNED PROVIDER SPECIALTY CODE		MILLIMAN_ SPECIALTY	5	VARCHAR (2)	A custom grouping of Providers based upon Taxonomy.
REF_PROV_ TAXONOMY	MILLIMAN ASSIGNED PROVIDER SPECIALTY DESCRIPTION		MILLIMAN_ SPECIALTY_ DESC	6	VARCHAR (88)	
REF_PROVIDER_ ENTITY	PROVIDER ENTITY ID	MP005	PROVIDER_ ENTITY_ID	1	INT	The value that defines the type of Provider Entity, such as PERSON, FACILITY, PROFESSIONAL GROUP, etc.
REF_PROVIDER_ ENTITY	PROVIDER ENTITY	MP005	PROVIDER_ ENTITY	2	VARCHAR (50)	
REF_PROVIDER_ ENTITY	PROVIDER ENTITY DESCRIPTION	MP005	PROVIDER_ ENTITY_ DESCRIPTION	3	VARCHAR (250)	
REF_PROVIDER_ ENTITYCODE	PROVIDER ENTITY CODE	MP018	PROVIDER_ ENTITYCODE _ID	1	VARCHAR (2)	The value that defines the entity provider type, such as Academic Institution, Home Health Agency, etc. Required when MP005 does not = 1
REF_PROVIDER_ ENTITYCODE	PROVIDER ENTITY CODE DESCRIPTION	MP018	PROVIDER_ ENTITYCODE_ DESCRIPTION	2	VARCHAR (50)	
REF_REVCODE	Revenue Code	MC054	REV_CODE	1	VARCHAR (4)	The field contains the revenue code reported for hospital medical claims and links to the Revenue Code element (MC054) in the medical claims data. It is defined by the National Uniform Billing Committee. This field has been padded with leading zeroes if the submitted Revenue Code contained fewer than four digits.
REF_REVCODE	Revenue Code Description	N/A	REV_DESC_ MAJ	2	VARCHAR (100)	This field contains the description of the Revenue Center Code element.

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
REF_SERVICE_ LINE_TYPE	SERVICE LINE TYPE	MC215, PC215	CODE	1	VARCHAR (1)	The code that defines the claim line status in terms of adjudication: O…Original V…Void R…Replacement B…Back Out A…Amendment
REF_SERVICE_ LINE_TYPE	SERVICE LINE TYPE DESCRIPTION	MC215, PC215	DESCRIPTION	2	VARCHAR (50)	
REF_SV_STAT	Claim Status Code	MC063, MC065, MC066, MC067, PC036, PC040, PC041, PC042	SV_STAT	1	VARCHAR (10)	Claim status codes reference data set includes standardized claim status code values. Valid codes include: D…DENIED E…ENCOUNTER O…OPEN/PENDING P…PAID R…REVERSED V…VOIDED
REF_SV_STAT	Claim Status Code Description	N/A	SV_STAT_ DESC	2	VARCHAR (15)	Claim status codes reference data set includes standardized claim status code descriptions.
REF_TIER	Coverage Level Code Description	N/A	TIER_DESC	1	VARCHAR (25)	This field contains the description of the Tier (Coverage Level) Code.
REF_TIER	Coverage Level Key	ME007	TIER	2	VARCHAR (3)	This field indicates the level of coverage as reported in ME007 and links to the coverage level codes reference data set using the Coverage Level Code. Although there are several code values for distinguishing between the various coverage levels, some payers do not maintain a high level of specificity in their records. Some payers are able to distinguish only between single coverage and family coverage. Summarizing data by coverage level across payers could overestimate the amount

TABLE NAME	DATA ELEMENT COMMON NAME	DATA ELEMENT NUMBER/ IDENTIFIER	DATA ELEMENT NAME	FIELD POSITION	TYPE (Max Length)	DESCRIPTION
						of family coverage. Valid codes include: CHD…Children only DEP…Dependents only ECH…Employee and children EMP…Employee only ESP…Employee and spouse FAM…Family IND…Individual SPC…Spouse and children SPO…Spouse only -1…Not specified (no coverage level reported) -2…Not valid (invalid coverage level code reported)