



ReportingMD®

Comparative Analysis Report Data Catalogue

November 2012

New Hampshire Insurance Department

Based on the original proposal document:

RFP # 2012-RRG-07

4/16/2012

**Prepared by:
ReportingMD**

PO Box 1014
Georges Mills, NH 03751
888-783-5280
www.reportingmd.com

This Data Catalogue for the New Hampshire Insurance Department is prepared for David Sky,
New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, NH 03301.



Table of Contents

Data Sources

SERFF

LOB

Supplemental Data

NHHA Inpatient Discharge

NHHA Specialty Hospital Discharge

NHHA Trending Report

Rate Filing Template

All Payor

SBS

I-Site

Research

Contacts

Data Sources			
Data Source	Source	Description/Details	Owner/Agent/Contact
SERFF	www.loginserff.com	System For Electronic Rate and Form Filing Login: mdeyett Password: rmd5280	NAIC - National Association of Insurance Commissioners David Sky
LOB	Collected files	Line of Business Survey	Alan Couture/Barbara Richardson
Supplemental Data	Collected files	Additional requests for data made to insurance companies	Tyler Brannen
NHHA		New Hampshire Hospital Association	New Hampshire Hospital Association
a) Inpatient Discharge	www.nhha.org/healthcare-data-reports/48-selected-inpatient-reports-by-nh-hospitals-		
b) Specialty Hospital Discharge	www.nhha.org/healthcare-data-reports/51-selected-speciality-hospital-reports-by-nh-hospitals-		
c) Trending Report	www.nhha.org/healthcare-data-reports/51-selected-speciality-hospital-reports-by-nh-hospitals-		
Rate Filing Template	Collected files	Electronic collection of rate filing data	NHID - David Sky
All Payer	Collected files	On-Point NHCHIS - NH Comprehensive Healthcare Information System	NHCHIS
SBS	Collected files	Insurance Commissioner's State Based Systems I-sight	Barbara Richardson barbara.richardson@ins.nh.gov
I-Site	https://i-site.naic.org/	Internet - State Interface Technology Enhancement	NAIC
Research	Multiple - see tab	Miscellaneous data sources that may/may not contain relevant data	
Contacts			

SERFF		
Field Name	Description	Data Type
Header		
Filing Company	Name of the insurance company	Text
TOI	Type of insurance	Text
Sub-TOI	Group size?	Text
Filing type	Form/Rate	Text
Assigned to	Name of reviewer(s)	Text
Date Submitted	Date filing submitted	Date
State Filing Description	Actuary OK (date)?	Text
SERFF TR Number	SERFF Transaction Number	Text
SERFF Status	The Status of the SERFF Filing	Text
State Tr Num	State Transaction Number	Text
State Status	State Filing Status	Text
Co Tr Num	?	Text
Disposition Date	Date Disoposed/Closed?	Date
Filings Tab		
PPACA	<p>This field is used to identify filings that are being submitted to comply with the requirements of the Patient Protection and Affordable Care Act PPACA.</p> <p>Select 'Not PPACA-Related' when NONE of the filing content is related to PPACA. If 'Not PPACA-Related' is chosen, no other values may be selected.</p> <p>While the field allows for multiple PPACA-related selections, please check the state General Instructions to determine if the state to which you are filing allows multiple selections.</p>	Text
PPACA Notes	Notes regarding the PPACA	Text
Healthcare.gov ID	??? ID if they have one that correlates with healthcare.gov	??
Product Name	Insurance Plan Name	Text

Field Name	Description	Data Type
Project Name	?	Text
Deemer Date	?	?
Project Number	Number assigned to Project from ???	Text
Implementation Date Requested	Date what to implement insurance plan?	Numeric
State TOI	? Type of Insurance	Text
State Sub-TOI	?	Text
Status of filing in Domicile	??	Text
Date Approved in Domicile	Date Approved in Domicile	Numeric
Domicile Status Comments	Comments about domicile status	Text
Filing Status Changed	Date filing status changed	Numeric
State Status Changed	Date State filing status changed	Numeric
Requested Filing Mode	The mode of filing	Text
Submission type	Type of submission	Text
Previous Filing Number	Previous filing number assigned	Text
Submission Type	Type of Submission- initial, resubmit etc.	Text
Overall rate impact %	The percentage of the overall rate impact	Numeric
Market type	Type of market- group, individual etc.	Text
Group Market Size	Size of group market-large small etc.	Text
Group Market Type	Type of group Market- employer etc.	Text
Authors	Who wrote/contributed to the filing	Text
Created by	Who originally created filing	Text
Submitted by	Who submitted filing	Text
Corresponding Filing Tracking Number	?????	?
Filing Description	Description/ explanation of the filing	Text
Filing Log		
SERFF Tracking Number	The SERFF Tracking Number	Text
State	State in which this is filed	Text
Filing Company	The company filing	Text
State Tracking Number	The tracking number used by state (it appears to be text versus numeric) ? Who assigns this	Text
Company Tracking Number	The filing companies tracking nomenclature ? Who assigns this	Text

Field Name	Description	Data Type
TOI	Type of insurance	Text
Sub-TOI	? Group size	Text
Product Name	Name of insurance	Text
Project Name	?	Text
Date of event	Date of event made on the filing log	Numeric
Detail	Detail of filing log event	Text
Form Schedule		
	Didn't know what to do with this tab	
Rate/ Rule Schedule		
Report rate Filing to HHS	Has the report rate been filed with HHS	Text
Filing Method	?	Text
Rate Change Type	Type of rate change	Text
Overall percentage of last rate revision	Percentage of the last rate revision	Numeric
Effective Date of last rate revision	The effective date of the last rate revision	Numeric
Filing Method of Last Filing	???	?
Company Name	Name of insurance company	Text
Company rate Change	? Increase or decrease in price or new product	Text
Overall % indicated change	?	Numeric
Overall % rate impacted	Percentage of rate impact	Numeric
Written Premium Change for this program	Cost of premium change	Numeric
# of Policy Holders Affected for this Program	# of Policy Holders Affected for this Program	Numeric
Written Premium for this program	? Current cost of premium	Numeric
Maximum % Change (where required)	?	Numeric
Minimum % Change (where required)	?	Numeric
Rate Review Detail (icon)		
Company Name	name of insurance company	Text
HHS Issuer ID	"5 Digit code issued by the HHS HIOS system which is obtained if issuers submitted data for display on Healthcare.gov"	Numeric
Product Name	"The Street name of the insurance product as sold by the insurance company	Text
Trend factors	"Text description of trend factors and rating factors used in developing the rate as implemented under the allowed filing requirements and restrictions in that state"	Text

Field Name	Description	Data Type
New Policy Forms	"This field should contain those forms that have not been previously submitted and approved" (name of form submitted?)	Text
Affected forms for closed blocks	"This field should contain those forms currently part of a closed block of business" (name of form?)	Text
Other Affected Forms	"This field should contain all other forms that do not qualify for the previous categories" (name of form?)	Text
Requested Rate Change Information_Change Period	"The time for which the premium change is effective- if multiple change periods on products within a filing then will select other"	Text
Requested Rate Change Information_Member Months	"The member months used for the purpose of the rate development. If more than one rate change in a single filing the member months will be aggregate sum of the rate changes. The number of member months reported should reflect the number of member months used for the experience period of the rate development"	Numeric
Requested Rate Change Information_Benefit Change	?	?
Requested Rate Change Information_Percent Rate Change Requested: Min: %	"The minimum percentage of rate change requested, can be negative or positive"	Numeric
Requested Rate Change Information_Percent Rate Change Requested: Max: %	"The maximum percentage of rate change requested, can be negative or positive"	Numeric
Requested Rate Change Information_Percent Rate Change Requested: Weighted Avg. %	"The weighted average percentage of all products in rate filing and should be calculated by weighting the increase using volume of premiums"	Numeric
Prior Rate_Total Earned Premium	"The total dollar amount collected for the purpose of premium payments for the one year period that ends with the effective date for the proposed premium, The frame of reference is the requested effective date of the new premium"	Numeric
Prior Rate_Total Incurred Claims	"Total projected incurred claims are the total incurred claims for the one year period that ends with the effective date for the proposed premium. The frame of reference is the requested effective date of the new premium. This may include projected incurred but not reported claims for said period"	Numeric
Prior Rate_Annual PMPM: Min \$	The minimum dollar amount of the prior annual rate on a PMPM basis	Numeric

Field Name	Description	Data Type
Prior Rate_Annual PMPM: Max \$	The maximum dollar amount of the prior annual rate on a PMPM basis	Numeric
Prior Rate_Annual PMPM: Weighted Avg. \$	The weighted average dollar amount of the prior annual rate on a PMPM basis	Numeric
Requested Rate_Projected Earned premium	"Total earned premium projected for the current one year period beginning with the effective date for the proposed rates including the new rates."	Numeric
Requested Rate_Projected Incurred Claims	"Total incurred claims projected for the current one year period under the new rate structure that begins with the effective date from the proposed premium."	Numeric
Requested Rate_Annual PMPM: Min \$	"The minimum dollar amount of the requested annual rate on a PMPM premium basis using the new rates proposed in the filing for the current one year beginning with effective date if the proposed rates"	Numeric
Requested Rate_Annual PMPM: Max \$	"The maximum dollar amount of the requested annual rate on a PMPM premium basis using the new rates proposed in the filing for the current one year beginning with effective date if the proposed rates"	
Requested Rate_Annual PMPM: Weighted Av	"The weighted average dollar amount of the requested annual rate on a PMPM premium basis using the new rates proposed in the filing for the current one year beginning with effective date if the proposed rates"	
Supporting Documentation		
	Place where additional documents are filed	
Filing Fees		
Fee Required	? Whether a fee is required for filing	Numeric
Fee Amount	How much the fee is	Text
Retaliatory?	???	Text
Fee Calculation Explanation	? How fee was calculated	Text
Filing Correspondence		
	Place to place correspondence	

LOB		
Field Name	Description	Data Type
CY2010 LOB Summary Reports		
Medicare: Part D: Numbers of carriers listed	Number of Medicare Part D carriers listed	Numeric
Medicare: Part D: Number of Subscribers as of xx/xx/xx	Number of Medicare part D subscribers as of xx/xx/xx	Numeric
Medicare: Part D: Number of Covered Lives as of xx/xx/xx	Number of Medicare Part D covered lives as of XX/XX/XX	Numeric
Medicare: Part D: Number of Groups as of xx/xx/xx	Number of Medicare Part D groups as of xx/xx/xx	Numeric
Medicare: Part D: CY xxxx Total Premiums	Number of Medicare Part D, Cyxx/xx/xx Total Premiums	Numeric
Medicare Supplemental: Standardized: Numbers of carriers listed	Number of Medicare Supplemental: Standardized: carriers listed	Numeric
Medicare Supplemental: Standardized: Number of Subscribers as of xx/xx/xx	Number of Medicare Supplemental: Standardized: subscribers listed as of xx/xx/xx	Numeric
Medicare Supplemental: Standardized: Number of Covered Lives as of xx/xx/xx	Number of Medicare Supplemental: Standardized, number of covered lives as of xx/xx/xx	Numeric
Medicare Supplemental: Standardized: Number of Groups as of xx/xx/xx	Number of Medicare Supplemental: Standardized, number of groups as of xx/xx/xx	Numeric
Medicare Supplemental: Standardized: CY xxxx Total Premiums	Total Premiums for cy xx/xx/xx for Medicare Supplemental: Standardized	Numeric
Medicare Supplemental: Pre-Standardized: Numbers of carriers listed	Number of Medicare Supplemental: Pre- Standardized: carriers listed	Numeric
Medicare Supplemental: Pre-Standardized: Number of Subscribers as of xx/xx/xx	Number of Medicare Supplemental: Pre-Standardized: subscribers listed as of xx/xx/xx	Numeric
Medicare Supplemental: Pre-Standardized: Number of Covered Lives as of xx/xx/xx	Number of Medicare Supplemental: Pre-Standardized, number of covered lives as of xx/xx/xx	Numeric
Medicare Supplemental: Pre-Standardized: Number of Groups as of xx/xx/xx	Number of Medicare Supplemental: Pre-Standardized, number of groups as of xx/xx/xx	Numeric
Medicare Supplemental: Pre-Standardized: CY xxxx Total Premiums	Total Premiums for cy xx/xx/xx for Medicare Supplemental: Pre-Standardized	Numeric
Medicare Supplemental: Select: Number of Carriers Listed	Number of Medicare Supplemental: carriers listed	Numeric
Medicare Supplemental: Select: Number of Subscribers as of xx/xx/xx	Number of Medicare Supplemental: subscribers listed as of xx/xx/xx	Numeric

Field Name	Description	Data Type
Medicare Supplemental: Select: Number of Covered Lives as of xx/xx/xx	Number of Medicare Supplemental: number of covered lives as of xx/xx/xx	Numeric
Medicare Supplemental: Select: Number of Groups as of xx/xx/xx	Number of Medicare Supplemental: number of groups as of xx/xx/xx	Numeric
Medicare Supplemental: Select:CY xxxx Total Premiums	Total Premiums for cy xx/xx/xx for Medicare Supplemental	Numeric
Medicare Supplemental: Advantage: Number of Carriers Listed	Number of Medicare Supplemental: Advantage: carriers listed	Numeric
Medicare Supplemental: Advantage: Number of Subscribers as of xx/xx/xx	Number of Medicare Supplemental: Advantage: subscribers listed as of xx/xx/xx	Numeric
Medicare Supplemental: Advantage: Number of Covered Lives as of xx/xx/xx	Number of Medicare Supplemental: Advantage: number of covered lives as of xx/xx/xx	Numeric
Medicare Supplemental: Advantage: Number of Groups as of xx/xx/xx	Number of Medicare Supplemental: Advantage: number of groups as of xx/xx/xx	Numeric
Medicare Supplemental: Advantage: CY xxxx Total Premiums	Total Premiums for cy xx/xx/xx for Medicare Supplemental: Advantage:	Numeric
Medicare: All Other Medicare Products: Numbers of carriers listed	Number of Medicare Supplemental: All Other Medicare Products: carriers listed	Numeric
Medicare: All Other Medicare Products: Number of Subscribers as of xx/xx/xx	Number of Medicare Supplemental: All Other Medicare Products: subscribers listed as of xx/xx/xx	Numeric
Medicare: All Other Medicare Products: Number of Covered Lives as of xx/xx/xx	Number of Medicare Supplemental: All Other Medicare Products: number of covered lives as of xx/xx/xx	Numeric
Medicare: All Other Medicare Products: Number of Groups as of xx/xx/xx	Number of Medicare Supplemental: All Other Medicare Products: number of groups as of xx/xx/xx	Numeric
Medicare: All Other Medicare Products: CY xxxx Total Premiums	Total Premiums for cy xx/xx/xx for Medicare Supplemental: All Other Medicare Products:	Numeric
Indemnity, Comprehensive Major Medical: Numbers of carriers listed	Indemnity, Comprehensive Major medical: Number of carriers listed	Numeric
Indemnity, Comprehensive Major Medical: Number of Subscribers as of xx/xx/xx	Indemnity, Comprehensive Major medical: Number of subscribers as of xx/xx/xx	Numeric
Indemnity, Comprehensive Major Medical: Number of Covered Lives as of xx/xx/xx	Indemnity, Comprehensive Major medical: Number of covered live as of xx/xx/xx	Numeric

Field Name	Description	Data Type
Indemnity, Comprehensive Major Medical: Number of Groups as of xx/xx/xx	Indemnity, Comprehensive Major medical: Number of groups as of xx/xx/xx	Numeric
Indemnity, Comprehensive Major Medical: CY xxxx Total Premiums	Indemnity, Comprehensive Major medical: CY xx/xx/xx Total premiums	Numeric
Indemnity, High Deductible Health Plan: Numbers of carriers listed	Indemnity, High Deductible Health Plan: Number of carriers listed	Numeric
Indemnity, High Deductible Health Plan: Number of Subscribers as of xx/xx/xx	Indemnity, High Deductible Health Plan: Number of subscribers as of xx/xx/xx	Numeric
Indemnity, High Deductible Health Plan: Number of Covered Lives as of xx/xx/xx	Indemnity, High Deductible Health Plan: Number of covered live as of xx/xx/xx	Numeric
Indemnity, High Deductible Health Plan: Number of Groups as of xx/xx/xx	Indemnity, High Deductible Health Plan: Number of groups as of xx/xx/xx	Numeric
Indemnity, High Deductible Health Plan: CY xxxx Total Premiums	Indemnity, High Deductible Health Plan: CY xx/xx/xx Total premiums	Numeric
Indemnity, Specified Term: Numbers of carriers listed	Indemnity, Specified Term: Number of carriers listed	Numeric
Indemnity, Specified Term: Number of Subscribers as of xx/xx/xx	Indemnity, Specified Term: Number of subscribers as of xx/xx/xx	Numeric
Indemnity, Specified Term: Number of Covered Lives as of xx/xx/xx	Indemnity, Specified Term: Number of covered live as of xx/xx/xx	Numeric
Indemnity, Specified Term: Number of Groups as of xx/xx/xx	Indemnity, Specified Term: Number of groups as of xx/xx/xx	Numeric
Indemnity, Specified Term: CY xxxx Total Premiums	Indemnity, Specified Term: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Accident Only, Numbers of carriers listed	Limited Benefits, Accident Only: Number of carriers listed	Numeric
Limited Benefits, Accident Only, Number of Subscribers as of xx/xx/xx	Limited Benefits, Accident Only: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Accident Only, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Accident Only: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Accident Only, Number of Groups as of xx/xx/xx	Limited Benefits, Accident Only: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Accident Only, CY xxxx Total Premiums	Limited Benefits, Accident Only: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Hospital Confinement Ind Coverage, Numbers of carriers listed	Limited Benefits, Hospital Confinement Ind Coverage: Number of carriers listed	Numeric

Field Name	Description	Data Type
Limited Benefits, Hospital Confinement Ind Coverage, Number of Subscribers as of xx/xx/xx	Limited Benefits, Hospital Confinement Ind Coverage: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Hospital Confinement Ind Coverage, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Hospital Confinement Ind Coverage: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Hospital Confinement Ind Coverage, Number of Groups as of xx/xx/xx	Limited Benefits, Hospital Confinement Ind Coverage: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Hospital Confinement Ind Coverage,CY xxxx Total Premiums	Limited Benefits, Hospital Confinement Ind Coverage: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Specified Disease, Numbers of carriers listed	Limited Benefits, Specified Disease: Number of carriers listed	Numeric
Limited Benefits, Specified Disease, Number of Subscribers as of xx/xx/xx	Limited Benefits, Specified Disease: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Specified Disease, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Specified Disease: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Specified Disease, Number of Groups as of xx/xx/xx	Limited Benefits, Specified Disease: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Specified Disease, CY xxxx Total Premiums	Limited Benefits, Specified Disease: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Basic Hospital Expense, Numbers of carriers listed	Limited Benefits, Basic Hospital Expense: Number of carriers listed	Numeric
Limited Benefits, Basic Hospital Expense, Number of Subscribers as of xx/xx/xx	Limited Benefits, Basic Hospital Expense: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Basic Hospital Expense, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Basic Hospital Expense: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Basic Hospital Expense, Number of Groups as of xx/xx/xx	Limited Benefits, Basic Hospital Expense: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Basic Hospital Expense, CY xxxx Total Premiums	Limited Benefits, Basic Hospital Expense: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Medical-Surgical Expense, Numbers of carriers listed	Limited Benefits, Medical-Surgical Expense: Number of carriers listed	Numeric
Limited Benefits, Medical-Surgical Expense, Number of Subscribers as of xx/xx/xx	Limited Benefits, Medical-Surgical Expense: Number of subscribers as of xx/xx/xx	Numeric

Field Name	Description	Data Type
Limited Benefits, Medical-Surgical Expense, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Medical-Surgical Expense: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Medical-Surgical Expense, Number of Groups as of xx/xx/xx	Limited Benefits, Medical-Surgical Expense: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Medical-Surgical Expense, CY xxxx Total Premiums	Limited Benefits, Medical-Surgical Expense: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Hospital-Medical-Surgical Expense, Numbers of carriers listed	Limited Benefits, Hospital-Medical-Surgical Expense: Number of carriers listed	Numeric
Limited Benefits, Hospital-Medical-Surgical Expense, Number of Subscribers as of xx/xx/xx	Limited Benefits, Hospital-Medical-Surgical Expense: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Hospital-Medical-Surgical Expense, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Hospital-Medical-Surgical Expense: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Hospital-Medical-Surgical Expense, Number of Groups as of xx/xx/xx	Limited Benefits, Hospital-Medical-Surgical Expense: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Hospital-Medical-Surgical Expense, CY xxxx Total Premiums	Limited Benefits, Hospital-Medical-Surgical Expense: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Basic Medical Expense, Numbers of carriers listed	Limited Benefits, Basic Medical Expense: Number of carriers listed	Numeric
Limited Benefits, Basic Medical Expense, Number of Subscribers as of xx/xx/xx	Limited Benefits, Basic Medical Expense: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Basic Medical Expense, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Basic Medical Expense: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Basic Medical Expense, Number of Groups as of xx/xx/xx	Limited Benefit, Basic Medical Expense: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Basic Medical Expense, CY xxxx Total Premiums	Limited Benefits, Basic Medical Expense: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Major Medical Expense, Numbers of carriers listed	Limited Benefits, Major Medical Expense: Number of carriers listed	Numeric
Limited Benefits, Major Medical Expense, Number of Subscribers as of xx/xx/xx	Limited Benefits, Major Medical Expense: Number of subscribers as of xx/xx/xx	Numeric

Field Name	Description	Data Type
Limited Benefits, Major Medical Expense, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Major Medical Expense: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Major Medical Expense Number of Groups as of xx/xx/xx	Limited Benefit, Major Medical Expense: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Major Medical Expense, CY xxxx Total Premiums	Limited Benefits, Major Medical Expense: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Specified Accident, Numbers of carriers listed	Limited Benefits, Specified Accident: Number of carriers listed	Numeric
Limited Benefits, Specified Accident, Number of Subscribers as of xx/xx/xx	Limited Benefits, Specified Accident: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Specified Accident, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Specified Accident: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Specified Accident, Number of Groups as of xx/xx/xx	Limited Benefit, Specified Accident: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Specified Accident, CY xxxx Total Premiums	Limited Benefits, Specified Accident: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Disability Income Protection, Numbers of carriers listed	Limited Benefits, Disability Income Protection : Number of carriers listed	Numeric
Limited Benefits, Disability Income Protection, Number of Subscribers as of xx/xx/xx	Limited Benefits, Disability Income Protection: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Disability Income Protection, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Disability Income Protection: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Disability Income Protection, Number of Groups as of xx/xx/xx	Limited Benefit, Disability Income Protection: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Disability Income Protection, CY xxxx Total Premiums	Limited Benefits, Disability Income Protection: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Limited Benefit Health, Numbers of carriers listed	Limited Benefits, Limited Benefit Health : Number of carriers listed	Numeric
Limited Benefits, Limited Benefit Health, Number of Subscribers as of xx/xx/xx	Limited Benefits, Limited Benefit Health: Number of subscribers as of xx/xx/xx	Numeric

Field Name	Description	Data Type
Limited Benefits, Limited Benefit Health, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Limited Benefit Health: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Limited Benefit Health, Number of Groups as of xx/xx/xx	Limited Benefit, Limited Benefit Health: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Limited Benefit Health, CY xxxx Total Premiums	Limited Benefits, Limited Benefit Health: CY xx/xx/xx Total premiums	Numeric
Limited Benefits, Student Major Medical, Numbers of carriers listed Expense	Limited Benefits, Student Major Medical: Number of carriers listed	Numeric
Limited Benefits, Student Major Medical Expense, Number of Subscribers as of xx/xx/xx	Limited Benefits, Student Major Medical: Number of subscribers as of xx/xx/xx	Numeric
Limited Benefits, Student Major Medical Expense, Number of Covered Lives as of xx/xx/xx	Limited Benefits, Student Major Medical: Number of covered live as of xx/xx/xx	Numeric
Limited Benefits, Student Major Medical Expense, Number of Groups as of xx/xx/xx	Limited Benefit, Student Major Medical: Number of groups as of xx/xx/xx	Numeric
Limited Benefits, Student Major Medical Expense, CY xxxx Total Premiums	Limited Benefits, Student Major Medical: CY xx/xx/xx Total premiums	Numeric
Managed Care, HMO, Numbers of carriers listed	Managed Care, HMO: Number of carriers listed	Numeric
Managed Care, HMO, Number of Subscribers as of xx/xx/xx	Managed Care, HMO: Number of subscribers as of xx/xx/xx	Numeric
Managed Care, HMO, Number of Covered Lives as of xx/xx/xx	Managed Care, HMO: Number of covered live as of xx/xx/xx	Numeric
Managed Care, HMO, Number of Groups as of xx/xx/xx	Managed Care, HMO: Number of groups as of xx/xx/xx	Numeric
Managed Care, HMO, CY xxxx Total Premiums	Managed Care, HMO: CY xx/xx/xx Total premiums	Numeric
Managed Care, POS, Numbers of carriers listed	Managed Care, POS: Number of carriers listed	Numeric
Managed Care, POS, Number of Subscribers as of xx/xx/xx	Managed Care, POS: Number of subscribers as of xx/xx/xx	Numeric
Managed Care, POS, Number of Covered Lives as of xx/xx/xx	Managed Care, POS: Number of covered live as of xx/xx/xx	Numeric
Managed Care, POS, Number of Groups as of xx/xx/xx	Managed Care, POS: Number of groups as of xx/xx/xx	Numeric
Managed Care, POS, CY xxxx Total Premiums	Managed Care, POS: CY xx/xx/xx Total premiums	Numeric
Managed Care, PPO, Numbers of carriers listed	Managed Care, PPO: Number of carriers listed	Numeric
Managed Care, PPO, Number of Subscribers as of xx/xx/xx	Managed Care, PPO: Number of subscribers as of xx/xx/xx	Numeric
Managed Care, PPO, Number of Covered Lives as of xx/xx/xx	Managed Care, PPO: Number of covered live as of xx/xx/xx	Numeric
Managed Care, PPO, Number of Groups as of xx/xx/xx	Managed Care, PPO: Number of groups as of xx/xx/xx	Numeric

Field Name	Description	Data Type
Managed Care, PPO, CY xxxx Total Premiums	Managed Care, PPO: CY xx/xx/xx Total premiums	Numeric
Managed Care, High Deductible Health Plan, Numbers of carriers listed	Managed Care, High Deductible Health Plan: Number of carriers listed	Numeric
Managed Care, High Deductible Health Plan, Number of Subscribers as of xx/xx/xx	Managed Care, High Deductible Health Plan: Number of subscribers as of xx/xx/xx	Numeric
Managed Care, High Deductible Health Plan, Number of Covered Lives as of xx/xx/xx	Managed Care, High Deductible Health Plan: Number of covered live as of xx/xx/xx	Numeric
Managed Care, High Deductible Health Plan, Number of Groups as of xx/xx/xx	Managed Care, High Deductible Health Plan: Number of groups as of xx/xx/xx	Numeric
Managed Care, High Deductible Health Plan, CY xxxx Total Premiums	Managed Care, High Deductible Health Plan: CY xx/xx/xx Total premiums	Numeric
Short Term Disability, Numbers of carriers listed	Short Term Disability: Number of carriers listed	Numeric
Short Term Disability, Number of Subscribers as of xx/xx/xx	Short Term Disability: Number of subscribers as of xx/xx/xx	Numeric
Short Term Disability, Number of Covered Lives as of xx/xx/xx	Short Term Disability: Number of covered live as of xx/xx/xx	Numeric
Short Term Disability, Number of Groups as of xx/xx/xx	Short Term Disability: Number of groups as of xx/xx/xx	Numeric
Short Term Disability, CY xxxx Total Premiums	Short Term Disability: CY xx/xx/xx Total premiums	Numeric
Long Term Disability, Numbers of carriers listed	Long Term Disability: Number of carriers listed	Numeric
Long Term Disability, Number of Subscribers as of xx/xx/xx	Long Term Disability: Number of subscribers as of xx/xx/xx	Numeric
Long Term Disability, Number of Covered Lives as of xx/xx/xx	Long Term Disability: Number of covered live as of xx/xx/xx	Numeric
Long Term Disability, Number of Groups as of xx/xx/xx	Long Term Disability: Number of groups as of xx/xx/xx	Numeric
Long Term Disability, CY xxxx Total Premiums	Long Term Disability: CY xx/xx/xx Total premiums	Numeric
All Other Individual Products, Number of Subscribers as of xx/xx/xx	All Other Individual Products: Number of subscribers as of xx/xx/xx	Numeric
All Other Individual Products, Number of Covered Lives as of xx/xx/xx	All Other Individual Products: Number of covered live as of xx/xx/xx	Numeric
All Other Individual Products, Number of Groups as of xx/xx/xx	All Other Individual Products: Number of groups as of xx/xx/xx	Numeric
All Other Individual Products, CY xxxx Total Premiums	All Other Individual Products: CY xx/xx/xx Total premiums	Numeric
All Other Group Size 50+ Products, Numbers of carriers listed	All Other Group Size 50+ Products: Number of carriers listed	Numeric

Field Name	Description	Data Type
All Other Group Size 50+ Products, Number of Subscribers as of xx/xx/xx	All Other Group Size 50+ Products: Number of subscribers as of xx/xx/xx	Numeric
All Other Group Size 50+ Products, Number of Covered Lives as of xx/xx/xx	All Other Group Size 50+ Products: Number of covered live as of xx/xx/xx	Numeric
All Other Group Size 50+ Products, Number of Groups as of xx/xx/xx	All Other Group Size 50+ Products: Number of groups as of xx/xx/xx	Numeric
All Other Group Size 50+ Products, CY xxxx Total Premiums	All Other Group Size 50+ Products: CY xx/xx/xx Total premiums	Numeric
Long Term Care - Group, Numbers of carriers listed	Long Term Care - Group: Number of carriers listed	Numeric
Long Term Care - Group, Number of Subscribers as of xx/xx/xx	Long Term Care - Group: Number of subscribers as of xx/xx/xx	Numeric
Long Term Care - Group, Numbers of covered lives as of xx/xx/xx	Long Term Care - Group: Number of covered live as of xx/xx/xx	Numeric
Long Term Care - Group, Numbers of groups listed xx/xx/xx	Long Term Care - Group: Number of groups as of xx/xx/xx	Numeric
Long Term Care - Group, CY xxxx Total Premiums	Long Term Care - Group: CY xx/xx/xx Total premiums	Numeric
Long Term Care - Individual, Numbers of carriers listed	Long Term Care - Individual: Number of carriers listed	Numeric
Long Term Care - Individual, Number of Subscribers as of xx/xx/xx	Long Term Care - Individual: Number of subscribers as of xx/xx/xx	Numeric
Long Term Care - Individual, Numbers of covered lives as of xx/xx/xx	Long Term Care - Individual: Number of covered live as of xx/xx/xx	Numeric
Long Term Care - Individual, Numbers of groups listed xx/xx/xx	Long Term Care - Individual: Number of groups as of xx/xx/xx	Numeric
Long Term Care - Individual, CY xxxx Total Premiums	Long Term Care - Individual: CY xx/xx/xx Total premiums	Numeric
Large Group Grandfathered Business	Did you have any NH Large Group Grandfathered Business for CY xxxx? If yes, please provide the number of groups, number of subscribers, number of covered lives as of xx/xx/xx, as well as the associated CY 2010 premiums. Please Note: This data is a subset of the data reported above in the large group section (Group Products size 50+	Text
Individual Rescinded NH Policies	Did you have any Rescinded NH Policies for CY xxxx? If yes, please provide the number of individual policies rescinded for CY xxxx and the number of group policies rescinded for CY xxxx	Numeric

Field Name	Description	Data Type
Group Rescinded NH Policies	Did you have any Rescinded NH Policies for CY 2010? If yes, please provide the number of individual policies rescinded for CY xxx and the number of group policies rescinded for CY xxxx	Numeric
Company Name	Name of company	Text
Mailing Address: Line 1	mailing address of company	Text
Mailing Address: Line 1	Additional mailing address of company	Text
CITY	City of the company's mailing address	Text
STATE	State of the company's mailing address	Text
Zip	Zip of the company's mailing address	Text
NAIC	National Association of Insurance Commissioners (NAIC) number	Text
Contact Name	Name of contact for LOB data	Text
Contact Title	Title of contact for LOB data	Text
Phone Number	Phone Number of the contact person	Text
Phone Extension	Phone extension of the contact person	Text
Email	Email of the contact person	Text
Null Report	Identifies that they have Covered lives in NH. 0 = No covered lives	Text
Product_Category	The category of the products reported i.e. Group, individual, Medicare	Text
Product_Type	Type of product is child of Product_Category and defines the type of insurance i.e. HMO , dental, Medicare part D, etc.	Text
Product_ID	Child of Product_Type and defines the type of Insurance i.e. HMO, Dental, Medicare Part D, etc.	Text
Number of Subscribers 12/31/XX	The number of subscribers within a Product_ID	Numeric
Number of Covered lives as of 12/31/XX	The number of lives covered under a Product_ID	Numeric
Number of Groups as of 12/31/XX	The number of employer groups or individual employer groups within a Product_ID	Numeric
CY XXXX Total Premiums	The total premium collected for a Product_ID	Numeric
Actively marketed in NH during CY XXXX	This indicates if product_ID is actively marketed through NHID website. The field is either "Y" or "N"	Text

Field Name	Description	Data Type
Qualified Association	an association established trust or other entity in existence on January 1, 1995 and providing health coverage within the state of New Hampshire to at least 1,000 employees and/or the dependents of association members (see Reg. 420-G:2, XV for more info).	Text
Non-Qualified Association	Any association that is not qualified or Franchised	Text
Professional Employer Organization	A service provider utilizing a business relationship that allows outsourcing of human tasks	Text
Restricted NH Policies	A policy that is restricted in the State of NH	Text
Group Rescinded Policies	Retroactive cancellation of group polices for those that have failed to pay premiums or contributions.	Text
Individual Rescinded Policies	Retroactive cancellation of individual polices for those that have failed to pay premiums or contributions.	Text
Reinsurance Stop Loss	This open text filed includes information(# of subscribers, #employees, total premiums) for reinsurance stop loss for self insured.	Text
Comments	Open Text field contain notes, comments, and description of how the data is collected by carrier	Text
CYxxxx MEDICARE PRODUCTS SUMMARY REPORT		
Medicare: Part D		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
Medicare Supplemental: Standardized		
Company Name		Text
NAIC #		Numeric

Field Name	Description	Data Type
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
Medicare Supplemental: All Other Medicare Supplemental Products		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Indemnity, Comprehensive Major Medical		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Indemnity, High Deductible Health Plan		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Indemnity, Specified Term		
Company Name		Text

Field Name	Description	Data Type
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Accident Only		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Hospital Confinement Indemnity Coverage		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Specified Disease		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric

Field Name	Description	Data Type
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Basic Medical Expense		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Major Medical Expense		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric

Field Name	Description	Data Type
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Specified Accident		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Disability Income Protection		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Limited Benefit, Limited Benefit Health		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text

Field Name	Description	Data Type
INDIVIDUAL: Limited Benefit, Student Major Medical Expense		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Managed Care, HMO		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Managed Care, POS		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Managed Care, PPO		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric

Field Name	Description	Data Type
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Managed Care, High Deductible Health Plan		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Short Term Disability		
Company Name		Text
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: Long Term Disability		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
INDIVIDUAL: All Other Individual Products		
NAIC #		Numeric

Field Name	Description	Data Type
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Indemnity, Comprehensive Major Medical		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Indemnity, High Deductible Health Plan		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Accident Only		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Hospital Confinement Indemnity Coverage		
NAIC #		Numeric

Field Name	Description	Data Type
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Specified Disease		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Basic Hospital Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Medical-Surgical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Hospital-Medical-Surgical Expense		
NAIC #		Numeric

Field Name	Description	Data Type
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Basic Medical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Medical-Surgical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Hospital-Medical-Surgical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Basic Medical Expense		
NAIC #		Numeric

Field Name	Description	Data Type
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Basic Medical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Major Medical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Specified Accident		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Disability Income Protection		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric

Field Name	Description	Data Type
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Limited Benefit Health		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Limited Benefit, Student Major Medical Expense		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Managed Care, HMO		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY	Text
GROUP 1-50: Managed Care, POS		
NAIC #		Numeric
Number of Subscribers as of xx/xx/xx		Numeric
Number of Covered Lives as of xx/xx/xx		Numeric

Field Name	Description	Data Type
Number of groups as of XX/xx/xx		Numeric
Cyxxxx Total premiums		Numeric
Marketed in NH during CYxxxx	Was this product available in NH during the CY?	Text

Supplemental Data

Field Name	Description	Data Type
COVERAGE_TYPE	Abbreviated Initials for the type of coverage i.e. UND, ASW, ASO	Text
PLAN_TYPE	Type of insurance plan EPO, HMO, PPO etc.	Text
market_category_code	The market that each plan is part of classified by number of employees and employers	Text
policyholder_geographic_location	Geographic location represented by singular alpha character	Text
HDHP		Text
QUALIFIED_ASSOC_TRUST	an association established trust or other entity in existence on January 1, 1995 and providing health coverage within the state of New Hampshire to at least 1,000 employees and/or the dependents of association members (see Reg. 420-G:2, XV for more info).	Text
PROFESSIONAL_EMP_ORG	Employer Groups formed to negotiate purchasing power with carriers. This field is Y/N value	Text
HEALTHFIRST	NH health first state funded insurance. This field is Y/N value	Text
STATE_OR_MUNICIPAL_ACCT	Single Alpha characters (F,M,O,S) identify if the Account	Text
NUM_OF_POLICYHOLDER_MONTHS	Number of months that policy holder (typically the employer) has on the plan.	Numeric
number_of_subscriber_months	Number of months that each subscriber has under policy or plan.	Numeric
number_of_member_months	Number of months that members have under the policy or plan.	Numeric
CALENDAR_YEAR	Calendar year of the supplemental report	Numeric
TOTAL_PREMIUM		Numeric
TOTAL_PREMIUM		Numeric
DEDUCTIBLE	Plan deductible	Numeric
CO_INSURANCE	Co_insurance % responsibility of the subscriber under the plan	Numeric
COPAY	Copay amount applicable, typically for office visits	Numeric
OUT_OF_POCKET_MAXIMUM	Maximum out of pocket payable under the policy for a plan year by the subscriber	Numeric
ACTUARIAL_VALUE		Numeric
AMBULANCE_SERVICE	Identifies if ambulance service is included within the plan. This field is essentially yes or no value.	Text
AUDIOLOGY_SCREEN_FOR_NEWBORNS	Identifies if audiology screening for newborns is included within the plan. This field is essentially yes or no value.	Text

Field Name	Description	Data Type
BLOOD_AND_BLOOD_PRDCTS	Identifies if blood and blood products are included within the plan. This field is essentially yes or no value.	Text
CASE_MGMTT_PROGRAM	Identifies if case management program is included within the plan. This field is essentially yes or no value.	Text
CHIROPRACTIC_SERVICES	Identifies if chiropractic services are included within the plan. This field is essentially yes or no value.	Text
DME	Identifies if durable medical equipment is included within the plan. This field is essentially yes or no value.	Text
EMERGENCY_ROOM	Identifies if emergency room services are included within the plan. This field is essentially yes or no value.	Text
FAMILY_PLANNING_SERVICES	Identifies if family planning services are included within the plan. This field is essentially yes or no value.	Text
HABILITATIVE_SERVICES	Identifies if habilitative services are included within the plan. This field is essentially yes or no value.	Text
HEARING_AIDS	Identifies if hearing aids are included within the plan. This field is essentially yes or no value.	Text
HOME_HEALTH_CARE	Identifies if home health care is included within the plan. This field is essentially yes or no value.	Text
HOSPICE	Identifies if hospice services are included within the plan. This field is essentially yes or no value.	Text
HOSPITALIZATION	Identifies if hospitalization is included within the plan. This field is essentially yes or no value.	Text
INFERTILITY_SERVICES	Identifies if infertility services are included within the plan. This field is essentially yes or no value.	Text
MEDICAL_FOOD	Identifies if medical food is included within the plan. This field is essentially yes or no value.	Text
MENTAL_HEALTH_AND_SBST_ABUSE	Identifies if mental health and substance abuse services are included within the plan. This field is essentially yes or no value.	Text
NUTRITIONAL_SERVICES	Identifies if nutritional services are included within the plan. This field is essentially yes or no value.	Text
OUTPATIENT_HSPTL_SVCS_AND_SURG	Identifies if outpatient hospital and surgery services are included within the plan. This field is essentially yes or no value.	Text
OUTPATIENT_LAB_AND_DGN_SERVICES	Identifies if outpatient laboratory and diagnostic services are included within the plan. This field is essentially yes or no value.	Text

Field Name	Description	Data Type
OUTPATIENT_SHORT_TERM_REHAB_SERV	Identifies if outpatient short term rehabilitative services are included within the plan. This field is essentially yes or no value.	Text
PREGNANCY_AND_MATERNITY	Identifies if pregnancy and maternity services are included within the plan. This field is essentially yes or no value.	Text
RX	Identifies if prescription services are included within the plan. This field is essentially yes or no value.	Text
PREVENTIVE_SERVICES	Identifies if preventative services are included within the plan. This field is essentially yes or no value.	Text
SKILLED_NURSING_FACILITY	Identifies if skilled nursing facility is included within the plan. This field is essentially yes or no value.	Text
TRANSPLANTS	Identifies if transplant services are included within the plan. This field is essentially yes or no value.	Text
WELL_CHILD_AND_IMM_BENEFITS	Identifies if well child and immunization benefits are included within the plan. This field is essentially yes or no value.	Text
PLAN	Identifying number of the plan.	Text
NAME	Name of insurance company	Text
MEMS		Numeric
IND_WT		Numeric
ADJUSTED_PREMIUM		Numeric
SG		Text, null values
SI		Text, Null values
DEDUCTIBLE_GROUP	The deductible applied to the group for individual (first number and family (second number)	Text
PREMIUM_PMPM	The premium per a member per a month. This is a calculated field from member moths and total annual premiums.	Numeric

NHHA-Inpatient Discharge

Field Name	Description	Data Type
HOSPN	Name of the NH Hospital	Text
TOTAL DISCHARGES	Number of patient discharges	Numeric
(Admit type not newborn) PHYSICIAN REFERRAL	Number of patients admitted upon recommendation by personal physician	Numeric
(Admit type not newborn) CLINICAL REFERRAL	Number of patients admitted upon recommendation by facility's clinical physician	Numeric
(Admit type not newborn) HMO REFERRAL	Number of patients admitted upon recommendation by HMO physician	Numeric
(Admit type not newborn) TRANSFER FROM HOSPITAL	Number of patients admitted as transfer from an acute care facility where he/she was an inpatient	Numeric
(Admit type not newborn) TRANSFER FROM SNF	Number of patients admitted as a transfer from SNF	Numeric
(Admit type not newborn) TRANSFER FROM ANOTHER HEALTHCARE FACILITY	Number of patients admitted as a transfer from a health care facility other than acute care or SNF	Numeric
(Admit type not newborn)ER	Number of patients admitted upon recommendation by facility's ER physician	Numeric
(Admit type not newborn) COURT/LAW ENFORCEMENT	Number of patients admitted upon direction of court of law or upon request from a law enforcement representative.	Numeric
(Admit type not newborn) TRANSFER WITHIN HOSP WITH SEPERATE CLAIM	Number of patients admitted within same hospital with separate claim	Numeric
(Admit type not newborn) INFO NOT AVAILABLE	Number of patients admitted where patients admission source is unknown	Numeric
(Admit type equal newborn) NORMAL DELIVERY	Number of patients admitted where newborn was delivered without complications	Numeric
(Admit type equal newborn) PREMATURE DELIVERY	Number of patients admitted where newborn was delivered with time and/or weight factors qualifying it for premature status	Numeric

Field Name	Description	Data Type
(Admit type equal newborn) SICK BABY	Number of patients admitted where newborn was delivered with medial complications, other than those relating to premature status	Numeric
(Admit type equal newborn) BORN ON ARRIVAL	Number of patients admitted where newborn was born on arrival	Numeric
(Admit type equal newborn) BORN INSIDE THIS HOSPITAL	Number of patients admitted where newborn was born inside the hospital	Numeric
(Admit type equal newborn) BORN OUTSIDE THIS HOSPITAL	Number of patients admitted where newborn was born in a non sterile environment (such as at home or on the way to the hospital)	Numeric
(Admit type equal newborn) INFORMATION N/A	Number of patients admitted where newborns delivery status is not available	Numeric
Admit Type_Emergency	Number of patients admitted due to needing immediate medical intervention as a result of severe, life threatening or potentially disabling conditions.	Numeric
Admit Type_Urgent	Number of patients admitted due to requiring immediate attention for the care and treatment of a physical or mental disorder	Numeric
Admit Type_Elective	Number of patients admitted where patient's condition permits adequate time to schedule the of suitable accommodation	Numeric
Admit_Type_Newborn	Number of patients admitted that are newborns	Numeric
Admit_Type_Info_Not_Available	Admission type of care not available	Numeric
Discharge_Disposition_Other Short Term Hospital	Discharged from hospital to another acute care hospital	Numeric
Discharge_Disposition_SNF	Discharged from hospital to a skilled nursing facility	Numeric
Discharge_Disposition_ICF	Discharged from hospital to a intermediate care facility	Numeric

Field Name	Description	Data Type
Discharge_Disposition_Structured/Assisted Living	Discharged from hospital to a structured/Assisted living such as: Hospice, group homes, residential care, crisis centers, halfway houses, etc.	Numeric
Discharge_Disposition_Home/Self Care	Discharged from hospital to home or self care: patient returned home (includes patients returning to prison)	Numeric
Discharge_Disposition_Home Health Service	Discharged from hospital to home health services	Numeric
Discharge_Disposition_AMA	Discharged from hospital against medical advice	Numeric
Discharge Disposition_Died	Discharged from hospital after died	Numeric
Discharge_Disposition_Transfer to rehab facility	Discharged from hospital to transferred to a stand alone or distinct physical rehab facility	Numeric
Discharge Dispostion_Transferred to Rehab in acute facility	Discharged from hospital and Transferred to Rehab in an Acute Facility: transferred to a certified rehab unit of an acute care hospital	Numeric
Discharge_Disposition_Transferred to Substance Abuse Facility	Discharged from hospital and transferred to Substance Abuse Facility: transferred to a stand alone substance abuse facility	Numeric
Discharge_Disposition_Transferred to Substance Abuse in Acute Facility	Discharged from hospital and Transferred to Substance Abuse in an Acute Care Facility: transferred to a substance abuse unit in an acute care facility	Numeric
Discharge_Disposition_Transferred to Psych Facility	Discharged from hospital and transferred to Psych Facility: transferred to a stand alone psych facility	Numeric
Discharge _Disposition_Transferred to Psych in Acute Facility	Discharged from hospital and transferred to Psych Unit in an Acute Care Facility: transferred to a psych unit in an acute care facility	Numeric
Discharge_Disposition_Transfer to long term care hospital	Discharged from hospital and transferred to a long term care hospital	Numeric
Discharge_Disposition_Transfer to undefined health care facility	Discharged from hospital and transferred to undefined health care facility	Numeric

Field Name	Description	Data Type
Discharge_Disposition_Transfer to cancer ctr or children's hospital	Discharged from hospital and transferred to a cancer center of a children's hospital	Numeric
Discharge_Disposition_Transfer to court or law enforcement	Discharged from hospital and transferred to court or law enforcement	Numeric
Discharge_Disposition_Other	Discharged from hospital and transferred to other	Numeric
Discharged_Payer_Self Pay	Discharged from hospital and patient doesn't have insurance or pays the bills themselves	Numeric
Discharged_Payer_Workers Comp	Discharged from hospital and payer is worker's compensation insurance	Numeric
Discharged_Payer_Medicare	Discharged from hospital and payer is Medicare	Numeric
Discharged_Payer_Medicaid	Discharged from hospital and payer is in or out of state Medicaid	Numeric
Discharged_Payer_HMO	Discharged from hospital and payer is Health Manteca Organization	Numeric
Discharged_Payer_Other government	Discharged from hospital and payer is other types of government subsidized programs such as CHAMPUS and Federal Employee Program	Numeric
Discharged_Payer_Blue Cross	Discharged from hospital and payer is in and out of state Blue Cross insurance (includes all BC products, such as Blue Choice)	Numeric
Discharged_Payer_Commerical Insurance	Discharged from hospital and payer is commercial insurance includes companies such as John Hancock, Prudential and also includes self insured employers	Numeric
Discharged_Payer_Other	Discharged from hospital and payer is other	Numeric
Discharged_Payer_Medicare Managed Care	Discharged from hospital and payer is Medicare Managed Care: any health plan that provides coverage to Medicare-eligible patients	Numeric
Discharged_Payer_Medicaid_Managed Care	Discharged from hospital and payer is Medicaid Managed Care: any health plan that provides coverage to Medicaid-eligible patients	Numeric

Field Name	Description	Data Type
Discharged_Race_White, Non Hispanic	Discharged from hospital and race is white, non Hispanic	Numeric
Discharged_Race_Black, Non Hispanic	Discharged from hospital and race is black, Non Hispanic	Numeric
Discharged_Race_Asian/Pacific Islander	Discharged from hospital and race is Asian/Pacific Islander	Numeric
Discharged_Race_American Indian/ Alaskan Native	Discharged from hospital and race is American Indian/ Alaskan Native	Numeric
Discharged_Race_Hispanic	Discharged from hospital and race is Hispanic	Numeric
Discharged_Race_Other/ Multi-Racial	Discharged from hospital and race is Other/ Multi-Racial	Numeric
Discharged_Race_Unknown/ Refused to Answer	Discharged from hospital and race is Unknown/ Refused to Answer	Numeric

NHHA-Specialty Discharge

Field Name	Description	Data Type
HOSPN	Name of the specialty care NH Hospital	Text
TOTAL DISCHARGES	Number of patient discharges	Numeric
OTHER SHORT TERM HOSPITAL	Number of patients discharged to other short term hospital	Numeric
SNF	Number of patients discharged to Skilled Nursing Facilities	Numeric
ICF	Number of patients discharged to Intermediate Care Facilities	Numeric
STRUCTURED/ASSISTED LIVING	Number of patients discharged to Hospice, group homes, residential care, crisis centers, halfway houses, etc.	Numeric
HOME, SELF CARE	Number of patients discharged to home (includes patients returning to prison)	Numeric
HOME HEALTH SERVICE	Number of patients discharged with Home Health Services	Numeric
AMA	Number of patients discharged against medical advice	Numeric
DIED	Number of patients who died	Numeric
TRANSFER TO REHAB FACILITY	Number of patients transferred to a stand alone or distinct physical rehab facility	Numeric
TRANSFER TO REHAB IN ACUTE FACILITY	Number of patients transferred to a certified rehab unit of an acute care hospital	Numeric
TRANSFER TO SUBSTANCE ABUSE FACILITY	Number of patients transferred to a stand alone substance abuse facility	Numeric
TRANSFER TO SUBSTANCE ABUSE IN ACUTE FACILITY	Number of patients transferred to a substance abuse unit in an acute care facility	Numeric

Field Name	Description	Data Type
TRANSFER TO PSYCH FACILITY	Number of patients transferred to a stand alone psych facility	Numeric
TRANSFER TO PSYCH IN ACUTE FACILITY	Number of patients transferred to a psych unit in an acute care facility	Numeric
PARTIAL HOSPITALIZATION	Number of patients discharged to home with provisions for partial hospitalization	Numeric
Referral_Source_self	Number of patients discharged that were referred by self	Numeric
Referral_Source_family/friend	Number of patients discharged that were referred by Family/ Friends	Numeric
Referral_Source_employer	Number of patients discharged that were referred by place of employment	Numeric
Referral_Source_Media/advertisement	Number of patients discharged that were referred by phonebook/yellow pages, television, radio or print media	Numeric
Referral_Source_Educational System	Number of patients discharged that were referred from public or private school system where he/she is currently enrolled	Numeric
Referral_Source_Nursing Home	Number of patients discharged that were referred from a skilled nursing facility where he/she was an inpatient	Numeric
Referral_Source_Court/Law/Police	Number of patients discharged that were referred upon direction of a court of law, or upon the request of a law enforcement agency representative	Numeric
Referral_Source_Prison	Number of patients discharged that were referred upon the direction of correctional facility where patient resides	Numeric
Referral_Source_Physician	Number of patients discharged that were referred by their personal/ primary physician	Numeric

Field Name	Description	Data Type
Referral_Source_Community Mental Health	Number of patients discharged that were referred by a community mental health center.	Numeric
Referral_Source_Acute Care Hospital	Number of patients discharged that were referred from an acute care facility where s/he was an inpatient	Numeric
Referral_Source_Psychiatric Hospital	Number of patients discharged that were referred from a psychiatric/ substance abuse facility where s/he was an inpatient	Numeric
Referral_Source_Mental Health Professional	Number of patients discharged that were referred by a licensed psychiatrist, psychologist or social worker	Numeric
Referral_Source_Transitional House Setting	Number of patients discharged that were referred from a group home, residential/ shelter care facility, crisis center, or halfway house where he or she was residing	Numeric
Referral_Source_Private Agency	Number of patients discharged that were referred by Visiting Nurse Agency, Community Action Program etc.	Numeric
Referral_Source_HMO/PPO	Number of patients discharged that were referred from their HMO/PPO	Numeric
Referral_Source_Other Managed Care	Number of patients discharged that were referred by a case manager or other claims representative from an insurance company or by an independent case manager	Numeric
Referral_Source_Other	Number of patients discharged that were referred from any source not listed above	Numeric
Referral_Source_INFO Not Available	Number of patients discharged were referral source is unknown	Numeric

NHHA-Trending Report

Field Name	Description	Data Type
Statewide totals_Total admissions (Acute, Newborn, DPU)		Numeric
Statewide totals_Total Patient Days (Acute, Newborn, DPU)		Numeric
Statewide totals_Average length of stay (Acute, newborn, DPU)		Numeric
Statewide totals_Adjusted Admission (Acute, newborn, DPU)		Numeric
Statewide totals_Acute car admissions		Numeric
Statewide totals_Acute Care Patient days		Numeric
Statewide totals_ACUTE CARE AVERAGE LENGTH OF STAY		Numeric
Statewide totals_ACUTE CARE ADJUSTED ADMISSIONS		Numeric
Statewide totals_BIRTHS		Numeric
Statewide totals_NEWBORN PATIENT DAYS		Numeric
Statewide totals_NEWBORN AVERAGE LENGTH OF STAY		Numeric
Statewide totals_SWINGS/SUBACUTE/LTC ADMISSIONS		Numeric
Statewide totals_SWINGS/SUBACUTE/LTC PATIENT DAYS		Numeric
Statewide totals_DISTINCT PART UNIT AVERAGE LENGTH OF STAY		Numeric
Statewide totals_MEDICARE ADMISSIONS (ACUTE, DPU)		Numeric
Statewide totals_MEDICARE PATIENT DAYS (ACUTE, DPU)		Numeric
Statewide totals_MEDICARE AVERAGE LENGTH OF STAY (ACUTE, DPU)		Numeric
Statewide totals_MEDICARE AMISSIONS (acute)		
Statewide totals_ Statewide totals_MEDICARE DISTINCT PART UNIT ADMISSIONS		Numeric
Statewide totals_MEDICARE DISTINCT PART UNIT PATIENT DAYS		

Field Name	Description	Data Type
Statewide totals_MEDICARE DISTINCT PART UNIT AVERAGE LENGTH OF STAY		
Statewide totals_MEDICARE SWING/SUBACUTE/LTC ADMISSIONS		
Statewide totals_MEDICARE SWING/SUBACUTE/LTC PATIENT DAYS		
Statewide totals_ Statewide totals_DISTINCT PART UNIT ADMISSIONS		
Statewide totals_MEDICAID ADMISSIONS (ACUTE)		
Statewide totals_MEDICAID PATIENT DAYS (ACUTE)		
Statewide totals_MEDICARE AVERAGE LENGTH OF STAY (ACUTE, DPU)		
Statewide totals_		

Rate Filing Template

Section 1: Rate Filing Information

Field Name	Description	Data Type
Exhibit A1: Cover Sheet		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan_Type	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective date	Date in which the rate goes into effect	Numeric
Contact Info for the carrier and the Peron responsible for the filing	Name of person who is filing report and the contact info for t	Text
Have there been changes to the rating methodology since the most recently approved rate filing?		Text
Have there been changes to the benefits since the most recently approved rate filing?		Text
Does this rate filing include all of the carrier's health insurance rates for the applicable market segment?		Text
For a small group rate filing submission only: Does carrier list bill any portion of its small group market?		Text

Exhibit A2: Proposed Rate Change and Enrollment by Health Coverage Plan

Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Plan code or name	Name or code given to plan	Text
Plan Type(s)	Type of insurance- HMO, POS, Indemnity, Other	Text
Carrier Plan Code or Name	Carrier plan code or name should correspond with plan code	Text
Total Number of Members/ Enrolled Policyholders and covered Dependents	Total Number of Members/ Enrolled policy holders and their covered dependents	Numeric

Field Name	Description	Data Type
Total Number of Subscribers/Enrolled Policyholders	The total of subscribers/ enrolled policyholders	Numeric
Total Number of groups	The total number of groups	Numeric
Impacted Number of Members/ Enrolled Policyholders and covered dependents	The numbers of members/ enrolled policyholders and covered dependents that are impacted by an insurance rate change	Numeric
Impacted Number of Subscribers/ Enrolled Policyholders	The numbers of members/ enrolled policyholders that are impacted by an insurance rate change	Numeric
Impacted Number of Groups	The total number of groups that are impacted by an insurance rate change	Numeric
Health Coverage Plan Rate PMPM in effect 12 months Prior to Rate Effective Date	The health coverage plan rate per member per month rate in effect 12 months prior to rate effective date	Numeric
Health Coverage Plan Rate PMPM from the Most recently Approved Rate Filing Prior to Rate Effective Date	Most recently approved rate filing prior to rate effect date health coverage plan rate per member per month	Numeric
Proposed Health Coverage Plan Rate PMPM for Rate Effective Date	The proposed health coverage plan rate per member month for rate effective date	Numeric
Proposed Rate Change Compared to Prior 12 months	(formula) The average proposed rate change compared to prior 12 months	Numeric
Proposed Rate Change Compared to Most Recently Approved Filing	(formula) The average proposed rate change compared to most recently approved filing	Numeric
% of Total Members/ Enrolled Policyholders + Covered Dependents	(formula) ?????	Numeric
% of Impacted Members/ Enrolled Policyholders and Covered Dependents	(formula) Percent of enrolled members that a re impacted by rate change???	Numeric

Exhibit A3: History of Rate Changes

Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric

Field Name	Description	Data Type
Average annual proposed rate change	Average annual proposed rate change	Numeric
Average annual approved rate change	Average annual approved rate change	Numeric
Exhibit A4: Distribution of Rate Changes		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Annual Rate Change Distribution	Distribution of the rate change based on percentage of the rate change either as increase or decrease	Combination
Impacted Number of Members/Enrolled policyholders + covered dependents	The numbers of members/ enrolled policyholders and covered dependents that are impacted by an insurance rate change	Numeric
Impacted Number of Subscribers/Enrolled Policyholders	The numbers of members/ enrolled policyholders that are impacted by an insurance rate change	Numeric
Impacted Number of Groups	The total number of groups	Numeric
Exhibit A5: Components of the Average Proposed Rate Change		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Components of Average Rate Change	Utilization, unit cost, retention, over/ understatement of prior rates, other	Numeric
Propose Annual Rate Change	The proposed annual rate change	Numeric
Federal Primary Justification	??Formula of some type	Numeric
Benefit Changes Required by law		Numeric
Benefit Changes Not Required by law		Numeric
Total excluding Benefits		Numeric

Field Name	Description	Data Type
Exhibit B1: Plan Design and Plan Relativity Factors (HMO)		
Exhibit B1: Plan Design and Plan Relativity Factors (POS)		
Exhibit B1: Plan Design and Plan Relativity Factors (PPO)		
Exhibit B1: Plan Design and Plan Relativity Factors (PPO)		
Exhibit B1: Plan Design and Plan Relativity Factors (Indemnity)		
Exhibit B1: Plan Design and Plan Relativity Factors (Other)		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Plan Code or Name	Name or code given to plan	Text
Carrier Plan Code or Name	Carrier plan code or name should correspond with plan code or name	Text
Product	Type of insurance- HMO, POS, Indemnity, Other	Text
PCP Office Visit Copay	The copay the member must pay for PCP office visit	Numeric
ED Copay	The copay the member must ay for an ED visit	Numeric
Outpatient Surgery Copay	The copay the member must pay for outpatient surgery	Numeric
Inpatient Copay	The copay the member must pay for inpatient stay	Numeric
In-network Single Deductible	The amount the member owes for in-network single deductible	Numeric
In-network Coinsurance	The members coinsurance amount for in-network	Numeric
In-Network Single OOP	The in-network members out of pocket max including the deductible	Numeric
Does deductible apply to all medical services?	Question as to whether deductible is applied to all medical services	Text
Notes services that deductible does not apply to	List of services in which deductible not applied	Text
Does deductible apply to pharmacy serves?	Question as to whether deductible applied to pharmacy services	Text

Field Name	Description	Data Type
Are preventable services covered 100%?	Question as to whether preventable services are covered 100%	Text
Does this health plan provide for coverage for MH/SA?	Question as to whether the plan covers mental health or substance abuse	Text
Does this health coverage plan have a Tiered Network component?	Tiered network such as in, out or in network extended?	Text
Retail pharmacy single deductible generic	Single deductible member cost for retail pharmacy generic prescription	Numeric
Retail pharmacy single deductible brand formulary	Single deductible member cost for retail pharmacy brand formulary prescription	Numeric
Retail pharmacy single deductible brand non-formulary	Single deductible member cost for retail pharmacy brand non-formulary prescription	Numeric
Retail pharmacy copay generic	Cost of retail pharmacy copay for generic prescription	Numeric
Retail pharmacy copay brand formulary	Cost of retail pharmacy copay for brand formulary prescription	Numeric
Retail pharmacy copay brand non-formulary	Cost of retail pharmacy copay for brand non-formulary prescription	Numeric
Number of members from most recent time period available	Numbers of members	Numeric
Impacted number of members from most recent time period available	Impacted number of members	Numeric
% of impacted members	impacted members divided by # of members	Numeric
Plan relativity factors for proposed rates	Formula?????	Numeric
Plan relativity factors from the 12 moths prior	Formula?????	Numeric
Change in plan relativity factor	Plan relativity from the 12 months prior divided by plan relativity factors for proposed rates	Numeric
Have there been any changes in the benefits of cost sharing for this plan in the prior 12 months	Question	Text
Policy Form Number	The number of policy form	Numeric
Is this health coverage plan open or closed		Text
Is this health coverage plan grandfathered per the ACA definition		Text

Field Name	Description	Data Type
Renewability of the plan		?
General marketing method		?
Issue age limits		?
Is this a new health coverage plan?		Text
If the "Change in plan relativity factor "is more then 5%, please provide actuarial justification. If there have been changes in the benefits for this plan in the prior 12 months please also indicate what has changed		Text

Exhibit C2: Experience used in the Rate Development

Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Type of Service Category	Where service is provided, such as in or outpatient, prescriptions	Text
Inpatient Facility	Services were provided in an inpatient facility	Text
Outpatient Facility	Services were provided in an outpatient facility	Text
Professional	Services were provided in a professional setting	Text
Prescription Drugs	Services were provided where prescription drugs	Text
Capitation and Other Provider Payments		Text
Other	Services were provided were from another serve not defined	Text
Incurred Claims PMPM	Incurred claims per month per person	Numeric
% incurred	% incurred claims for certain service	Numeric

Exhibit D3: Detail on Final Trend Assumptions

Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric

Field Name	Description	Data Type
Type of Service Category	Where service is provided, such as in or outpatient, prescriptions	Text
Inpatient Facility	Services were provided in an inpatient facility	Text
Outpatient Facility	Services were provided in an outpatient facility	Text
Professional	Services were provided in a professional setting	Text
Prescription Drugs	Services were provided where prescription drugs	Text
Capitation and Other Provider Payments		Text
Other	Services were provided were from another serve not defined	Text
Unit Cost (%)		numeric
Utilization (%)	(D3)	Numeric
Total PMPM Trend (%)		Numeric

Exhibit E2: Administrative Charges

Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric

Total Annualized Trend Assumption from the Most Recently Approved Rate Filing		Numeric
Administrative change in effect 12 months prior to rate effective date		Numeric
Administrative change from most recently approved rate filing prior to rate effective data		Numeric
Proposed administrative charge PMPM rate for rate effective date		Numeric
Proposed change compared to prior 12 months		Numeric
Proposed change compared to most recently approved filing		Numeric
Charge in effect 12 months prior to rate effective date		Numeric
Charge from most recently approved rate filling prior to rate effective date		Numeric
Proposed change PMPM for rate effective date		Numeric
Proposed change compared to prior 12 months		Numeric

Field Name	Description	Data Type
Proposed change to most recently approved filing		Numeric
Total Administrative costs PMPM		Numeric
Administrative Costs as a percentage of average health coverage plan:	? Formula	Numeric
Brief explanation of changes to the administrative charge by more than 3.5% for either time period:	Explanation	Text
Exhibit E3: Retention Charges		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Charge in effect 12 months prior to rate effective date		Numeric
Charge from most recently approved rate filing prior to rate effective date		Numeric
Proposed charge PMPM for Rate Effective Date		Numeric
Proposed Change compared to prior 12 months		Numeric
Proposed change compared to most recently approved filing		Numeric
Total administrative costs PMPM		Numeric
Administrative Costs as a percent of average health coverage plan rate		Numeric
Investment income credit PMPM		Numeric
Investment Income as a percent of Average Health Coverage Plan Rate		Numeric
Contribution to Surplus/Profit PMPM		Numeric
Contribution to Surplus/Profit as a percent of Average Health Coverage Plan Rate		Numeric
Other PMPM		Numeric
Other as a percent of Average Health Coverage Plan Rate		Numeric
Total Retention Charges PMPM		Numeric
Retention Charges as a percent of Average Health Coverage Plan Rate		Numeric

Field Name	Description	Data Type
Brief explanation if the change in the proposed retention charge compared to either of the prior periods is greater than 3.5%:	Explanation	Text
Brief explanation if the proposed contribution to surplus or profit as a percent of the average base rate is greater than 2%:	Explanation	Text
Exhibit G5: Illustrative Rates		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
This is showing possible distributions of age and employee senses of small group insurance		
Exhibit H1: Summary of Rating Factors		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Will your rates in this proposed Rate Filing vary by this characteristic?		Text
If this rating characteristic was used in the past, indicate if there have been changes to the rating factors since the most recently approved rate filing?		Text
Brief Description of "Other" Rating Factors		Text
Rating Band (Ratio of Highest to Lowest Factor)		Text
Age/Gender	Age and gender of member	Numeric
Tobacco	Does member your tobacco?	Text
Health Underwriting		Text
Group Size		Text???

Field Name	Description	Data Type
Industry		Numeric??
Tier/Conversion Factors	Tier or Conversion Factors are the factors that are applied the health coverage plan PMPM rate to arrive at a rate specific to a policyholder within a specific tier (e.g. 2 tier, 3 tier or 4 tier.)	
Please list out all other variables by which rates will vary and provide responses to columns A and B	List of variables	Text
Exhibit J1: Health Coverage Plan Rate PMPM Development for Standard Health Coverage Plan		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Time Period used for Experience Data used in the Rate Development	The information on the time period for the experience data and the PMPM for the experience data is populated directly from the information in Exhibit C2 as this information should be the same.	Numeric
Total PMPM Experience Data	The information on the time period for the experience data and the PMPM for the experience data is populated directly from the information in Exhibit C2 as this information should be the same.	Text
Annual Trend Factor	???	Numeric

Field Name	Description	Data Type
Months of Trend	The number of months that the experience data needs to be trended forward will vary by carrier and depends on the time period of the experience data and the rate effective date. The carrier is expected to use generally accepted actuarial principles in determining the appropriate number of months for trend (e.g. one standard approach is counting the number of months from the midpoint of each time period.)	Numeric
Trended Total PMPM		Numeric
Adjustments to Trended Total PMPM (Multiplicative)	It is expected that adjustments may be needed to adjust the trended experience to the final health coverage plan rate PMPM. Adjustments may include items such as normalizing for rating factors and adjusting for the standard health coverage plan. The adjustments in the first section are multiplicative and the second section are additive. It is assumed that the multiplicative adjustments are applied first. The carrier should itemize each adjustment and insert more lines if necessary.	???
Adjustments to Trended Total PMPM (Additive)	It is expected that adjustments may be needed to adjust the trended experience to the final health coverage plan rate PMPM. Adjustments may include items such as normalizing for rating factors and adjusting for the standard health coverage plan. The adjustments in the first section are multiplicative and the second section are additive. It is assumed that the multiplicative adjustments are applied first. The carrier should itemize each adjustment and insert more lines if necessary.	???

Field Name	Description	Data Type
PMPM Revenue Requirement Before Retention for a Standard Health Coverage Plan		Numeric
PMPM Retention for a Standard Health Coverage Plan	The proposed retention charge in this line should reflect the retention charge for a standard health coverage plan. This may or may not be the same retention charge as the weighted average retention charge shown in Exhibit E3.	?
Proposed PMPM Revenue Requirement After Retention for a Standard Health Coverage Plan	The proposed PMPM calculated here should be the same as the proposed PMPM shown in Exhibit A2 for the standard health coverage plan for the applicable plan type.	Numeric
Prior PMPM Revenue Requirement After Retention for a Standard Health Coverage Plan from 12 Months Prior	The prior PMPM's for a standard health coverage plan should be consistent with the information from Exhibit A2	?
Prior PMPM Revenue Requirement After Retention for a Standard Health Coverage Plan from Most Recently Approved Rate Filing	The prior PMPM's for a standard health coverage plan should be consistent with the information from Exhibit A2	?
Proposed Rate Change for Standard Health Coverage Plan Compared to 12 Months Prior	?? Formula	Numeric
Proposed Rate Change for Standard Health Coverage Plan Compared to Most Recently Approved Rate Filing	? Formula	Numeric
M1. Medical Loss Ratio Exhibit for Individual Market		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric
Product Inception Date	Date in which product was incepted	Numeric

Field Name	Description	Data Type
Incurred Claims	These items should be provided in total dollar amounts for the given time period. The experience in this exhibit should be based on the total membership in the New Hampshire Individual Market and plan type being filed, regardless of renewal date. These terms are defined in NHCAR Part INS Chapter 4102	Numeric
Earned Premium	These items should be provided in total dollar amounts for the given time period. The experience in this exhibit should be based on the total membership in the New Hampshire Individual Market and plan type being filed, regardless of renewal date. These terms are defined in NHCAR Part INS Chapter 4102	Numeric
Quality Improvement Expenses	These items should be provided in total dollar amounts for the given time period. The experience in this exhibit should be based on the total membership in the New Hampshire Individual Market and plan type being filed, regardless of renewal date. These terms are defined in NHCAR Part INS Chapter 4102	Numeric
Adjustments to Earned Premium	These items should be provided in total dollar amounts for the given time period. The experience in this exhibit should be based on the total membership in the New Hampshire Individual Market and plan type being filed, regardless of renewal date. These terms are defined in NHCAR Part INS Chapter 4102	Numeric
Medical Loss Ratio		Numeric
Incurred Claims + Quality Improvement Expenses PMPM		Numeric

Field Name	Description	Data Type
Earned Premium - Adjustments to Earned Premium PMPM		Numeric
Present Value of Total Incurred Claims plus Quality Improvement Expenses as of Rate Effective Date		Numeric
Present Value of Earned Premium minus Adjustments to Earned Premium as of Rate Effective Date		Numeric
Medical Loss Ratio using Present Value		Numeric
Time Period	The historical time periods should represent calendar years since the inception date of the plan type through the most recent date available allowing for the appropriate amount of run-out. In instances where the start dates and end dates do not line up with a calendar year, partial years should be used. The interim time period is meant to be the time between the end date of the "Most Recent Date Available" and the rate effective date. The future time periods should start at the rate effective date. In cases where the first future period does not correspond to a full calendar year, a partial year may be displayed. The lifetime loss ratio calculation should be calculated over a period that is at least as great as the anticipated policy lifetime that does not exceed 20 years.	? Numeric
Lifetime Totals		Numeric
Interest Rate Assumption		Numeric
Exhibit M2: Medical Loss Ratio Exhibit Small Group Market		
Carrier Name	Name of the Health Insurance Carrier	Text
Plan Type(s)	Type on insurance-HMO, POS, PPO, Indemnity or other	Text
Market Segment	Type of market i.e. small group or individual	Text
Rate Effective Date	Date in which the rate goes into effect	Numeric

Field Name	Description	Data Type
Time period Member Months Incurred Claims	Current year versus future year The experience in this exhibit should be based on the total membership in the New Hampshire Small Group Market and plan type being filed, regardless of renewal date. These items should be provided in total dollar amounts for the given time period. These terms are defined in NHCAR Part INS Chapter 4103.	Numeric and Text Numeric
Earned Premium	The experience in this exhibit should be based on the total membership in the New Hampshire Small Group Market and plan type being filed, regardless of renewal date. These items should be provided in total dollar amounts for the given time period. These terms are defined in NHCAR Part INS Chapter 4103.	Numeric
Quality Improvement Expenses	The experience in this exhibit should be based on the total membership in the New Hampshire Small Group Market and plan type being filed, regardless of renewal date. These items should be provided in total dollar amounts for the given time period. These terms are defined in NHCAR Part INS Chapter 4103.	Numeric

Field Name	Description	Data Type
Adjustments to Earned Premium	The experience in this exhibit should be based on the total membership in the New Hampshire Small Group Market and plan type being filed, regardless of renewal date. These items should be provided in total dollar amounts for the given time period. These terms are defined in NHCAR Part INS Chapter 4103.	Numeric
Medical Loss Ratio	Formula	Numeric
Incurred Claims plus Quality Improvement Expenses PMPM	Formula	Numeric
Earned Premium minus Adjustments to Earned Premium PMPM	Formula	Numeric
Most Recent 12 Months		Numeric
Future Year 1	The future year should represent the 12 months immediately following the rate effective date.	Numeric
Standard Health Coverage Plans		
Plan Code or Name	Plan name or code	Text
Plan Type	HMO, POS, PPO or Indemnity	Text
PCP Office Visit Copay	Amount member pays as copay for a PCP office visit	Numeric
Specialist Office Visit Copay	Amount member pays as copay for a specialist office visit	Numeric
ED Copay	Amount member pays as a copay for an ED visit	Numeric
Outpatient Surgery Copay	Amount member pays as a copay for an outpatient surgery visit	Numeric
Inpatient Copay	Amount member pays as a copay for an inpatient visit	Numeric
In-Network Single Deductible	Amount for an in-network single deductible	Numeric
In-Network Coinsurance	Amount for in-network coinsurance	Numeric
In-Network Single OOP Max	Amount for in-network out of pocket maximum	Numeric
Does Deductible apply to all Medical Services?	Yes or no reply	Text
Note Services that Deductible does not apply to	Explanation	text

Field Name	Description	Data Type
Does Deductible apply to Pharmacy Services	Yes or no reply	Text
Are Preventive Services Covered 100%	Are Preventive Services Covered 100%	Text
Does this plan provide for coverage for MH/SA	Is mental health or substance abuse covered?	Text
Does this plan have a Tiered Network component		Text
Retail Pharmacy Single Deductible Generic	Cost of retail pharmacy single deductible generic	Numeric
Retail Pharmacy Single Deductible Brand Formulary	Cost of retail pharmacy single deductible brand formulary	Numeric
Retail Pharmacy Single Deductible Brand Non-Formulary	Cost of retail pharmacy single deductible brand non- formula	Numeric
Retail Pharmacy Copay Generic	Cost of retail pharmacy copay generic	Numeric
Retail Pharmacy Copay Brand Formulary	Cost of retail pharmacy copay brand formulary	Numeric
Retail Pharmacy Copay Brand Non-Formulary	Cost of retail pharmacy copay brand non-formulary	Numeric

All Payer

Table 1

ADMITSOURCE_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWAS801	CODE	Admission Source Code	CHAR (2)	This field is used to link to the Admission Source element (MC021) in the medical claims file. It is the primary identification number for each Admission Source record. This field is required for inpatient hospital claims.
DWAS802	DESCRIPTION	Admission Source Code Description	CHAR (50)	This field contains the description of the Admission Source Code (DWAS801).

Table 2

ADMITTYPE_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWAT801	CODE	Admission Type Code	NUMBER (2)	This field is used to link to the Admission Type element (MC020) in the medical claims file. It is the primary identification number for each Admission Type record. This field is required for inpatient hospital claims.
DWAT802	DESCRIPTION	Admission Type Code Description	CHAR (30)	This field contains the description of the Admission Type Code (DWAT801).

Table 3

AGE_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWA801	ID	Identification Number	NUMBER (20)	This field is the primary Identification Number for each Age record (DWA802).

DWA802 AGE Age	NUMBER (3)	This field contains the age of the member in years. Age is calculated using the FDATE element for dental claims (DC035), 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 (DWMB805). Children younger than one year have an age of 0. If no date of birth is available, this field is null.
DWA803 AGECAT Age Category Code	NUMBER (2)	This field contains the primary identification number for each of the four commonly used age categories or age cohorts: 0–17, 18–44, 45–64, 65+. Valid codes include: 1 0–17 2 18–44 3 45–64 4..... 65+ 99..... Unknown/Invalid
DWA804 AGECAT_DESCRIPTION Age Category Description	CHAR (100)	This field contains the description of the Age Category Code (DWA803).

Table 4

APC_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWAP801	IDN	APC ID Number	NUMBER (22)	This field links an APC record to an associated outpatient hospital claim by using the medical claims table's Identification Number element (MC801).
DWAP802	YR	APC Service Year	NUMBER (4)	This field contains the service year of the associated APC.
DWAP803	CLAIM_FLAG	Claim Processed Flag	NUMBER (22)	This field contains the Claim Processed Flag. Valid codes include: 0..... Claim processed 1 Claim could not be processed (invalid dates or bill type; conflicting condition code or bill type) 2 Claim could not be processed (claim has no line items or all line items have been excluded due to professional service) 3 Claim could not be processed (OCE/APC edit 0010 - Condition code 21) 9..... System error

DWAP804 P APC Procedure APC	CHAR (5)	This field contains the Procedure (HCPCS) APC assigned for each procedure code and uses a right- justified, zero-filled format. This field also includes 3M™-created APCs for packaged, fee schedule, and error procedure APCs. APC values over 19900 are 3M™-created APCs. This field is blank if no Procedure APC is assigned. This field links to the APC_LABEL table using the Procedure APC element (DWAL801).
DWAP805 PAY_P APC Payment APC	CHAR (5)	This field contains the Payment APC assigned for each procedure code and uses a right-justified, zero- filled format. If no APC is assigned to the line item, the value 00000 is assigned. For partial hospitalization and some inpatient only, wound care, or observation services, the Payment APC may be different than the Procedure APC (DWAP804) assigned to the HCPCS code. This field links to the APC_LABEL table using the Procedure APC element (DWAL801).

Table 5

APC_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWAP806 PAPCTYPE Procedure APC Status Indicator

CHAR (2)

This field contains the Procedure (HCPCS) APC Status Indicator (SI), which uses a right-justified, zero-filled format. This field should be left blank if no PAPC (DWAP804) is assigned. Valid codes include: A..... Services not paid under OPPS B..... Non-allowed item or service for OPPS C..... Inpatient procedure E..... Non-allowed item of service F..... Corneal tissue acquisition, certain CRNA services, and Hepatitis B vaccines G..... Drug/biological pass-through H..... Pass-through device categories K..... Non-pass-through drugs and biologicals L..... Flu/PPV vaccines M..... Service not billable to the Fiscal Intermediary N..... Packaged incidental service P..... Partial hospitalization service Q Packaged services subject to separate payment based on criteria S..... Significant procedure not subject to multiple procedure discounting T..... Significant procedure subject to multiple procedure discounting V..... Medical visit to clinic or emergency department W Invalid HCPCS or invalid revenue code with blank HCPCS X..... Ancillary service Y..... Non-implantable DME, therapeutic shoes Z..... Valid revenue code with blank HCPCS and no other SI assigned

DWAP807 PPAYST Procedure APC Payment Indicator

CHAR (2)

This field contains the Procedure (HCPCS) APC Payment Indicator. This field should be left blank if no PAPC (DWAP804) is assigned. Valid codes include: 01 Paid standard hospital OPPS amount 02..... Services not paid under OPPS 03 Not paid 04..... Paid at reasonable cost 05 Paid standard amount for pass-through drug or biological 06..... Payment based on charge adjusted to cost 07..... Additional payment for new drug or new biological 08 Paid partial hospitalization per diem 09..... No additional payment, payment included in line items with APCs

Table 6

APC_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWAP808	PAYIND	Line Item Payment Indicator	CHAR (1)	This field describes the type of line item payment for this APC. This field will be blank if no APC is present or no APC is used in calculation. Valid codes include: A..... APC payment B..... Ambulance service C..... ASC screening colonoscopy payment D..... DME payment E..... (Do not reuse) F..... Emergency EPO G..... Transitional pass-through for drugs and biologicals H..... Transitional pass-through for medical devices K..... Telehealth L..... Clinical diagnostic laboratory payment M..... Mammography N..... Reasonable cost O Other patient responsibility amount P..... Professional service flag S..... Diabetic education T..... Physical/occupational/speech therapy U..... Medical nutrition V..... Vaccine
DWAP809	PAPCWT	APC Weight	CHAR (9)	This field contains the APC weight assigned during the payment calculations. If no payment calculations were performed, no APC weights were assigned.

Table 7

APC_LABEL

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWAL801 APC Procedure APC	NUMBER	This field contains the Procedure (HCPCS) APC assigned for each procedure code and uses a right- justified, zero-filled format. This field should be left blank if no P APC (DWAP804) is assigned. This field also includes 3M™-created APCs for packaged, fee schedule, and error procedure APCs. APC values over 19900 are 3M™-created APCs.
DWAL802 DESCRIPTION Procedure APC Description	CHAR (500)	This field contains the description of the Procedure APC (DWAL801) as supplied by the 3M™ Core Grouping Software.

Table 8

APRDRG_LABEL

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWAD800	IDN	Identification Number	NUMBER	This field contains the unique Identification Number and links to the APR-DRG Label ID Number element (DWDR812) in the DRG_DIM table.
DWAD801	DRG	APR-DRG Code	NUMBER (3)	This field contains the APR-DRG Code.
DWAD802	DESCRIPTION	APR-DRG Code Description	CHAR (500)	This field contains the description of the APR-DRG Code (DWAD801) as supplied by the 3M™ APR-DRG Software.
DWAD803	BEGIN_DISCH_DATE	Begin Discharge Date Range	DATE	This field contains the beginning date of the time period for which the specific APR-DRG weight table is defined.
DWAD804	END_DISCH_DATE	End Discharge Date Range	DATE	This field contains the ending date of the time period for which the specific APR-DRG weight table is defined.
DWAD805	GROUPER_DESCRIPTION	APR-DRG Grouper Description	CHAR (8)	This field contains the specific grouper description that identifies the APR-DRG weight table used to generate the APR-DRG value and associated IDN value (DWAD800) for the inpatient hospital stay identified in the DRG_DIM table.

Table 9

BILLTYPE_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWBT801	CODE	Type of Bill - Institutional	NUMBER (5)	This field is used to link to the medical claims data element BILLTYPE (MC036). It is the primary identification number for each Bill Type record. Reference standard is the National Uniform Billing Committee's official UB-04 Data Specifications Manual.
DWBT802	DESCRIPTION	Description	CHAR (75)	This field contains the description of the Type of Bill code (DWBT801).

Table 10

CDT_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWCDT801	ID	CDT Code ID	CHAR (20)	This field uniquely identifies a CDT record and links to the CDTID element (DC849) in the dental claims tables.
DWCDT802	CDT	CDT Code	CHAR (20)	This field contains the locally defined CDT Code and links to the CDT Code element (DC032) in dental claims. This field may not be unique if it contains the value of a local CDT code assigned by a payer. The CDT Code ID (DWCDT801) is a more appropriate link to the medical claims tables.
DWCDT803	DESCRIPTION	CDT Code Description	CHAR (500)	This field contains the description of the local CDT Code (DWCDT802) as provided by the payer.
DWCDT808	CODE_CLASS	CDT Code Class	CHAR (14)	This field has a value of PAYER SUPPLIED to indicate that the CDT Code is a locally defined code.

Table 11

STATUS_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWCS801 CODE Claim Status Code	NUMBER (2)	This field is used to link to the STATUS data element in dental claims (DC031), medical claims (MC038), and pharmacy claims (PC025). It is the primary identification number for each status record.
DWCS802 DESCRIPTION Claim Status Code Description	CHAR (75)	This field contains the description of the Claim Status Code (DWCS801) associated with the claim.

Table 12

CLAIMTYPE_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWCM801 CODE Type of Claim	NUMBER (5)	This field is used to link to the CLAIMTYPE element (MC828) in the medical claims file. It is the primary identification number for each Claim Type record.
DWCM802 DESCRIPTION Description	CHAR (100)	This field contains the description of the Type of Claim (DWCM801).

Table 13

COMPDRUG_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWCD801 CODE Compound Drug Code	CHAR (2)	This field is used to link to the Compound Drug Indicator element (PC031) in the pharmacy claims file. It is the primary identification number for each Compound Drug record.
DWCD802 DESCRIPTION Compound Drug Code Description	CHAR (30)	This field contains the description of the Compound Drug Code (DWCD801).

Table 14

COVERAGELLEVEL_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
---	---------------	-------------

DWCVL801 CODE Coverage Level Code	CHAR (3)	This field is used to link to the Coverage Level Code elements in dental membership (DWDM807), medical membership (DWMM807), and pharmacy membership (DWPM807). It is the primary identification number for each coverage level record.
DWCVL802 DESCRIPTION Coverage Level Code Description	CHAR (25)	This field contains the description of the Coverage Level Code (DWCVL801).

Table 15

COVERAGETYPE_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWCVT801 CODE Coverage Type Code	CHAR (3)	This field is used to link to the Coverage Type elements in dental membership (DWDM827), medical membership (DWMM827), and pharmacy membership (DWPM827). This field is the primary identification number for each Coverage Type record.
DWCVT802 DESCRIPTION Coverage Type Code Description	CHAR (25)	This field contains the description of the Coverage Type Code (DWCVT801).

Table 16

CPT_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWCPT801 ID CPT Code ID	CHAR (20)	This field uniquely identifies a CPT record and links to the CPTID data element (MC849) in the medical claims tables.
DWCPT802 CPT CPT Code	CHAR (20)	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. The CPT Code ID (DWCPT801) is a more appropriate link to the medical claims tables.

DWCPT803 DESCRIPTION CPT Code Description	CHAR (500)	This field contains the description of the local CPT Code (DWCPT802) as provided by the payer.
DWCPT808 CODE_CLASS CPT Code Class	CHAR (14)	This field has a value of PAYER SUPPLIED to indicate that the CPT Code is a locally defined code.

Table 17

MOD_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMOD801	CODE	CPT Modifier Code	CHAR (2)	This field uniquely identifies a modifier record and links to the procedure modifier fields in the medical claims tables (MC056, MC057).
DWMOD802	DESCRIPTION	CPT Modifier Code Description	CHAR (600)	This field contains the description of the CPT Modifier Code (DWMOD801).

Table 18

DATE_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDT801	ID	Identification Number	NUMBER (20)	This field uniquely identifies a date record. This field is used to link to all date ID fields included in the dental claims data (DC821, DC815, DC817, DC823), the medical claims data (MC815, MC817, MC818, MC820, MC821, MC823), and the pharmacy claims data (PC810, PC817, PC813).
DWDT802	DAY	Day of Month	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.
DWDT803	MONTH	Month of Year	NUMBER (2)	This field contains the month as a number (MM) within a calendar year.
DWDT804	YEAR	Year	NUMBER (4)	This field contains the year in CCYY format.

DWDT805 QUARTER Quarter of Year	NUMBER (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
DWDT806 DAY_OF_WEEK Day of Week	CHAR (9)	This field contains the name of the day of the week.
DWDT807 YEARMO Year and Month	NUMBER (6)	This field contains the year and month in YYYYMM format (e.g., January 2006 = 200601).

Table 19

DENTAL_DETAIL_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DC810 PAYERID Payer Identification Number	NUMBER (8)	This is the Payer Identification Number that links to the payers reference file using DWPAY801. This code is used to identify the data reporter. It is based upon DC001.
DC002 NPLAN National Plan ID	CHAR (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 Identification Number (DC810).
DC809 PRVIDN Service Provider Identification Number	NUMBER (12)	This is the provider identification number that links to the dental provider detail file using DWDPRD801. This field cannot be used to aggregate all claims associated with a provider.
DC811 MEMBERID Member Identification Number	NUMBER (20)	This field generally represents a unique individual and is linked to the members reference file using the MEMID element (DWMB802). This field should not be used to aggregate all records associated with a member.
DC035 FDATE Date of Service – From	DATE	This field contains the first date of service for this service line. In ASCII-formatted extracts, it is presented in a CCYYMMDD format. This field links to the date reference file using the DAY element (DWDT802).

DC821 FDATEID First Date of Service ID Number	NUMBER (20)	This is the First Date of Service Identification Number, which uniquely links to the date reference file using DWDT801. The date ID field was created for efficient processing of large data sets. Use this field to report by quarter, day of week, etc.
DC004 CLAIM Payer Claim Control Number	CHAR (35)	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.
DC005 LINE Line Counter	NUMBER (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.

Table 20

DENTAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DC802	PRODUCT	Standardized Insurance Type / Product Code	CHAR (2)	This is the product identification number that links to the product codes reference file using DWPR801. The source of this information is the product code reported in DC003. Valid codes include: 12..... Preferred Provider Organizations (PPO) 13..... Point of Service (POS) 14..... Exclusive Provider Organization (EPO) 15..... Indemnity insurance 16..... Health Maintenance Organization (HMO) Medicare Advantage AM..... Automobile Medical DS..... Disability HM..... Health Maintenance Organization LI..... Liability LM..... Liability medical MA..... Medicare Part A MB Medicare Part B MD..... Medicare Part D MC Medicaid OF..... Other federal program (e.g., Black Lung) TV..... Title V VA..... Veterans Administration Plan WC Workers' compensation

DC006 IGROUP Insured Group or Policy Number	CHAR (50)	The Insured Group or Policy Number is 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).
DC008 CONTRACT Plan-Specific Contract Number	CHAR (128)	This field contains the encrypted, payer-assigned contract number for the subscriber. Its source is ME009.
DC009 SEQNO Sequence Number	CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the CONTRACT element (DC008) in dental claims.

Table 21

DENTAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DC011	REL	Individual Relationship to Subscriber	CHAR (2)	This is the Individual Relationship to Subscriber code identification number, which links to the REL_DIM reference file using DWR801. Valid codes include: 01 Spouse 04..... Grandfather or grandmother 05 Grandson or granddaughter 07..... Nephew or niece 10 Foster child 15..... Ward 17..... Stepson or stepdaughter 19..... Child 20..... Employee/Self 21..... Unknown 22..... Handicapped dependent 23..... Sponsored dependent 24..... Dependent of a minor dependent 29..... Significant other 32..... Mother 33..... Father 36..... Emancipated minor 39..... Organ donor 40..... Cadaver donor 41..... Injured plaintiff 43..... Child where insured has no financial responsibility 53..... Life partner 76..... Dependent -1..... Not specified -2..... Not valid

DC012 SEX Member Gender	CHAR (2)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801). Valid codes include: M..... Male F..... Female U..... Unknown -1..... Not specified -2..... Not valid
DC016 PATZIP Member ZIP Code	CHAR (11)	This field contains the ZIP code of the member and links to the GEOGRAPHY_DIM reference file using DWGEO802.

Table 22

DENTAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DC813	PATZIPID	Member ZIP Code Identification Number	NUMBER (20)	This is the ZIP Code Identification Number that uniquely links to the GEOGRAPHY_DIM reference file using the Identification Code element (DWGEO801). While the required format is numeric, this field is stored in the warehouse as text to preserve any leading zeroes. The ZIP code ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
DC814	EARLIEST_PDATE	First Paid Date	DATE	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 DC017. The field format is YYYYMMDD.
DC815	EARLIEST_PDATEID	First Paid Date ID Number	NUMBER (20)	This is the identification number for the First Paid Date (DC814), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
DC816	LATEST_PDATE	Last Paid Date	DATE	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. Its source is DC017. The field format is YYYYMMDD.

DC817 LATEST_PDATEID Last Paid Date ID Number	NUMBER (20)	This is the identification number for the Last Paid Date (DC816), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
DC030 SVCSITE Site of Service – Professional	CHAR (2)	For professional claims, this field records the site where the service was performed and links to the service site reference table’s Service Site Code element (DWFT801). Valid codes include: 11..... Office 12..... Home 21..... Inpatient hospital 22..... Outpatient hospital 31..... Skilled nursing facility 35..... Adult living care facility - 1..... Not specified -2..... Not valid

Table 23

DENTAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DC031	STATUS	Claim Status	NUMBER (2)	This field contains the status of the claim as reported by the payer. This field links to the STATUS_DIM reference file using the Claims Status Code element (DWCS801). 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 -2..... Not valid
DC032	CDT	CDT Code	CHAR (5)	This field contains the Common Dental Terminology Code.

DC849 CDTID CDT Identification Number	CHAR (10)	This field contains the Common Dental Terminology Code (CDT) Identification Number that links to the CDT Codes reference file using the CDT Code ID element (DWCDT801). Note that the CDT Codes reference file will be populated only when local codes are submitted.
DC033 MOD1 Procedure Modifier 1	CHAR (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 CDT Code (DC032).
DC034 MOD2 Procedure Modifier 2	CHAR (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 CDT Code (DC032).
DC036 LDATE Date of Service – Through	DATE	This field contains the last date of service for this service line. In ASCII-formatted extracts, it is presented in a CCYYMMDD format. This field links to the date reference file using the DAY element (DWDT802).

DC823 LDATEID Through Date of Service ID Number

NUMBER (20)

This is the identification number for the Date of Service – Through element (DC036), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.

Table 24

DENTAL_DETAIL_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME

TYPE (LENGTH)

DESCRIPTION

DC037 CHG Charge Amount

NUMBER (10,2)

This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.

DC038 TPAY Paid Amount

NUMBER (10,2)

This field includes 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 with an implied decimal point. This field may contain a negative value.

DC039 COPAY Copay Amount

NUMBER (10,2)

This 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 (DC040). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (DC041). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.

DC040 COINS Coinsurance Amount	NUMBER (10,2)	This amount is 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 have been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (DC039) and Coinsurance Amount. To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (DC041). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
DC041 DED Deductible Amount	NUMBER (10,2)	This is 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 (DC039) and Coinsurance Amount (DC040). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
DC824 EDATE Warehouse Effective Date	DATE	This field contains the effective date for the consolidated data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.
DC826 AGE Age	NUMBER (3)	This field contains the age of the member as calculated during the encryption process as of the first date of service. Children under the age of 1 have an age of zero. If no date of birth is available, this field is null. This field links to the age reference file using the Identification Number element (DWA801).
DC801 IDN Identification Number	NUMBER (12)	This field uniquely identifies each record within the warehouse.

Table 25

DENTAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DC822	USEFLAG	Use Flag	NUMBER (3)	This field is used to identify records for reporting purposes. This field links to the USEFLAG_DIM reference table using the Use Flag Code element (DWUSE801). Valid codes include: 0..... Okay to use 1 Intra-payer duplicate 2 Inter-payer duplicate 3 Medicare 4..... Age 65+ 5 Reserved for internal use 6..... Claim paid as secondary 7 Denied claim 8..... Reserved for internal use 9..... Non-NH ZIP 22..... Indicates adjustment/reversal claim only; no other associated claim found

Table 26

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDM801	ID	Identification Number	NUMBER (12)	This field is the primary identification number for each dental membership record.
DWDM802	PAYERID	Payer Identification Number	NUMBER (8)	This is the Payer Identification Number that links to the payers reference file using the Identification Number element (DWPAY801). Its source is ME001.

Table 27

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWDM803 PRODUCT Standardized Insurance Type / Product Code CHAR (2)

This is the product identification number that links to the product codes reference file using the Product ID element (DWPR801). Its source is ME003. Valid codes include: 12..... Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13..... Medicare Secondary End-Stage Renal Disease Beneficiary in the 12-month coordination period with an Employer Group Health Plan 14..... Medicare Secondary No-Fault Insurance including Insurance in which Auto is Primary 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 with Large Group Health Plan (LGHP) 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 Advantage HS..... Special Low Income Medicare Beneficiary IN Indemnity LC Long Term Care LD..... Long Term Policy LI..... Life Insurance LT..... Litigation MA..... Medicare Part A MB Medicare Part B MD..... Medicare Part D MC Medicaid MH..... Medigap Part A MI..... Medigap Part B MP..... Medicare Primary PR..... Preferred Provider Organization (PPO) PS..... Point of Service (POS) QM..... Qualified Medicare Beneficiary SP..... Supplemental Policy WC Workers' Compensation -1..... Not specified -2..... Not valid

Table 28

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDM804	MTIME	Membership Year and Month	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.
DWDM805	PERIODID	Period Identification Number	NUMBER (20)	This field links to the date reference file using the Identification Number element (DWDT801) for the member's membership period.
DWDM806	IGROUP	Insured Group or Policy Number	CHAR (50)	The Insured Group or Policy Number is 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.
DWDM807	XPLAN	Coverage Level Code	CHAR (3)	This field indicates the level of coverage as reported in ME007 and links to the coverage level reference table using the Coverage Level Code element (DWCVL801). 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 -2..... Not valid
DWDM808	CONTRACT	Plan-Specific Contract Number	CHAR (128)	This field contains the encrypted, payer-assigned contract number for the subscriber. Its source is ME009.
DWDM809	SEQNO	Member Suffix or Sequence Number	CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the Plan-Specific Contract Number element (DWDM808). Its source is ME010.

Table 29

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDM810	REL	Individual Relationship to Subscriber	CHAR (2)	This is the relationship code identification number that links to the REL_DIM reference file using the Individual Relationship to Subscriber element (DWR801). Its source is ME012. Valid codes include: 01 Spouse 18..... Self/Employee 19..... Child 21..... Unknown 34..... Other Adult -1..... Not specified -2..... Not valid
DWDM811	SEX	Member Gender	CHAR (2)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801). Valid codes include: M..... Male F..... Female U..... Unknown -1..... Not specified -2..... Not valid
DWDM812	PATZIP	Member ZIP Code	CHAR (11)	This field contains the member's ZIP code and links to the GEOGRAPHY_DIM table using the ZIP Code element (DWGEO802). Its source is ME017.
DWDM813	PATZIPID	Member ZIP Code Identification Number	NUMBER (20)	This is the Member ZIP Code Identification Number that uniquely links to the GEOGRAPHY_DIM table using the Identification Code element (DWGEO801). The ZIP ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
DWDM814	EDATE	Warehouse Effective Date	DATE	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.
DWDM815	AGE	Age	NUMBER (3)	This field contains the age of the member as calculated during the encryption process as of the first day of the membership month and links to the age reference file using the Identification Number element (DWA801).

DWDM816 MEMBERID Member Identification Number

NUMBER (20)

This field generally represents a unique individual and is linked to the members reference file using the MEMID element (DWMB802). This field should not be used to aggregate all records associated with a member.

Table 30

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDM817	HAS_MEDICAL_COVERAGE	Medical Coverage Flag	CHAR (1)	This field indicates medical coverage; its source is ME018. Valid codes include: Y..... Yes N..... No
DWDM818	HAS_PHARMACY_COVERAGE	Pharmacy Coverage Flag	CHAR (1)	This field indicates pharmacy coverage; its source is ME019. Valid codes include: Y..... Yes N..... No
DWDM819	HAS_DENTAL_COVERAGE	Dental Coverage Flag	CHAR (1)	This field indicates dental coverage; its source is ME022. Valid codes include: Y..... Yes N..... No
DWDM850	RACE1	Race 1	CHAR (6)	This field indicates race; its source is ME020. Valid codes include: R1American Indian/Alaskan Native R2Asian R3Black/African American R4.....Native Hawaiian or other Pacific Islander R5White R9.....Other race UNKNOW.....Unknown/Not specified -1.....Not specified - 2.....Not valid
DWDM851	RACE2	Race 2	CHAR (6)	This field indicates race; its source is ME021. Valid codes include: R1American Indian/Alaskan Native R2Asian R3Black/African American R4.....Native Hawaiian or other Pacific Islander R5White R9.....Other race UNKNOW.....Unknown/Not specified -1.....Not specified - 2.....Not valid

Table 31

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDM855	HISPANIC	Hispanic Indicator	CHAR (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
DWDM856	ETHNICITY1	Ethnicity 1	CHAR (6)	This field indicates ethnicity; its source is ME025. Valid codes include: 2182-4.....Cuban 2184-0.....Dominican 2148-5.....Mexican, Mexican American, Chicano 2180-8Puerto Rican 2161-8.....Salvadoran 2155-0Central American (not otherwise specified) 2165-9.....South American (not otherwise specified) 2060-2.....African 2058-6.....African American AMERCNAmerican 2028-9.....Asian 2029-7Asian Indian BRAZIL.....Brazilian 2033-9.....Cambodian CVERDN.....Cape Verdean CARIBICaribbean Island 2034-7.....Chinese 2169-1.....Columbian 2108-9.....European 2036-2Filipino 2157-6.....Guatemalan 2071-9Haitian 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 -2.....Not valid

Table 32

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWDM857 ETHNICITY2 Ethnicity 2

CHAR (6)

This field indicates ethnicity; its source is ME026. Valid codes include:
 2182-4.....Cuban 2184-0.....Dominican 2148-5.....Mexican,
 Mexican American, Chicano 2180-8Puerto Rican 2161-
 8.....Salvadoran 2155-0Central American (not otherwise
 specified) 2165-9.....South American (not otherwise specified) 2060-
 2.....African 2058-6.....African American AMERCNAmerican
 2028-9.....Asian 2029-7Asian Indian BRAZIL.....Brazilian
 2033-9.....Cambodian CVERDN.....Cape Verdean CARIBI
Caribbean Island 2034-7.....Chinese 2169-
 1.....Columbian 2108-9.....European 2036-2Filipino
 2157-6.....Guatemalan 2071-9Haitian 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 -
 2.....Not valid

DWDM826 PRIMINSID Primary Insurance Indicator

CHAR (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

Table 33

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME

TYPE (LENGTH)

DESCRIPTION

DWDM827 XTYPE Coverage Type

CHAR (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 identification number for each coverage type record and links to the coverage type reference table using the Coverage Type Code element (DWCVT801). Valid codes include: ASW For self-funded plans that are administered 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 -2..... Not valid

DWDM831 MKTCATCDE Market Category Code

CHAR (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 conversation 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 GS4For 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 -2.....Not valid

Table 34

DENTAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWDM860 SCOV Special Coverage	CHAR (3)	This field is the Special Coverage code; its source is ME031. Valid codes include: 0.....Not applicable, member not enrolled in a special coverage plan 1Yes, member enrolled in a HealthFirst plan - 1.....Not specified -2.....Not valid
DWDM824 GRPNM Group Name	CHAR (128)	This is the name of the group that covers the member. If the member is part of a group of one or part of a nongroup policy (i.e., when the Market Category Code (DWDM831) is coded as IND, GCV, or GS1), this field will be null (or display the value BLANK). Its source is ME032.
DWDM821 USEFLAG Use Flag	NUMBER (3)	This field indicates the relationship of this membership record to other membership records for the same member and time period. This field links to the USEFLAG_DIM reference table using the Use Flag Code element (DWUSE801). Valid codes include: 0..... Okay to use 1 Intra-payer duplicate 2 Inter-payer duplicate 3 Medicare 4..... Age 65+ 5 Reserved for internal use 6..... Claim paid as secondary 7 Denied claim 8..... Reserved for internal use 9..... Non-NH ZIP 22..... Indicates adjustment/reversal claim only; no other associated claim found If two records have the same member identifiers, the same payer, and the same year and month of eligibility, one record will be flagged as an intra-payer duplicate and should not be used in counting member months. If a member has a membership record for full medical coverage and a membership record for a specific area of coverage (e.g., mental health and substance abuse), the specific coverage area record will be flagged as an inter-payer duplicate. In general, the inter-payer record should not be used when counting member months.

Table 35

DENTAL_PRV_DTL_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDPRD801	PRVIDN	Provider ID Number	NUMBER (12)	This field is used to link to the dental claims data element PRVIDN (DC809). It is the primary identification number for each DENTAL_PRV_DTL_DIM record.
DWDPRD802	PAYERCODE	Payer Code	CHAR (8)	This field contains the data reporter code for the payer or data reporter submitting payments and links to the payers reference file using DWPAY802. The first two characters indicate the data collection state and the third character indicates the type of data reporter: NHC..... Commercial data reporter 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.
DWDPRD803	PRV	Service Provider Number	CHAR (30)	This is the Service Provider Number assigned by the payer. Its source is DC018 in the dental claims data.
DWDPRD804	PRVTAXID	Service Provider Tax ID Number	CHAR (100)	This field contains the provider's Tax Identification Number. For an individual, this code is often the Social Security number. Its source is DC019 in the dental claims data.
DWDPRD805	PRVTYPE	Service Provider Entity Type Qualifier	CHAR (1)	This field is used to distinguish an individual practitioner from a business entity. Its source is DC021 in the dental claims data. Valid codes include: 1 Person 2 Non-person entity
DWDPRD806	PRVFNAM	Provider First Name	CHAR (25)	This field contains the first name of the practitioner. If the provider is a facility, this field will be blank. Its source is DC022 in the dental claims data.

Table 36

DENTAL_PRV_DTL_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDPRD807	PRVMNAME	Provider Middle Name	CHAR (25)	This field contains the practitioner's middle name or initial. Its source is DC023 in the dental claims data.
DWDPRD808	PRVLNAME	Organization Name or Provider Last Name	CHAR (100)	This field contains the full name of the provider organization or the last name of the individual provider. Its source is DC024 in the dental claims data.
DWDPRD809	PRVSUFFIX	Provider Suffix	CHAR (10)	This field contains the generational suffix for the individual. Its source is DC025 in the dental claims data. When populated, this field often contains the generational identifier (e.g., JR, SR, III), the credentials (e.g., MD, DO, DC), or the suffix to the Provider Tax ID Number element (DWDPRD804).
DWDPRD810	PRVSPEC	Provider Specialty Code	CHAR (50)	This is the Provider Specialty Code that is submitted by the payer. This field links to the provider specialty reference table's Provider Specialty Code (DWSP802). However, when linking to DWSP802, you also must link to PRVSPEC_DIM's Payer Code element (DWSP801) via DENTAL_PRV_DTL_DIM's Payer Code element (DWDPRD802) because two payers may use the same specialty code with different meanings.
DWDPRD811	PRVCITY	Provider City	CHAR (30)	This field contains the city name of the provider (preferably their practice location). Its source is DC027 in the dental claims data. Note that although the provider location is requested, this field can be populated with the city name of the billing location.
DWDPRD812	PRVST	Provider State	CHAR (2)	This field contains the two-character state abbreviation of the provider as defined by the US Postal Service. Its source is DC028 in the dental claims data. Note that although the provider location is requested, this field can be populated with the state abbreviation of the billing location.

DWDPRD813 PRVZIP Provider ZIP Code	CHAR (5)	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 (DWGEO802). Its source is DC029 in the dental claims data. Note that although the provider location is requested, this field can be populated with the ZIP code of the billing location.
DWDPRD814 DPCID Unique Provider ID Number	NUMBER (12)	This field is the unique identification number for each dental service provider record.
DWDPRD815 MHICSP Onpoint Specialty Code	CHAR (4)	This field is used to standardize the specialty coding of provider records. It is based upon the dental service provider specialty code (DC026) and the linkage activity. A single DPCID will have only one Onpoint Specialty Code. This field links to the MHICSP_DIM table’s Onpoint Specialty Code element (DWMSP801).
DWDPRD816 TAXONOMY Taxonomy Code	CHAR (100)	This is a CMS-defined Specialty Coding System value. This value is determined by cross-referencing the carrier’s specialty code to an Onpoint specialty code, then cross-referencing to the TAXONOMY code reference table, which is a non-releasable table that can be purchased from CMS for a nominal fee.

Table 37

DENTAL_PRV_DTL_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDPRD817	INDIVIDUAL	Individual Practitioner Flag	NUMBER (1)	This field is used to determine if this is the name of an individual or the name of a group or facility. Valid codes include: 0..... Group or facility 1 Individual
DWDPRD818	NPI	National Provider ID Number	CHAR (100)	This field contains the National Provider Identification Number used by CMS. Its source is DC020.

Table 38

DX_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDX801	ID	Identification Number	CHAR (10)	This field uniquely identifies a diagnosis record and links to the diagnosis ID fields (MC834, MC835, MC836, MC837, MC838, MC839, MC840, MC841, MC842, MC843, MC844, MC845, MC846, MC847, MC848) in the medical claims file.
DWDX802	CODE	Diagnosis Code	CHAR (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, 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. The Identification Number (DWDX801) is a more appropriate link to the medical claims tables.
DWDX803	DESCRIPTION	Diagnosis Code Description	CHAR (100)	This field contains the description of the Diagnosis Code (DWDX802) associated with the claim as provided by the payer.
DWDX811	CODE_CLASS	Code Classification	CHAR (50)	This field has a value of PAYER SUPPLIED to indicate that the Diagnosis Code (DWDX802) is a locally defined code.

Table 39

PTDIS_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPD801	CODE	Patient Discharge Status Code	NUMBER (2)	This field is used to link to the PTDIS data element (MC023) in the medical claims tables. It is the patient discharge status for each inpatient record.
DWPD802	DESCRIPTION	Patient Discharge Status Code Description	CHAR (75)	This field contains the description of the Patient Discharge Status Code (DWPD801).

Table 40

DAW_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDAW801	CODE	Dispense as Written Code	NUMBER	This field is used to link to the Dispense as Written Code data element (PC030) in the pharmacy claims tables. It is the primary identification number for each Dispense as Written (DAW) code.
DWDAW802	DESCRIPTION	Dispense as Written Code Description	CHAR (75)	This field contains the description of the Dispense as Written Code (DWDAW801).

Table 41

DRG_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDR801	IPDISCHARGE	Inpatient Discharge Identifier	NUMBER (22)	This field links to the IPDISCHARGE data element (MC833) in the medical claims tables. This field is assigned as a value-added field to associate all claim lines for a given inpatient stay under one coded value.
DWDR802	INCURRED_YEAR	Discharge Year	NUMBER (4)	This is the incurred year of the associated IPDISCHARGE record (DWDR801).
DWDR803	DRG	Diagnosis Related Group Code	NUMBER (3)	This field contains the CMS Diagnosis Related Group (DRG) Code assigned to the inpatient stay. It is not reported by the carrier. This field is assigned by the claims records for the inpatient stay through the 3M™ DRG grouper software. In general, a DRG assigned using only claims data is a medical DRG because ICD-9 procedure codes are required for the assignment of a surgical code. The data in this field should be viewed with extreme caution.
DWDR804	DISCHARGE_DATE	Discharge Date	DATE	This field links to the discharge date as identified to the DRG grouper for this hospital stay.
DWDR805	DRG_LABEL_IDN	DRG Label ID Number	NUMBER	The DRG Label ID Number links to the appropriate DRG label. This field links to the DRG_LABELS table's Identification Number element (DWDL800).

DWDR806 DRG_24 CMS DRG WT24	NUMBER (3)	This field contains the CMS DRG assigned to the inpatient stay based on DRG weight file 24. It is not reported by the carrier. This weight file has been used to produce a consistent WT24 DRG value for the entire 2007 discharge year. This field is assigned by the claims records for the inpatient stay through the 3M™ DRG grouper software. In general, a DRG assigned using only claims data is a medical DRG because ICD-9 procedure codes are required for the assignment of a surgical code. The data in this field should be viewed with extreme caution.
DWDR807 DRG24_LABEL_IDN DRG24 Label ID Number	NUMBER	The DRG24 Label ID Number links the DRG grouper process DRG24 value (DWDR806) to the appropriate DRG label. This field links to the DRG_LABELS table's Identification Number data element (DWDL800).

Table 42

DRG_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDR808	DRG_25 CMS DRG WT25		NUMBER (3)	This field contains the CMS DRG assigned to the inpatient stay based on DRG weight file 25. It is not reported by the carrier. This weight file has been used to produce a consistent WT25 DRG value for the entire 2007 discharge year. This field is assigned by the claims records for the inpatient stay through the 3M™ DRG grouper software. In general, a DRG assigned using only claims data is a medical DRG because ICD-9 procedure codes are required for the assignment of a surgical code. The data in this field should be viewed with extreme caution.
DWDR809	DRG25_LABEL_IDN	DRG25 Label ID Number	NUMBER	The DRG25 Label ID Number links the DRG grouper process DRG25 value (DWDR808) to the appropriate DRG label. This field links to the DRG_LABELS table's Identification Number data element (DWDL800).

DWDR810 APRDRG All Patient Refined DRG	NUMBER (3)	This field contains the All Patient Refined (APR) Diagnosis Related Group (DRG) assigned to the inpatient stay based on the appropriate APR-DRG weight file. It is not reported by the carrier. This field is assigned by the claims records for the inpatient stay through the 3M™ APR-DRG grouper software. In general, an APR-DRG assigned using only claims data is a medical APR-DRG because ICD-9 procedure codes are required for the assignment of a surgical code. The data in this field should be viewed with extreme caution.
DWDR811 SOI APR Severity Index	NUMBER (1)	This is the value determined by the APR-DRG process that signifies the additional severity level for the DRG value outside of the APR-DRG-assigned weight value. This field is assigned by the claims records for the inpatient stay through the 3M™ APR-DRG grouper software. In general, an APR-DRG assigned using only claims data may understate the severity due to underreporting of the ICD-9 procedure code.
DWDR812 APRDRG_LABEL_IDN APR-DRG Label ID Number	NUMBER	The APR-DRG Label ID Number links to the APRDRG_LABEL table's Identification Number data element (DWAD800).

Table 43
DRG_LABEL

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDL800	IDN	Identification Number	NUMBER	The Identification Number field is used to link the DRG label in this table to the appropriate DRG values (DWDR805, DWDR807, DWDR809) in the DRG codes reference table.
DWDL801	DRG	DRG Code	NUMBER (3)	This field contains the Diagnosis Related Group (DRG) Code.
DWDL802	DESCRIPTION	DRG Code Description	CHAR (90)	This field is the description of the DRG Code (DWDL801) as supplied with the 3M™ DRG grouper software.
DWDL803	BEGIN_DISCH_DATE	Begin Discharge Date Range	DATE	This field contains the beginning date of the time period for which the specific DRG weight table is defined.

DWDL804 END_DISCH_DATE End Discharge Date Range	DATE	This field contains the ending date of the time period for which the specific DRG weight table is defined.
DWDL805 GROUPER_DESCRIPTION DRG Grouper Description	CHAR (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 table.

Table 44

SEX_DIM

ELEMENT NUMBER ELEMENT NAME DATABASE NAME	TYPE/LENGTH	DESCRIPTION
DWG801 CODE Gender Code	CHAR (2)	This field is used to link to the gender data elements in dental claims (DC012), dental membership (DWDM811), medical claims (MC012), medical membership (DWMM811), pharmacy claims (PC805), pharmacy membership (DWPM811), and members (DWMB806) tables. It is the primary identification number for each gender code.
DWG802 DESCRIPTION Gender Code Description	CHAR (10)	This field contains the description of the Gender Code (DWG801).

Table 45

GENDRUG_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWGD801 CODE Generic Drug Indicator Code	CHAR (2)	This field is used to link to the GENRX element (PC029) in the pharmacy claims tables. It is the primary identification number for each Generic Drug Indicator record.
DWGD802 DESCRIPTION Generic Drug Indicator Code Description	CHAR (25)	This field contains the description of the Generic Drug Indicator Code (DWGD801).

Table 46

GEOGRAPHY_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWGEO801	ID	Identification Code	NUMBER (20)	This field uniquely identifies a geographical record. This field is used to link to ZIP code ID fields in all tables, including dental claims (DC813), dental membership (DWDM813), medical claims (MC813), medical membership (DWMM813), pharmacy claims (PC807), and pharmacy membership (DWPM813).
DWGEO802	ZIP	ZIP Code	CHAR (5)	This field is used to link to the first five positions of ZIP code fields in all tables, including dental claims (DC016), dental membership (DWDM812), dental provider detail (DWDPDR813), medical claims (MC016), medical membership (DWMM812), pharmacy claims (PC016), pharmacy membership (DWPM812), and provider detail (DWDPDS813).
DWGEO803	CITY	City	CHAR (100)	This field identifies the city that the ZIP code represents.
DWGEO804	STATE	State	CHAR (2)	This field identifies the state that the ZIP code represents and uses the two-character abbreviation as defined by the US Postal Service.
DWGEO820	NH_HAA	New Hampshire HAA Identification Number	NUMBER (2)	This field contains the 2006 New Hampshire Hospital Analysis Area (HAA) identification number.
DWGEO821	NH_HAA_NAME	New Hampshire HAA Name	CHAR (100)	This field contains the 2006 New Hampshire Hospital Analysis Area (HAA) name for the representative identification number (DWGEO820).
DWGEO822	NH_COUNTY	New Hampshire County Number	NUMBER (3)	This field contains a number that represents a New Hampshire county.
DWGEO823	NH_COUNTY_NAME	New Hampshire County Name	CHAR (100)	This field contains the name of the county represented by the New Hampshire County Number (DWGEO822).

Table 47

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC810 PAYERID Payer Identification Number	NUMBER (8)	This is the Payer Identification Number that links to the payers reference file using DWPAY801. This code is used to identify the data reporter. Its source is MC001.
MC809 PRVIDN Service Provider Identification Number	NUMBER (12)	This is the provider identification number that links to the provider detail file using DWDP801. This field cannot be used to aggregate all claims associated with a provider.
MC811 MEMBERID Member Identification Number	NUMBER (20)	This field generally represents a unique individual and is linked to the members reference file using the MEMID element (DWMB802). This field should not be used to aggregate all records associated with a member.
MC059 FDATE Date of Service – From	DATE	This field contains the first date of service for this service line. In ASCII-formatted extracts, it is presented in a CCYYMMDD format. This field links to the date reference file using the DAY element (DWDT802).
MC821 FDATEID First Date of Service ID Number	NUMBER (20)	This is the First Date of Service Identification Number, which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field to report by quarter, day of week, etc.
MC004 CLAIM Payer Claim Control Number	CHAR (35)	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.

Table 48

MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC802 PRODUCT Standardized Insurance Type / Product Code	CHAR (2)	This is the product identification number that links to the product codes reference file using DWPR801. The source of this information is the product code reported in MC003. Valid codes include: 12..... Preferred Provider Organization (PPO) 13..... Point of Service (POS) 14..... Exclusive Provider Organization (EPO) 15..... Indemnity insurance 16..... Health Maintenance Organization (HMO) Medicare Advantage DS..... Disability HM..... Health Maintenance Organization MA..... Medicare Part A MB Medicare Part B MD..... Medicare Part D MC Medicaid VA..... Veterans Administration Plan OF..... Other federal program (e.g., Black Lung) TV..... Title V WC Workers' compensation -1..... Not specified -2..... Not valid
MC812 HIGH_VERSION Claim Version	NUMBER (4)	This field indicates the Claim Version number. This is used if the payer adjudicates claims based on a versioning system. Its source is MC005A.
MC005 LINE Line Counter	NUMBER (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.
MC006 IGROUP Insured Group or Policy Number	CHAR (50)	The Insured Group or Policy Number is 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).
MC008 CONTRACT Plan-Specific Contract Number	CHAR (128)	This field contains the encrypted, payer-assigned contract number for the subscriber. Its source is ME009.
MC009 SEQNO Sequence Number	CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the CONTRACT element (MC008) in medical claims.

Table 49

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC011	REL	Individual Relationship to Subscriber	CHAR (2)	This is the Individual Relationship to Subscriber code identification number, which links to the REL_DIM reference file using DWR801. Valid codes include: 01 Spouse 04..... Grandfather or grandmother 05 Grandson or granddaughter 07..... Nephew or niece 10 Foster child 15..... Ward 17..... Stepson or stepdaughter 19..... Child 20..... Employee/Self 21..... Unknown 22..... Handicapped dependent 23..... Sponsored dependent 24..... Dependent of a minor dependent 29..... Significant other 32..... Mother 33..... Father 36..... Emancipated minor 39..... Organ donor 40..... Cadaver donor 41..... Injured plaintiff 43..... Child where insured has no financial responsibility 53..... Life partner 76..... Dependent -1..... Not specified -2..... Not valid
MC012	SEX	Member Gender	CHAR (2)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801). Valid codes include: M..... Male F..... Female U..... Unknown -1..... Not specified -2..... Not valid
MC016	PATZIP	Member ZIP Code	CHAR (11)	This field contains the ZIP code of the member and links to the GEOGRAPHY_DIM reference file using DWGEO802.

Table 50

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC813 PATZIPID Member ZIP Code Identification Number	NUMBER (20)	This is the ZIP Code Identification Number that uniquely links to the GEOGRAPHY_DIM reference file using DWGEO801. While the required format is numeric, this field is stored in the warehouse as text to preserve any leading zeroes. The ZIP code ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
MC814 EARLIEST_PDATE First Paid Date	DATE	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. The field format is YYYYMMDD.
MC815 EARLIEST_PDATEID First Paid Date ID Number	NUMBER (20)	This is the identification number for the First Paid Date (MC814), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC816 LATEST_PDATE Last Paid Date	DATE	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. Its source is MC017. The field format is YYYYMMDD.
MC817 LATEST_PDATEID Last Paid Date ID Number	NUMBER (20)	This is the identification number for the Last Paid Date (MC816), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC018 ADMDAT Admission Date	DATE	This field contains the date of the inpatient admission as submitted by the data reporter. In ASCII-formatted extracts, it is presented in a CCYYMMDD format. This field is inconsistently reported across payers. It may be underreported on inpatient claims or overreported on outpatient claims. This field links to the date reference file using the DAY element (DWDT802).

MC818 ADMDATID Admission Date ID Number	NUMBER (20)	This is the Admission Date Identification Number, which uniquely links to the date reference file for Admission Date using DWDT801. The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC019 ADMHR Admission Hour	NUMBER (4)	This field contains the hour and minutes of the inpatient admission to the hospital in military time. Valid codes include 0000 through 2359.

Table 51

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC020	ADMTYPE	Admission Type	NUMBER (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 using DWAT801. Valid codes include: 1 Emergency 2 Urgent 3 Elective 4..... Newborn 5 Trauma center 9..... Information not available - 1..... Not specified -2..... Not valid
MC021	ADMSR	Admission Source	CHAR (2)	This field is required for inpatient hospital bills and records the source of admission. Many data reporters do not capture this information. This field links to the admission source reference file using DWAS801. 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 -1..... Not specified -2..... Not valid

MC022 DISHR Discharge Hour	NUMBER (2)	This field contains the hour of the inpatient discharge from the hospital in military time. Valid codes are 00 through 23.
MC069 DISDAT Discharge Date	DATE	This field contains the date of the inpatient discharge. In ASCII-formatted extracts, it is presented in a CCYMMDD format. This field links to the date reference file using the DAY element (DWDT802).
MC820 DISDATID Discharge Date ID Number	NUMBER (20)	This is the Discharge Date Identification Number, which uniquely links to the date reference file using DWDT801. The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.

Table 52

MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC023 PTDIS Discharge Status

NUMBER (2)

This is the patient discharge code identification number. This field is inconsistently reported across data reporters. It may be underreported on inpatient records or unnecessarily reported on outpatient records. This field links to the PTDIS_DIM reference file using the Patient Discharge Status Code element (DWPD801). Valid codes include: 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 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 -2..... Not valid

Table 53

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC036	BILLTYPE	Type of Bill - Institutional	NUMBER (2)	This field contains the Type of Bill code as reported on a UB. This field links to the bill type reference file using the Type of Bill element (DWBT801). 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 4..... Free Standing Birthing Center 9..... Other

Table 54
MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC037 SVCSITE Site of Service - Professional

CHAR (2)

For professional claims, this field records the site where the service was performed and links to the service site reference table's Service Site Code element (DWFT801). Valid codes include: 11..... Office 12..... Home 21..... Inpatient hospital 22..... Outpatient hospital 23..... Emergency room – Hospital 24..... Ambulatory surgery center 25..... Birthing center 26..... Military treatment facility 31..... Skilled nursing facility 32..... Nursing facility 33..... Custodial care facility 34..... Hospice 35..... Boarding home 41..... Ambulance – Land 42..... Ambulance – Air or water 50..... Federally qualified center 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 60..... Mass immunization center 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 -1..... Not specified -2..... Not valid

Table 55

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC038 STATUS Claim Status	NUMBER (2)	This field contains the status of the claim as reported by the payer. This field links to the STATUS_DIM reference file using the Claims Status Code element (DWCS801). 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 -2..... Not valid
MC834 ADMDXID Admitting Diagnosis Identification Number	CHAR (10)	This field contains the ICD-9 diagnosis code identification number. This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC039 ADMDX Admitting Diagnosis	CHAR (5)	This field contains the ICD-9 diagnosis code indicating the reason for the inpatient admission.
MC040 ECODE E-Code	CHAR (10)	This field describes an injury, poisoning, or adverse effect using an ICD-9 E-Code diagnosis. The user should search the Other Diagnosis fields (MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, 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.
MC835 ECODEID E-Code Identification Number	CHAR (5)	This is the E- Code Identification Number for the external cause of injury. This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC041 DX1 Principal Diagnosis	CHAR (5)	This field contains the ICD-9 diagnosis code for the principal diagnosis.
MC836 DX1ID Principal Diagnosis Identification Number	CHAR (10)	This field contains the identification number for the Principal Diagnosis (MC041). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC042 DX2 Other Diagnosis 1	CHAR (5)	This field contains the ICD-9 diagnosis code for the first secondary diagnosis (Other Diagnosis 1).

Table 56

MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC837	DX2ID	Other Diagnosis 1 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 1 (MC042). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC043	DX3	Other Diagnosis 2	CHAR (5)	This field contains the ICD-9 diagnosis code for the second secondary diagnosis (Other Diagnosis 2).
MC838	DX3ID	Other Diagnosis 2 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 2 (MC043). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC044	DX4	Other Diagnosis 3	CHAR (5)	This field contains the ICD-9 diagnosis code for the third secondary diagnosis (Other Diagnosis 3).
MC839	DX4ID	Other Diagnosis 3 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 3 (MC044). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC045	DX5	Other Diagnosis 4	CHAR (5)	This field contains the ICD-9 diagnosis code for the fourth secondary diagnosis (Other Diagnosis 4).
MC840	DX5ID	Other Diagnosis 4 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 4 (MC045). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC046	DX6	Other Diagnosis 5	CHAR (5)	This field contains the ICD-9 diagnosis code for the fifth secondary diagnosis (Other Diagnosis 5).
MC841	DX6ID	Other Diagnosis 5 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 5 (MC046). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC047	DX7	Other Diagnosis 6	CHAR (5)	This field contains the ICD-9 diagnosis code for the sixth secondary diagnosis (Other Diagnosis 6).

Table 57

MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC842	DX7ID	Other Diagnosis 6 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 6 (MC047). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC048	DX8	Other Diagnosis 7	CHAR (5)	This field contains the ICD-9 diagnosis code for the seventh secondary diagnosis (Other Diagnosis 7).
MC843	DX8ID	Other Diagnosis 7 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 7 (MC048). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC049	DX9	Other Diagnosis 8	CHAR (5)	This field contains the ICD-9 diagnosis code for the eighth secondary diagnosis (Other Diagnosis 8).
MC844	DX9ID	Other Diagnosis 8 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 8 (MC049). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC050	DX10	Other Diagnosis 9	CHAR (5)	This field contains the ICD-9 diagnosis code for the ninth secondary diagnosis (Other Diagnosis 9).
MC845	DX10ID	Other Diagnosis 9 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 9 (MC050). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC051	DX11	Other Diagnosis 10	CHAR (5)	This field contains the ICD-9 diagnosis code for the tenth secondary diagnosis (Other Diagnosis 10).
MC846	DX11ID	Other Diagnosis 10 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 10 (MC051). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC052	DX12	Other Diagnosis 11	CHAR (5)	This field contains the ICD-9 diagnosis code for the eleventh secondary diagnosis (Other Diagnosis 11).

Table 58

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC847	DX12ID	Other Diagnosis 11 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 11 (MC052). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC053	DX13	Other Diagnosis 12	CHAR (5)	This field contains the ICD-9 diagnosis code for the twelfth secondary diagnosis (Other Diagnosis 12).
MC848	DX13ID	Other Diagnosis 12 Identification Number	CHAR (10)	This field contains the identification number for Other Diagnosis 12 (MC053). This field links to the diagnosis codes reference table using the ID element (DWDX801).
MC055	CPT	Procedure Code	CHAR (10)	This field contains the HCPCS or CPT code for the procedure performed. Many data reporters continue to use local codes. A separate local Procedure Code table (CPT) contains the non-standard values that are reported by the data reporters. These must be taken into consideration when selecting records for a specific type of procedure. The CPT_DIM reference file contains the code values and descriptions for all local CPT codes. It is recommended that the CPTID field (MC849) be used when linking to CPT_DIM. This is one of three medical claims fields used to report the type of service (see also Revenue Code (MC054) and ICD-9-CM Procedure Code (MC058)). This field links to the procedure file using the CPT Code element (DWCPT802).
MC849	CPTID	Procedure Code Identification Number	CHAR (10)	This field contains the Procedure Code Identification Number that links to the CPT_DIM reference file using the CPT Code ID element (DWCPT801).
MC054	REV	Revenue Code	CHAR (10)	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 element (DWREV801). This is one of three medical claims fields used to report type of service (see also Procedure Code (MC055) and ICD-9-CM Procedure Code (MC058)).

MC058 OP ICD-9-CM Procedure Code	CHAR (4)	This field is used to report the principal ICD-9-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)).
MC056 MOD1 Procedure Modifier 1	CHAR (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 MOD_DIM reference file using the CPT Modifier Code element (DWMOD801).

Table 59

MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC057 MOD2 Procedure Modifier 2	CHAR (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 MOD_DIM reference file using the CPT Modifier Code element (DWMOD801).
MC060 LDATE Date of Service – Through	DATE	This field contains the last date of service for this service line. In ASCII-formatted extracts, it is presented in a CCYYMMDD format. This field links to the date reference file using the DAY element (DWDT802).
MC823 LDATEID Through Date of Service ID Number	NUMBER (20)	This is the identification number for the Date of Service – Through element (MC060), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
MC061 QTY Quantity	NUMBER (3)	This field contains a count of services performed. This field may be negative and should be set equal to 1 on all observation bed service lines for this field. This field must be used with caution because the type of units may vary based upon the service performed. For example, one anesthesia unit may equal 10 minutes, while one ambulance transportation unit may equal 1 mile.
MC062 CHG Charge Amount	NUMBER (10,2)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.

MC063 TPAY Paid Amount	NUMBER (10,2)	This field includes all health plan payments, including withhold amounts, and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
MC064 PREPAID Prepaid Amount	NUMBER (10,2)	This 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. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
MC065 COPAY Copay Amount	NUMBER (10,2)	This 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). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (MC067). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.

Table 60

MEDICAL_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

MC066 COINS Coinsurance Amount	NUMBER (10,2)	This amount is 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 have been incurred. Not all carriers can distinguish between the mutually exclusive fields of Copay Amount (MC065) 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). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
MC067 DED Deductible Amount	NUMBER (10,2)	This is 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) and Coinsurance Amount (MC066). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
MC824 EDATE Warehouse Effective Date	DATE	This field contains the effective date for the consolidated data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.
MC825 AGE Age	NUMBER (3)	This field contains the age of the member as calculated during the encryption process as of the first date of service. Children under the age of 1 have an age of zero. If no date of birth is available, this field is null. This field links to the age reference file using the Identification Number element (DWA801).
MC801 IDN Identification Number	NUMBER (12)	This field uniquely identifies each record within the warehouse.

MC807 LOS Length of Stay	NUMBER (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). A one-day length of stay is reported if the patient was admitted and discharged on either the same day or the following day. This field is populated on the first claim line. If a claim has multiple records, the length of stay will be 0 on all but the first record for that stay.
MC833 IPDISCHARGE Inpatient Discharge Identifier	NUMBER (20)	This field is assigned as a value-added field to associate all claim lines for a given inpatient stay under one coded value. This field links to the DRG codes reference file using the Inpatient Discharge Identifier element (DWDR801).

Table 61

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC828	CLAIMTYPE	Claim Type	NUMBER (3)	This is a value-added field that sorts medical claims into Type of Setting or Type of Provider buckets. This field contains values of 0 to 8 and links to the CLAIMTYPE_DIM reference table's CODE element (DWCM801) to determine the appropriate label. Valid codes include: 1 Inpatient facility 2 Outpatient facility 3 Other facility 4..... Professional 5 Home/Ambulatory/DME 6..... Pharmacy 7 Other unclassified 8..... Undefined -1..... Not specified -2..... Not valid

MC822 USEFLAG Use Flag	NUMBER (3)	This field is used to identify records for reporting purposes. This field links to the USEFLAG_DIM reference table using the Use Flag Code element (DWUSE801). Valid codes include: 0..... Okay to use 1 Intra-payer duplicate 2 Inter-payer duplicate 3 Medicare 4..... Age 65+ 5 Reserved for internal use 6..... Claim paid as secondary 7 Denied claim 8..... Reserved for internal use 9..... Non-NH ZIP 22..... Indicates adjustment/reversal claim only; no other associated claim found
MC826 ER_FLAG ER Flag	CHAR (1)	This field is used to identify specific emergency room (ER) REV or Procedure codes within a claim. Valid codes include: Y..... ER REV or Procedure code found on claim line N..... No ER REV or Procedure code found on claim line This field is assigned as a value-added field and is set only on the specific claim line where an ER REV or Procedure code was found. To find true outpatient ER visits, select claim lines where this field is Y and the IPDISCHARGE field (MC833) is null.
MC068 PATACCT Patient Account Number	CHAR (20)	This is the Patient Account Number or control number assigned by the hospital to track this patient.

Table 62

MEDICAL_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
MC071	DRG	Submitted by Payer	CHAR (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.

MC072 DRG_VERSION Version of DRG Grouper Used	CHAR (2)	This field contains the version number of the grouper used to assign the DRG.
MC073 APC APC Submitted by Payer	CHAR (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.
MC074 APC_VERSION Version of APC Grouper Used	CHAR (2)	This field contains the version number of the grouper used.
MC075 NDC National Drug Code	CHAR (11)	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.

Table 63

MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMM801	ID	Identification Number	NUMBER (12)	This field is the primary identification number for each medical membership record.
DWMM802	PAYERID	Payer Identification Number	NUMBER (8)	This is the Payer Identification Number that links to the payers reference file using the Identification Number element (DWPAY801). Its source is ME001.
DWMM803	PRODUCT	Standardized Insurance Type / Product Code	CHAR (2)	This is the product identification number that links to the product codes reference file using the Product ID element (DWPR801). Its source is ME003.

DWMM804 MTIME Membership Year and Month	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.
DWMM805 PERIODID Period Identification Number	NUMBER (20)	This field links to the date reference file using the Identification Number element (DWDT801) for the member's membership period.
DWMM806 IGROUP Insured Group or Policy Number	CHAR (50)	The Insured Group or Policy Number is 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.

Table 64

MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMM807	XPLAN	Coverage Level Code	CHAR (3)	This field indicates the level of coverage as reported in ME007 and links to the coverage level reference table using the Coverage Level Code element (DWCVL801). 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 -2..... Not valid
DWMM808	CONTRACT	Plan-Specific Contract Number	CHAR (128)	This field contains the encrypted payer-assigned contract number for the subscriber. Its source is ME009.

DWMM809 SEQNO Member Suffix or Sequence Number	CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the MEMBER_DIM reference table's Encrypted Social Security Number element (DWMB803) or this table's Plan-Specific Contract Number element (DWMM808). Its source is ME010.
DWMM810 REL Individual Relationship to Subscriber	CHAR (2)	This is the relationship code identification number that links to the REL_DIM reference file using the Individual Relationship to Subscriber element (DWR801). Its source is ME012. Valid codes include: 01 Spouse 18..... Self/Employee 19..... Child 21..... Unknown 34..... Other Adult -1..... Not specified -2..... Not valid

Table 65

MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMM811 SEX Member Gender	CHAR (2)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801). Its source is ME013. Valid codes include: M..... Male F..... Female U..... Unknown -1..... Not specified -2..... Not valid
DWMM812 PATZIP Member ZIP Code	CHAR (11)	This field contains the member's ZIP code and links to the GEOGRAPHY_DIM reference table using the ZIP Code element (DWGEO802). Its source is ME017.
DWMM813 PATZIPID Member ZIP Code Identification Number	NUMBER (20)	This is the Member ZIP Code Identification Number that uniquely links to the GEOGRAPHY_DIM reference table using the Identification Code element (DWGEO801). The ZIP ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.

DWMM814 EDATE Warehouse Effective Date	DATE	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.
DWMM815 AGE Age	NUMBER (3)	This field contains the age of the member as calculated during the encryption process as of the first day of the membership month and links to the age reference file using the Identification Number element (DWA801).
DWMM816 MEMBERID Member Identification Number	NUMBER (20)	This field generally represents a unique individual and is linked to the members reference file using the MEMID element (DWMB802). This field should not be used to aggregate all records associated with a member.
DWMM817 HAS_MEDICAL_COVERAGE Medical Coverage Flag	CHAR (1)	This field indicates medical coverage; its source is ME018. Valid codes include: Y..... Yes N..... No
DWMM818 HAS_PHARMACY_COVERAGE Pharmacy Coverage Flag	CHAR (1)	This field indicates pharmacy coverage; its source is ME019. Valid codes include: Y..... Yes N..... No

Table 66

MEDICAL_MEMBERSHIP_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWMM821 USEFLAG Use Flag	NUMBER (3)	This field indicates the relationship of this membership record to other membership records for the same member and time period. This field links to the USEFLAG_DIM reference file using the Use Flag Code element (DWUSE801). Valid codes include: 0..... Okay to use 1 Intra-payer duplicate 2 Inter-payer duplicate 3 Medicare 4..... Age 65+ 5 Reserved for internal use 6..... Claim paid as secondary 7 Denied claim 8..... Reserved for internal use 9..... Non-NH ZIP 22..... Indicates adjustment/reversal claim only; no other associated claim found If two records have the same member identifiers, the same payer, and the same year and month of eligibility, one record will be flagged as an intra-payer duplicate and should not be used in counting member months. If a member has a membership record for full medical coverage and a membership record for a specific area of coverage (e.g., mental health and substance abuse), the specific coverage area record will be flagged as an inter-payer duplicate. In general, the inter-payer record should not be used when counting member months.
DWMM819 HAS_DENTAL_COVERAGE Dental Coverage Flag	CHAR (1)	This field indicates dental coverage; its source is ME020. Valid codes include: Y..... Yes N..... No
DWMM850 RACE1 Race 1	CHAR (6)	This field indicates race; its source is ME021. Valid codes include: R1American Indian/Alaskan Native R2Asian R3Black/African American R4.....Native Hawaiian or other Pacific Islander R5White R9.....Other race UNKNOW.....Unknown/Not specified -1.....Not specified - 2.....Not valid

Table 67
MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMM851	RACE2	Race 2	CHAR (6)	This field indicates race; its source is ME022. Valid codes include: R1American Indian/Alaskan Native R2Asian R3Black/African American R4.....Native Hawaiian or other Pacific Islander R5White R9.....Other race UNKNOW.....Unknown/Not specified -1.....Not specified - 2.....Not valid
DWMM855	HISPANIC	Hispanic Indicator	CHAR (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 68

MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWMM856 ETHNICITY1 Ethnicity 1

CHAR (6)

This field indicates ethnicity; its source is ME025. Valid codes include:
 2182-4.....Cuban 2184-0.....Dominican 2148-5.....Mexican,
 Mexican American, Chicano 2180-8Puerto Rican 2161-
 8.....Salvadoran 2155-0Central American (not otherwise
 specified) 2165-9.....South American (not otherwise specified) 2060-
 2.....African 2058-6.....African American AMERCNAmerican
 2028-9.....Asian 2029-7Asian Indian BRAZIL.....Brazilian
 2033-9.....Cambodian CVERDN.....Cape Verdean CARIBI
Caribbean Island 2034-7.....Chinese 2169-
 1.....Columbian 2108-9.....European 2036-2Filipino
 2157-6.....Guatemalan 2071-9Haitian 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 -
 2.....Not valid

Table 69

MEDICAL_MEMBERSHIP_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWMM857 ETHNICITY2 Ethnicity 2

CHAR (6)

This field indicates ethnicity; its source is ME026. Valid codes include:
 2182-4.....Cuban 2184-0.....Dominican 2148-5.....Mexican,
 Mexican American, Chicano 2180-8Puerto Rican 2161-
 8.....Salvadoran 2155-0Central American (not otherwise
 specified) 2165-9.....South American (not otherwise specified) 2060-
 2.....African 2058-6.....African American AMERCNAmerican
 2028-9.....Asian 2029-7Asian Indian BRAZIL.....Brazilian
 2033-9.....Cambodian CVERDN.....Cape Verdean CARIBI
Caribbean Island 2034-7.....Chinese 2169-
 1.....Columbian 2108-9.....European 2036-2Filipino
 2157-6.....Guatemalan 2071-9Haitian 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 -
 2.....Not valid

DWMM826 PRIMINSID Primary Insurance Indicator

CHAR (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

Table 70

MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME

TYPE (LENGTH)

DESCRIPTION

DWMM827 XTYPE Coverage Type

CHAR (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 identification number for each coverage type record and links to the COVERAGETYPE_DIM reference table using the Coverage Type Code element (DWCVT801). Valid codes include: ASW For self-funded plans that are administered 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 -2..... Not valid

DWMM831 MKTCATCDE Market Category Code

CHAR (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 conversation 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 GS4For 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 -2.....Not valid

Table 71

MEDICAL_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWMM860 SCOV Special Coverage	CHAR (3)	This field is the Special Coverage code; its source is ME031. Valid codes include: 0.....Not applicable, member not enrolled in a special coverage plan 1Yes, member enrolled in a HealthFirst plan - 1.....Not specified -2.....Not valid
DWMM824 GRPNM Group Name	CHAR (128)	This is the name of the group that covers the member. If the member is part of a group of one or part of a nongroup policy (i.e., when the Market Category Code (DWMM831) is coded as IND, GCV, or GS1), this field will be null. Its source is ME032.

Table 72

MEMBER_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMB801	ID	Identification Number	NUMBER (20)	This field is the primary Identification Number for each member and links to the MEMBERID data elements in dental claims (DC811), dental membership (DWDM816), medical claims (MC811), medical membership (DWMM816), pharmacy claims (PC811), and pharmacy membership (DWPM816).
DWMB802	MEMID	Member Identification Number	CHAR (500)	This is the unique Member Identification Number code assigned by Onpoint CDM and can be used to aggregate all records associated with a member.
DWMB803	ESSN	Encrypted Social Security Number	CHAR (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, DC007, MC007, and PC007.

DWMB804 MEMSSN Member Social Security Number	CHAR (200)	This field is used to record the member's Social Security number when available. If the member is the subscriber, this field contains the same value as the Encrypted Social Security Number (DWMB803). If the member is not the subscriber, this field will not contain that same value. Its sources are ME011, DC010, MC010, and PC010.
DWMB805 DOB Member Date of Birth	DATE	This is the member's date of birth. Its sources are ME014, DC013, MC013, and PC013.
DWMB806 SEX Member Gender	CHAR (1)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801).
DWMB811 SUBSLNAME Subscriber's Last Name	CHAR (128)	This field is the encrypted last name of the subscriber. Its sources are ME101, DC101, MC101, and PC101.
DWMB812 SUBSFNAME Subscriber's First Name	CHAR (128)	This field is the encrypted first name of the subscriber. Its sources are ME102, DC102, MC102, and PC102.

Table 73

MEMBER_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMB813	SUBSMI	Subscriber's Middle Initial	CHAR (128)	This field is the encrypted middle initial of the subscriber. Its sources are ME103, DC103, MC103, and PC103.
DWMB814	MEMSLNAME	Member's Last Name	CHAR (128)	This field is the encrypted last name of the member. Its sources are ME104, DC104, MC104, and PC104.
DWMB815	MEMSFNAME	Member's First Name	CHAR (128)	This field is the encrypted first name of the member. Its sources are ME105, DC105, MC105, and PC105.
DWMB816	MEMSMI	Member's Middle Initial	CHAR (128)	This field is the encrypted middle initial of the member. Its sources are ME106, DC106, MC106, and PC106.

Table 74

NEWPR_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWNP801	CODE	New Prescription Code	CHAR (2)	This field is used to link to the pharmacy claims data using the New Prescription Code element (PC028). It is the primary identification number for each New Prescription type record.
DWNP802	DESCRIPTION	New Prescription Code Description	CHAR (25)	This field contains the description of the New Prescription Code (DWNP801).

Table 75

MHICSP_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWMSP801	MHICSP	Onpoint Specialty Code	CHAR (4)	This field contains the Onpoint Specialty Code assigned through the provider linkage process. Its source is the service provider specialty code (MC032) submitted by the payer. This field links to the Onpoint Specialty Code elements (MHICSP) in the dental provider detail (DWDPRD815), provider detail (DWDPS815), and provider master (DWPRS811) data.
DWMSP802	DESCRIPTION	Onpoint Specialty Code Description	CHAR (41)	This field contains the description of the Onpoint Specialty Code (DWMSP801).

Table 76

PAYER_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPAY801	ID	Identification Number	NUMBER (8)	This field is used to link to the PAYERID data elements in dental claims (DC810), dental membership (DWDM802), medical claims (MC810), medical membership (DWMM802), pharmacy claims (PC803) and pharmacy membership (DWPM802). It is the primary identification number for each dental claims, medical claims, pharmacy claims, and membership record.

DWPAY802 PAYERCODE Payer Code	CHAR (20)	This field contains the data reporter code for the payer or data reporter submitting payments; its sources are ME001, DC001, MC001, and PC001. The first two characters indicate the data collection state and the third character indicates the type of data reporter: NHC..... Commercial data reporter 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. Note that due to administrative relationships between payers, it is possible that one or more payers are responsible for submitting membership data that apply to a single submission of medical claims. The use of Payer Code alone may not be sufficient to identify all claims and membership data associated with that payer. This field is primarily used for tracking compliance by payer or data reporter.
-------------------------------	-----------	---

DWPAY803 COMPANY Company	CHAR (100)	This field contains the company name of the payer or data reporter.
DWPAY804 ADDRESS Company Address	CHAR (255)	This field contains the street address portion of the payer's or data reporter's company address.
DWPAY805 CITY Company City	CHAR (100)	This field contains the city portion of the company address.

Table 77

PAYER_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPAY806	STATE	Company State	CHAR (100)	This field contains the state portion of the company address and uses the two-character state abbreviation as defined by the US Postal Service.
DWPAY807	ZIP	Company ZIP Code	CHAR (11)	This field contains the ZIP code of the company address.

DWPAY808 FILETYPES File Types

CHAR (10)

This field contains the type of data submitted by the payer. Valid codes include: e Membership (Eligibility/Enrollment) m..... Medical p..... Pharmacy c..... CAHPS h..... HEDIS When a payer submits more than one type, the types are concatenated. E.g., “emphc” means the carrier submits all five file types.

Table 78

PHARMACY_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPID801	PHARMID	Pharmacy ID Number	NUMBER (20)	This field is used to link to the pharmacy claims data element PHARMID (PC812). It is the primary identification number for each Pharmacy ID type record.
DWPID802	PAYERCODE	Payer Code	CHAR (8)	This field is used to link to the payers reference file using the Payer Code element (DWPAY802).
DWPID803	DPCID	Unique Pharmacy ID Number	NUMBER (12)	This field contains the unique pharmacy identifier that crosses all payers.
DWPID804	PHARM	Pharmacy Number	CHAR (40)	This field is the payer-assigned Pharmacy Number; its source is PC018.
DWPID805	PHARMTAX	Pharmacy Tax ID Number	CHAR (100)	This field is the federal taxpayer’s identification number from the pharmacy claims data field PC019. If the individual retail Pharmacy Tax ID Number is not available, this field contains the pharmacy chain’s tax ID number.
DWPID806	PHARMNM	Pharmacy Name	CHAR (100)	This field contains the name of the pharmacy; its source is PC020.
DWPID807	NPHARM	National Pharmacy ID Number	CHAR (20)	This field contains the National Pharmacy ID Number; its source is PC021.
DWPID808	PHARMCITY	Pharmacy City	CHAR (30)	This field is the name of the city in which the pharmacy is located; its source is PC022.

DWPID809 PHARMST Pharmacy State

CHAR (2)

This field is the pharmacy location's two-character state abbreviation as defined by the US Postal Service; its source is PC023.

Table 79

PHARMACY_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME

TYPE (LENGTH)

DESCRIPTION

DWPID810 PHARMZIP Pharmacy ZIP Code

CHAR (11)

This is the ZIP code of the pharmacy location and may include non-US codes; its source is PC024.

DWPID811 COUNTRY Pharmacy Country

CHAR (10)

This field contains the country of the pharmacy location; its source is PC024A.

Table 80

PHARMACY_DETAIL_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME

TYPE (LENGTH)

DESCRIPTION

PC803 PAYERID Payer Identification Number

NUMBER (8)

This is the Payer Identification Number that links to the payers reference file's Identification Number element (DWPAY801). Its source is PC001.

PC002 NPLAN National Plan ID

CHAR (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 Identification Number (PC803).

PC802 PRODUCT Standardized Insurance Type / Product Code	CHAR (2)	This is the product identification number that links to the product codes reference file using the Product ID element (DWPR801); its source is PC003. Valid codes include: 12..... Preferred Provider Organization (PPO) 13..... Point of Service (POS) 14..... Exclusive Provider Organization (EPO) 15..... Indemnity insurance 16..... Health Maintenance Organization (HMO) Medicare Advantage AM..... Automobile Medical DS..... Disability HM..... Health Maintenance Organization LI..... Liability LM..... Liability Medical MA..... Medicare Part A MB Medicare Part B MD..... Medicare Part D MC Medicaid OF..... Other federal program (e.g., Black Lung) TV..... Title V VA..... Veterans Administration Plan WC Workers' compensation -1..... Not specified -2..... Not valid
--	----------	--

Table 81

PHARMACY_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
PC811	MEMBERID	Member ID Number	NUMBER (20)	This field generally represents a unique individual and is linked to the members reference file using the MEMID element (DWMB802). This field should not be used to aggregate all records associated with a member.
PC004	CLAIM	Payer Claim Control Number	CHAR (35)	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. This must apply to the entire claim and be unique within the payer's system. The Payer Claim Control Number should not be considered unique across payers. This field is not edited.

PC005 LINE Line Counter	NUMBER (5)	This field contains the line number for this service. The Line Counter begins with 1 and is incremented by 1 for each additional service line of a claim.
PC806 IGROUP Insured Group or Policy Number	CHAR (50)	The Insured Group or Policy Number is 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.
PC008 CONTRACT Plan-Specific Contract Number	CHAR (128)	This field contains the encrypted, payer-assigned contract number for the subscriber. Its source is ME009.
PC009 SEQNO Member Suffix or Sequence Number	CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the CONTRACT element (PC008) in pharmacy claims.

Table 82

PHARMACY_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
PC011	REL	Individual Relationship to Subscriber	CHAR (2)	This is the Individual Relationship to Subscriber code identification number, which links to the REL_DIM reference file using DWR801. Valid codes include: 01 Spouse 04..... Grandfather or grandmother 05 Grandson or granddaughter 07..... Nephew or niece 10 Foster child 15..... Ward 17..... Stepson or stepdaughter 19..... Child 20..... Employee/Self 21..... Unknown 22..... Handicapped dependent 23..... Sponsored dependent 24..... Dependent of a minor dependent 29..... Significant other 32..... Mother 33..... Father 36..... Emancipated minor 39..... Organ donor 40..... Cadaver donor 41..... Injured plaintiff 43..... Child where insured has no financial responsibility 53..... Life partner 76..... Dependent -1..... Not specified -2..... Not valid

PC805 SEX Member Gender	CHAR (2)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801). Valid codes include: M..... Male F..... Female U..... Unknown -1..... Not specified -2..... Not valid
PC016 PATZIP Member ZIP Code	CHAR (11)	This field contains the member's ZIP code. This field links to the GEOGRAPHY_DIM reference file using the ZIP Code element (DWGEO802).

Table 83

PHARMACY_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
PC807	PATZIPID	Member ZIP Code ID Number	NUMBER (20)	This is the ZIP Code Identification Number, which uniquely links to the GEOGRAPHY_DIM reference file using the Identification Code element (DWGEO801). The ZIP ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
PC808	EARLIEST_PDATE	First Paid Date	DATE	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 PC017. The field format is YYYYMMDD.
PC809	LATEST_PDATE	Last Paid Date	DATE	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. Its source is PC017. The field format is YYYYMMDD.
PC810	EARLIEST_PDATEID	First Paid Date ID Number	NUMBER (20)	This is the identification number for the First Paid Date (PC808), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.

PC817 LATEST_PDATEID Last Paid Date ID Number	NUMBER (2)	This is the identification number for the Last Paid Date (PC809), which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
PC812 PHARMID Pharmacy ID Number	NUMBER (20)	This is the provider identification number that links to the pharmacy reference file using the Pharmacy ID Number element (DWPID801). This field cannot be used to aggregate all claims associated with a pharmacy. There has been no linkage activity associated with pharmacies.
PC025 STATUS Claim Status	NUMBER (2)	This field contains the status of the claim as reported by the payer. 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. This field links to STATUS_DIM reference file using the Claim Status Code element (DWCS801). 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 -2..... Not valid

Table 84
PHARMACY_DETAIL_YYYY

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

PC026 NDC National Drug Code	CHAR (11)	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.
PC027 DRUGNM Drug Name	CHAR (80)	This field contains the text name of drug as supplied by the data reporter.
PC028 NEWPR New Prescription or Refill	CHAR (2)	This field can be used to determine if this is a new prescription. This field links to the New Prescription Code file using the New Prescription Code element (DWNP801). Acceptable values are: 00..... New prescription 01-99..... Number of refill(s) Note that a value of 01 should be used for all refills if the specific number of the prescription refill is not available.
PC029 GENRX Generic Drug Indicator	CHAR (2)	This field indicates whether the drug is a branded drug or a generic drug. This field links to the GENDRUG_DIM reference file using the Generic Drug Code element (DWGD801). Valid codes include: N..... No, branded drug Y..... Yes, generic drug -1..... Not specified -2..... Not valid / Incorrectly coded

Table 85

PHARMACY_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

PC030 DAW Dispense as Written Code	NUMBER (5)	This field indicates the instructions given to the pharmacist for filling the prescription. This field links to the DAW_DIM reference file using the Dispense as Written Code element (DWDAW801). 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 -2..... Not valid
PC031 COMPOUND Compound Drug Indicator	CHAR (2)	This field indicates if this is a compound drug and links to the COMPDRUG_DIM reference file using the Compound Drug Code element (DWCD801). Valid codes include: N..... Non-compound drug Y..... Compound drug U..... Unspecified drug compound - 1..... Not specified -2..... Not valid
PC032 FDATE Date Prescription Filled	DATE	This field contains the date the prescription was filled. In ASCII-formatted extracts, it is presented in a CCYYMMDD format. This field links to the date reference file using the DAY element (DWDT802).
PC813 FDATEID Date Filled ID Number	NUMBER (20)	This is the prescription’s Date Filled Identification Number, which uniquely links to the date reference file using the Identification Number element (DWDT801). The date ID field was created for efficient processing of large data sets. Use this field if you need to report by quarter, day of week, etc.
PC033 QTY Quantity Dispensed	NUMBER (5)	This field contains the total unit dosage. This field may contain a negative value.
PC034 DAYS Days Supply	NUMBER (3)	This field contains the actual Days Supply for the prescription based on the Quantity Dispensed element (PC033). This field may contain a negative value.

Table 86

PHARMACY_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
PC035	CHG	Charge Amount	NUMBER (10,2)	This field contains the gross amount due (total charges) for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
PC036	TPAY	Paid Amount	NUMBER (10,2)	This field includes all health plan payments and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
PC037	INGRED	Ingredient Cost / List Price	NUMBER (10,2)	This field contains the cost of the drug that was dispensed as reported by the payer. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
PC038	POSTAGE	Postage Amount Claimed	NUMBER (10,2)	This field contains the postage amount included in the charges. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
PC039	DISPFEE	Dispensing Fee	NUMBER (10,2)	This field contains the amount charged for dispensing. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.

PC040 COPAY Copay Amount	NUMBER (10,2)	This field contains the preset, fixed dollar amount payable by a member, often on a per-visit/-service basis. Not all payers can distinguish between the mutually exclusive fields of Copay Amount and Coinsurance Amount (PC041). To determine the total out-of-pocket/member responsibility for this service, you must sum these two fields with Deductible Amount (PC042). To determine the total out-of-pocket/member responsibility for this service, you must sum all three fields. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
PC041 COINS Coinsurance Amount	NUMBER (10,2)	This amount is paid by the member and reflects the percentage 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 have been incurred. Not all payers can distinguish between the mutually exclusive fields of Copay Amount (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 (PC042). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.
PC042 DED Deductible Amount	NUMBER (10,2)	This is 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 healthcare 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 (PC040) and Coinsurance Amount (PC041). This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.

Table 87

PHARMACY_DETAIL_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
PC814	EDATE	Date of Entry	DATE	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.
PC815	AGE	Member Age	NUMBER (3)	This field contains the member's age in years as calculated during the encryption process as of the date the prescription was filled. Children under the age of 1 have an age of zero. If no date of birth is available, this field is null. This field links to the age reference file using the Identification Number element (DWA801).
PC821	IDN	Identification Number	NUMBER (12)	This field uniquely identifies the record within the warehouse.
PC822	USEFLAG	Use Flag	NUMBER (3)	This field is used to identify records for reporting purposes. This field links to the USEFLAG_DIM reference table using the Use Flag Code element (DWUSE801). Valid codes include: 0..... Okay to use 1 Intra-payer duplicate 2 Inter-payer duplicate 3 Medicare 4..... Age 65+ 5 Reserved for internal use 6..... Claim paid as secondary 7 Denied claim 8..... Reserved for internal use 9..... Non-NH ZIP 22..... Indicates adjustment/reversal claim only; no other associated claim found
PC823	THIRTY_DAY_EQUIV	Thirty Day Equivalency	NUMBER (3)	This field is used to indicate the number of thirty day equivalencies associated with this prescription. It is based upon the Days Supply field (PC034).
PC835	DEA_PRVIDN	DEA Provider ID Number	NUMBER (20)	This is the DEA Provider ID Number that links to the Provider Detail file using DWDP801. This field cannot be used to aggregate all claims associated with a provider. Its sources are PC044, PC045, PC046, and PC047.

Table 88

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPM801	ID	Identification Number	NUMBER (12)	This field is the primary Identification Number for each pharmacy membership type record.
DWPM802	PAYERID	Payer Identification Number	NUMBER (8)	This is the Payer Identification Number that links to the payers reference file using the Identification Number element (DWPAY801). Its source is ME001.
DWPM803	PRODUCT	Standardized Insurance Type / Product Code	CHAR (2)	This is the product identification number that links to the product codes reference file using the Product ID element (DWPR801). Its source is ME003.
DWPM804	MTIME	Membership Year and Month	NUMBER (6)	This field combines YEAR (ME004) and MONTH (ME005) into a single field with a format of YYYYMM.
DWPM805	PERIODID	Period Identification Number	NUMBER (20)	This field links to the date reference file using the Identification Number element (DWDT801) for the membership year and month.
DWPM806	IGROUP	Insured Group or Policy Number	CHAR (50)	The Insured Group or Policy Number is 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.

Table 89

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWPM807 XPLAN Coverage Level Code	CHAR (3)	This field indicates the level of coverage as reported in ME007 and links to the coverage level reference table using the Coverage Level Code element (DWCVL801). 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 -2..... Not valid
DWPM808 CONTRACT Plan-Specific Contract Number	CHAR (128)	This field contains the encrypted, payer-assigned contract number for the subscriber. Its source is ME009.
DWPM809 SEQNO Member Suffix or Sequence Number	CHAR (20)	This payer-supplied code uniquely identifies the member within the context of the subscriber's encrypted Social Security number or the Plan-Specific Contract Number (DWPM808). Its source is ME010.
DWPM810 REL Individual Relationship to Subscriber	CHAR (2)	This is the relationship code identification number that links to the REL_DIM reference file using the Individual Relationship to Subscriber element (DWR801). Its source is ME012. Valid codes include: 01 Spouse 18..... Self/Employee 19..... Child 21..... Unknown 34..... Other Adult -1..... Not specified -2..... Not valid

Table 90

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWPM811 SEX Member Gender	CHAR (1)	This is the Member Gender code that links to the gender reference table using the Gender Code element (DWG801). Its source is ME013. Valid codes include: M..... Male F..... Female U..... Unknown -1..... Not specified -2..... Not valid
DWPM812 PATZIP Member ZIP Code	CHAR (11)	This field contains the member's ZIP code. This field links to the GEOGRAPHY_DIM reference file using the ZIP Code element (DWGEO802). Its source is ME017.
DWPM813 PATZIPID Member ZIP Code Identification Number	NUMBER (20)	This is the ZIP Code Identification Number, which uniquely links to the GEOGRAPHY_DIM reference file using the Identification Code element (DWGEO801). The ZIP ID field was created for efficient processing of large data sets. Use this field when reporting by geographic area.
DWPM814 EDATE Warehouse Effective Date	DATE	This field contains the effective date for the data warehouse. All records within this table will contain the same date corresponding to the version of the warehouse. The format is YYYYMMDD.
DWPM815 AGE Age	NUMBER (3)	This field contains the age of the member as calculated by the encryption process as of the first day of the membership month and links to the age reference file using the Identification Number element (DWA801).
DWPM816 MEMBERID Member Identification Number	NUMBER (20)	This field generally represents a unique individual and is linked to the members reference file using the MEMID element (DWMB802). This field should not be used to aggregate all records associated with a member.
DWPM817 HAS_MEDICAL_COVERAGE Medical Coverage Flag	CHAR (1)	This field indicates medical coverage; its source is ME018. Valid codes include: Y..... Yes N..... No
DWPM818 HAS_PHARMACY_COVERAGE Pharmacy Coverage Flag	CHAR (1)	This field indicates pharmacy coverage; its source is ME019. Valid codes include: Y..... Yes N..... No

Table 91
PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPM821	USEFLAG	Use Flag	NUMBER (3)	This field is used to identify records for reporting purposes. This field links to the USEFLAG_DIM reference table using the Use Flag Code element (DWUSE801). Valid codes include: 0..... Okay to use 1 Intra-payer duplicate 2 Inter-payer duplicate 3 Medicare 4..... Age 65+ 5 Reserved for internal use 6..... Claim paid as secondary 7 Denied claim 8..... Reserved for internal use 9..... Non-NH ZIP 22..... Indicates adjustment/reversal claim only; no other associated claim found If two records have the same member identifiers, the same payer, and the same year and month of eligibility, one record will be flagged as an intra-payer duplicate and should not be used in counting member months. If a member has a membership record for full medical coverage and a membership record for a specific area of coverage (e.g., mental health and substance abuse), the specific coverage area record will be flagged as an inter-payer duplicate. In general, the inter-payer record should not be used when counting member months.
DWPM819	HAS_DENTAL_COVERAGE	Dental Coverage Flag	CHAR (1)	This field indicates dental coverage; its source is ME022. Valid codes include: Y..... Yes N..... No
DWPM850	RACE1	Race 1	CHAR (6)	This field indicates race; its source is ME020. Valid codes include: R1American Indian/Alaskan Native R2Asian R3Black/African American R4.....Native Hawaiian or other Pacific Islander R5White R9.....Other race UNKNOW.....Unknown/Not specified -1.....Not specified - 2.....Not valid

Table 92

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPM851	RACE2	Race 2	CHAR (6)	This field indicates race; its source is ME021. Valid codes include: R1American Indian/Alaskan Native R2Asian R3Black/African American R4.....Native Hawaiian or other Pacific Islander R5White R9.....Other race UNKNOW.....Unknown/Not specified -1.....Not specified -2.....Not valid
DWPM855	HISPANIC	Hispanic Indicator	CHAR (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 93

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWPM856 ETHNICITY1 Ethnicity 1

CHAR (6)

This field indicates ethnicity; its source is ME025. Valid codes include:
 2182-4.....Cuban 2184-0.....Dominican 2148-5.....Mexican,
 Mexican American, Chicano 2180-8Puerto Rican 2161-
 8.....Salvadoran 2155-0Central American (not otherwise
 specified) 2165-9.....South American (not otherwise specified) 2060-
 2.....African 2058-6.....African American AMERCNAmerican
 2028-9.....Asian 2029-7Asian Indian BRAZIL.....Brazilian
 2033-9.....Cambodian CVERDN.....Cape Verdean CARIBI
Caribbean Island 2034-7.....Chinese 2169-
 1.....Columbian 2108-9.....European 2036-2Filipino
 2157-6.....Guatemalan 2071-9Haitian 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 -
 2.....Not valid

Table 94

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWPM857 ETHNICITY2 Ethnicity 2

CHAR (6)

This field indicates ethnicity; its source is ME026. Valid codes include:
 2182-4.....Cuban 2184-0.....Dominican 2148-5.....Mexican,
 Mexican American, Chicano 2180-8Puerto Rican 2161-
 8.....Salvadoran 2155-0Central American (not otherwise
 specified) 2165-9.....South American (not otherwise specified) 2060-
 2.....African 2058-6.....African American AMERCNAmerican
 2028-9.....Asian 2029-7Asian Indian BRAZIL.....Brazilian
 2033-9.....Cambodian CVERDN.....Cape Verdean CARIBI
Caribbean Island 2034-7.....Chinese 2169-
 1.....Columbian 2108-9.....European 2036-2Filipino
 2157-6.....Guatemalan 2071-9Haitian 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 -
 2.....Not valid

DWPM826 PRIMINSID Primary Insurance Indicator

CHAR (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

Table 95

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER ELEMENT NAME COMMON NAME

TYPE (LENGTH)

DESCRIPTION

DWPM827 XTYPE Coverage Type

CHAR (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 identification number for each coverage type record and links to the COVERAGETYPE_DIM reference table using the Coverage Type Code element (DWCVT801). Valid codes include: ASW For self-funded plans that are administered 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 -2..... Not valid

DWPM831 MKTCATCDE Market Category Code

CHAR (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 conversation 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 GS4For 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 -2.....Not valid

Table 96

PHARMACY_MEMBERSHIP_yyyy

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWPM860 SCOV Special Coverage	CHAR (3)	This field is the Special Coverage code; its source is ME031. Valid codes include: 0.....Not applicable, member not enrolled in a special coverage plan 1Yes, member enrolled in a HealthFirst plan - 1.....Not specified -2.....Not valid
DWPM824 GRPNM Group Name	CHAR (128)	This is the name of the group that covers the member. If the member is part of a group of one or part of a nongroup policy (i.e., when the Market Category Code (DWPM831) is coded as IND, GCV, or GS1), this field will be null. Its source is ME032.

Table 97

PRODUCT_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPR801 ID Product ID	CHAR (2)	This field is used to link to the PRODUCT element in dental claims (DC802), dental membership (DWDM803), medical claims (MC802), medical membership (DWMM803), pharmacy claims (PC802), and pharmacy membership (DWPM803). It is the primary identification number for each product record.
DWPR802 LONG_DESCRIPTION Product ID Long Description	CHAR (100)	This field contains the description of the Product ID (DWPR801).
DWPR803 SHORT_DESCRIPTION Product ID Short Description	CHAR (10)	This field contains a short description of the Product ID (DWPR801).
DWPR804 STANDARD_GROUP Product Grouping for Standard Reports	CHAR (2)	This field contains the grouping that is used for the summarization of data by product in the standard reports.
DWPR805 STANDARD_GROUP_DESCRIPTION Product Grouping for Standard Reports Description	CHAR (100)	This field contains the label associated with the STANDARD_GROUP element (DWPR804).

Table 98

PROVIDER_DTL_DIM

ELEMENT NUMBER ELEMENT NAME COMMON NAME	TYPE (LENGTH)	DESCRIPTION
---	---------------	-------------

DWDPS801 PRVIDN Provider ID Number	NUMBER (12)	This field is used to link to the medical claims data element PRVIDN (MC809). It is the primary identification number for each PROVIDER_DTL_DIM record.
DWDPS802 PAYERCODE Payer Code	CHAR (8)	This field contains the data reporter code for the payer or data reporter submitting payments and links to the payers reference file using DWPAY802. The first two characters indicate the data collection state and the third character indicates the type of data reporter: NHC..... Commercial data reporter 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.
DWDPS803 PRV Service Provider Number	CHAR (30)	This is the provider/physician number assigned by the payer. Its sources are MC024 and MC030 in the medical claims data and PC046 and PC047 in the pharmacy claims data.
DWDPS804 PRVTAXID Service Provider Tax ID Number	CHAR (100)	This field contains the provider's tax identification number. For an individual, this code is often the Social Security number. Its source is MC025 in the medical claims data.
DWDPS805 PRVTYPE Service Provider Entity Type Qualifier	CHAR (1)	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
DWDPS806 PRVFNAM Provider First Name	CHAR (25)	This field contains the first name of the provider/physician. If the provider is a facility, this field will be blank. Its sources are MC028, PC044, PC835, and DWDPS803.

Table 99
PROVIDER_DTL_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDPS807	PRVMNAME	Provider Middle Name	CHAR (25)	This field contains the middle name of the provider/physician. If the provider is a facility, this field will be blank. Its sources are MC029, PC045, PC835, and DWDPS803.
DWDPS808	PRVLNAME	Organization Name or Provider Last Name	CHAR (100)	This field contains the last name of the provider/physician. If the provider is a facility, this field will be blank. Its sources are MC030, PC046, PC835, and DWDPS803.
DWDPS809	PRVSUFFIX	Provider Suffix	CHAR (10)	This field contains the generational suffix for the individual. Its source is MC031 in the medical claims data. When populated, this field often contains the generational identifier (e.g., JR, SR, III), the credentials (e.g., MD, DO, DC), or the suffix to the Provider Tax ID Number (DWDPS804).
DWDPS810	PRVSPEC	Provider Specialty Code	CHAR (50)	This is the Provider Specialty Code that is submitted by the payer. This field links to the provider specialty reference table's Provider Specialty Code (DWSP802). However, when linking to DWSP802, you also must link to PRVSPEC_DIM's Payer Code element (DWSP801) via PROVIDER_DTL_DIM's Payer Code element (DWDPS802) because two payers may use the same specialty code with different meanings.
DWDPS811	PRVCITY	Provider City	CHAR (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.
DWDPS812	PRVST	Provider State	CHAR (2)	This field contains the two-character state abbreviation of the provider as defined by the US Postal Service. Its source is MC034 in the medical claims data.
DWDPS813	PRVZIP	Provider ZIP Code	CHAR (5)	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 (DWGEO802). Its source is MC035 in the medical claims data. Note that although the provider location is requested, this field can be populated with the ZIP code of the billing location.

DWDP814 DPCID Unique Provider ID Number	NUMBER (12)	This field is the primary identification number for each medical service provider record and links to the provider master reference file using the Unique Provider ID Number element (DWPRS801).
DWDP815 MHICSP Onpoint Specialty Code	CHAR (4)	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. A single DPCID will have only one Onpoint Specialty Code. This field links to the MHICSP_DIM table's Onpoint Specialty Code element (DWMSP801).
DWDP816 TAXONOMY Taxonomy Code	CHAR (100)	This is a CMS-defined Specialty Coding System value. This value is determined by cross-referencing the carrier's specialty code to an Onpoint specialty code, then cross-referencing to the TAXONOMY code reference table, which is a non-releasable table that can be purchased from CMS for a nominal fee.

Table 100

PROVIDER_DTL_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWDP817	INDIVIDUAL	Individual Practitioner Flag	NUMBER (1)	This field is used to determine if this is the name of an individual or the name of a group or facility. Valid codes include: 0..... Group or facility 1 Individual
DWDP818	NPI	National Provider ID Number	CHAR (100)	This field contains the National Provider Identification Number used by CMS. Its source is MC026.
DWDP819	COUNTRY	Provider Country	CHAR (10)	This field contains the country of the provider practice location. It is derived from MC070 in the medical claims data.

Table 101

PROVIDER_HDR_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWPRS801	DPCID	Unique Provider ID Number	NUMBER (12)	This field is used to link to the Provider ID Number element (DWDP814) in the provider detail reference table. It is the primary identification number for each medical service provider record and is used to identify all records associated with a single provider across payers and data reporters.
DWPRS802	PRVTAXID	Provider Tax ID Number	CHAR (255)	This field contains the provider's tax identification number. For an individual, this code is often the Social Security number. Its source is MC025 in the medical claims data.
DWPRS803	FACILITY_NAME	Service Provider Facility Name	CHAR (255)	This field contains the service provider's facility name if the provider has been identified as a non-person entity.
DWPRS804	FACILITY_CODE	Facility Code	CHAR (255)	This field contains the identified hospital facility code if the provider has been identified as a hospital.
DWPRS805	PRVFNAM	Provider First Name	CHAR (255)	This field contains the first name of the practitioner. If the provider is a facility, this field will be blank. Its source is MC028 in the medical claims data.
DWPRS806	PRVMNAM	Provider Middle Name	CHAR (255)	This field contains the practitioner's middle name or initial. Its source is MC029 in the medical claims data.
DWPRS807	PRVLNAM	Provider Last Name	CHAR (255)	This field contains the full name of provider organization or last name of individual provider. Its source is MC030 in the medical claims data.
DWPRS808	PRVSUFFIX	Provider Suffix	CHAR (255)	This field contains the generational suffix for the individual. Its source is MC031 in the medical claims data. When populated, this field often contains the generational identifier (e.g., JR, SR, III), the credentials (e.g., MD, DO, DC), or the suffix to the Provider Tax ID Number (DWPRS802).
DWPRS809	PRVTITLE	Provider Title	CHAR (255)	This field contains the professional title of the individual.

Table 102

PROVIDER_HDR_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
----------------	--------------	-------------	---------------	-------------

DWPRS810 PRVST Provider State	CHAR (255)	This is the two-character state abbreviation as defined by the US Postal Service. Its source is MC034 in the medical claims data.
DWPRS811 MHICSP Onpoint Specialty Code	CHAR (4)	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. A single DPCID will have only one Onpoint Specialty Code. This field links to the MHICSP_DIM reference table's Onpoint Specialty Code element (DWMSP801).
DWPRS813 NPI National Provider ID Number	CHAR (100)	This field contains the National Provider ID Number used by CMS.

Table 103

PRVSPEC_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWSP801	PAYERCODE	Payer Code	CHAR (20)	This field contains the submitter code for the payer submitting payments as reported in MC001 and links to the payers reference file using the Payer Code element (DWPAY802). The first two characters indicate the data collection state and the third character indicates the type of submitter: NHC..... Commercial data reporter 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.
DWSP802	PRVSPEC	Provider Specialty Code	CHAR (50)	This field contains the specialty code submitted by the payer. Its source is MC032.
DWSP803	DESCRIPTION	Provider Specialty Code Description	CHAR (100)	This field contains the description of the Provider Specialty Code (DWSP802) as submitted by the payer.

Table 104

REL_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWR801	CODE	Individual Relationship to Subscriber	CHAR (2)	This field is used to link to the Individual Relationship to Subscriber elements in dental claims (DC011), dental membership (DWDM810), medical claims (MC011), medical membership (DWMM810), pharmacy claims (PC011), and pharmacy membership (DWPM810).
DWR802	DESCRIPTION	Relationship Code Description	CHAR (50)	This field contains the description of the member's Individual Relationship to Subscriber (DWR801).

Table 105

REV_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWREV801	CODE	Revenue Code	CHAR (4)	This field is used to link to the Revenue Code element (MC054) in the medical claims tables.
DWREV802	DESCRIPTION	Revenue Code Description	CHAR (37)	This field contains the description of the Revenue Code (DWREV801).

Table 106

FACTYPE_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWFT801	CODE	Service Site Code	CHAR (2)	This field is used to link to the SVCSITE data element in dental claims (DC030) and medical claims (MC037). It is the primary identification number for each Service Site record.
DWFT802	DESCRIPTION	Service Site Code Description	CHAR (75)	This field contains the description of the Service Site Code (DWFT801).

Table 107

USEFLAG_DIM

ELEMENT NUMBER	ELEMENT NAME	COMMON NAME	TYPE (LENGTH)	DESCRIPTION
DWUSE801	CODE	Use Flag Code	CHAR (2)	This field is used to link to the USEFLAG elements in dental claims (DC822), dental membership (DWDM821), medical claims (MC822), medical membership (DWMM821), pharmacy claims (PC822), and pharmacy membership (DWPM821). It is the primary identification number for each USEFLAG record.
DWUSE802	DESCRIPTION	Use Flag Code Description	CHAR (100)	This field contains the description of the Use Flag Code (DWUSE801).
DWUSE803	STD_REPORT	Use in Standard Reports	CHAR (3)	This field indicates if the record is to be used in the creation of standard reports. Valid codes are YES and NO.
DWUSE804	FULL_NH	Use in Full New Hampshire Reporting	CHAR (3)	This field indicates if the record is to be used when reporting on the full New Hampshire database. Valid codes are YES and NO.

Table 108

TABLE COMMON NAME

TABLE COMMON NAME	TABLE ORACLE NAME	ELEMENT PREFIX
Admission Source	ADMITSOURCE_DIM	DWAS
Admission Type	ADMITTYPE_DIM	DWAT
Age	AGE_DIM	DWA
APC Codes	APC_DIM	DWAP
APC Labels	APC_LABEL	DWAL
APR-DRG Labels	APRDRG_LABEL	DWAD
Bill Type	BILLTYPE_DIM	DWBT
CDT Codes	CDT_DIM	DWCDT
Claim Status Codes	STATUS_DIM	DWCS
Claim Type	CLAIMTYPE_DIM	DWCM

Compound Drug Codes
Coverage Level

COMPDRUG_DIM DWCD
COVERAGELEVEL_D DWCVL
IM

Coverage Type

COVERAGETYPE_DI DWCVT
M

CPT Codes
CPT Modifier Codes

CPT_DIM DWCP
MOD_DIM DWMOD

Date Codes

DATE_DIM DWDT

Dental Claims

DENTAL_DETAIL_yy DC
yy

Dental Membership

DENTAL_MEMBERS DWDM
HIP_yyyy

Dental Provider Detail

DENTAL_PRV_DTL_ DWDP
DIM

Diagnosis Codes

DX_DIM DWDX

Discharge Status

PTDIS_DIM DWPD

Dispense As Written Codes

DAW_DIM DWDAW

DRG Codes

DRG_DIM DWDR

Table 109

TABLE COMMON NAME

DRG Labels
Gender
Generic Drug Codes
Geography-Related Codes

TABLE ORACLE ELEMENT PREFIX NAME

DRG_LABEL DWDL
SEX_DIM DWG
GENDRUG_DIM DWGD
GEOGRAPHY_DIM DWGEO

Medical Claims

MEDICAL_DETAIL_y MC
yyy

Medical Membership

MEDICAL_MEMBER DWMM
SHIP_yyyy

Members

MEMBER_DIM DWMB

New Prescription Codes

Onpoint Specialty

Payers

Pharmacy

Pharmacy Claims

Pharmacy Membership

Product Codes

Provider Detail

Provider Master

Provider Specialty

Relationship To Subscriber

Revenue Codes

Service Site Codes

Use Flags

NEWPR_DIM

DWNP

MHICSP_DIM

DWMSP

PAYER_DIM

DWPAY

PHARMACY_DIM

DWPID

PHARMACY_DETAIL

_YYYY

PHARMACY_MEMB

DWPM

ERSHIP_YYYY

PRODUCT_DIM

DWPR

PROVIDER_DTL_DI

DWDPS

M

PROVIDER_HDR_DI

DWPRS

M

PRVSPEC_DIM

DWPSP

REL_DIM

DWR

REV_DIM

DWREV

FACTYPE_DIM

DWFT

USEFLAG_DIM

DWUSE

SBS

SBS Company Licensing – Data Elements

SBS COMPANY SERVICE DATA

Company Demographics

Field	Description	Data	Notes
Legal Name of Company		varchar(120)	These are not field names. Will work ok for our purposes?
NAIC Company Code		Number(5)	
NAIC Group Code		Number(5)	
Legacy Company ID that needs to be preserved		Varchar(20)	
Domicile Type; values: Alien, Foreign or Domestic		varchar	
Company Types; examples are: HMO, Life, Surplus Lines (varies by state)		varchar	
Organization Type; examples are: Stock, Limited Partnership, Proprietorship		varchar	
Company Status: Active, Inactive		varchar	
Reason for Company Inactive Status (such as merger, liquidation, receivership)		varchar	
Date of Status (date of the current company's status)		date	
Company Reason for inactive status; Examples are: Withdrawn, Merged, Liquidation, Receivership		varchar	
Date of Incorporation (date that the company was first in existence anywhere)		date	
Effective Date (follows renewal cycle if company expires and renews; in some states this is the same as the Status date)		date	
Issue Date (date that the company was first active in the state)		date	
Comments			
State of Incorporation		char(2)	

Field	Description	Data	Notes
Expiration Date (needed for companies that are not perpetual)		date	
Is there an administrative block on this company?		date	
Country of Incorporation		Char(1)	
Federal ID Number (FEIN)		Number 9	
COMPANY NAME			
Field		Date Type	
Company 'Doing Business As' Name		varchar	
Date 'DBA' name was effective		date	
COMPANY ADDRESS			
Field		Date Type	
Address Type - SBS Company uses four address types: BUSINESS, MAILING, STATUTORY HOME and MAIN ADMIN.		number	
Address Line 1		varchar(100)	
Address Line 2		varchar(100)	
Address Line 3		varchar(100)	
City		varchar(30)	
State Abbreviation		Char(2)	
Zip		number(9)	
Phone 1		varchar(20)	
Phone Extension 1		varchar(10)	
Phone 2		varchar(20)	
Phone Extension 2		varchar(10)	
Fax		varchar(20)	
Email		varchar(50)	
Website		varchar(50)	
Country		Char(3)	
COMPANY NOTES			

Field	Description	Data	Notes
Field		Date Type	
Notes		varchar	
Date Notes created		date	
COMPANY LINES OF BUSINESS (LOB)			
Field		Date Type	
Line of Business		number	
LOB Approval Date		date	
LOB Effective Date		date	
LOB Expiration Date		date	
LOB Comments		varchar	
COMPANY CONTACTS			
Field		Date Type	
Contact Type - examples are: Producer Licensing contact, President, Complaints (Company may have many contacts but only one contact of each type)		varchar	
First Name		varchar(25)	
Middle Name		varchar(20)	
Last Name		varchar(25)	
Name Suffix		varchar(10)	
Title		varchar(40)	
Address 1		varchar(100)	
Address 2		varchar(100)	
City		varchar(30)	
State Abbreviation		Char(2)	
Country		Char(3)	
Zip		Number(9)	
Phone 1		varchar(20)	
Extension 1		varchar(10)	

Field	Description	Data	Notes
Phone 2		varchar(20)	
Extension 2		varchar(10)	
Fax		varchar(20)	
Website		varchar(50)	
COMPANY DEPOSITS			
Field		Date Type	
Deposit Type – Ex: Statutory, Retaliatory		varchar	
Deposit Amount		number	
Deposit Date		date	
Maturity Date		date	
Security No.		number	
Comments		varchar	
COMPANY BRANCH			
Field		Date Type	
Effective Date		Date	
Status: Active or Inactive		char	
Last Name of Contact associated w/ Branch office		varchar(25)	
First Name of Contact associated w/ Branch office		varchar(25)	
Middle Name of Contact associated w/ Branch office		varchar(20)	
Name Suffix of Contact associated w/ Branch office		varchar(20)	
Comments		varchar	
MERGERS			
Field		Date Type	
Outgoing Company (company that was absorbed in merger)		number	
Were the company appointments transferred? Y or N		varchar(1)	
Were the Company appointments terminated? Y or N		varchar(1)	
Surviving Company		number	

Field	Description	Data	Notes
Date Merger was Effective		date	
Comments about Merger		varchar(250)	

I-Site

Utilities - Data Reference Manual

Company_V

Field	Description	Data	Notes
COCODE	Five-digit number that uniquely identifies an insurance company	Numeric	
ACTIVE_STATUS	Code that uniquely identifies the status of the company: A= active, I= inactive	Text	
BUISNESS_TYPE_CODE	Line of business under which an insurance company is licensed by its State of Domicile. F= Fraternal L= Life P= Property/Casualty R= Other risk bearing entity T= Title X= Health	Text	
BUSINESS_SUB_TYPE_CODE	BB= Blue Cross/Blue Shield HI= Hospital, Medical, and Dental Service or Indemnity (HMDI) HM= Health Maintenance Organization (HMO) LH= Limited Health Services Organization (LHSO) N= None PD= Prepaid Dental PF= Preneed Funeral PL= Prepaid Legal SL= Surplus Lines		
COMPANY_TYPE_CODE:	Legal organizational structure of the insurance company. • 0= COMBINED		
COMPANY_SUB_TYPE_CODE:	• C= Captive • CO= Captive-Other • CP= Captive-Pure • GM= City, Town, County, state, Parish, Township Mutual • ML= Manager managed Limited Liability Company • N =None • NP= Non-Profit • RC= Risk Retention Group (RRG) - Captive		

- RM=Residual Market Mechanism
- RR=RRG
- RT=Risk Retention Group (RRG) - Traditional
- SI=State Insurance Funds
- SV=Special Purpose Vehicle

SHORT_COMPANY_NAME:	Shortened name of the insurance company.
FEIN:	The company's Federal Employer Identification Number.
INCORPORATED_DATE:	Date the insurance company was incorporated
FILING_TYPE:	Indicates whether a financial statement is from an individual company or group of insurance companies whose data has been combined for reporting purposes. Indicates whether a financial statement is from an individual company or group of insurance companies whose data has been combined for reporting purposes. • I=Individual • C=Combined
COMMENCED_BUSINESS_DATE:	Date the insurance company commenced business.
RESIDUAL_MARKET_MECHANISM:	Indicates if the company is a statutorily created insurance mechanism that serves as a market of last resort to provide a specific type of insurance coverage that may not be readily available through private insurance companies. Indicates if the company is a statutorily created insurance mechanism that serves as a market of last resort to provide a specific type of insurance coverage that may not be readily available through private insurance companies. • N=No • Y=Yes
FISCAL_YEAR_END:	Month and day that the company's fiscal year ends
RESERVED:	Indicates if a cocode has been reserved for future use for a state. • N=No • Y=Yes
REQUEST_FILING:	Indicates if the company is required to file with NAIC or is permanently waived from filing. • Y=Required • N=Waived
COMPANY_STATUS_CODE	Indicates whether or not the company is in compliance with the various governing laws in its State of Domicile and thus is authorized to conduct insurance business in the state. Indicates whether or not the company is in compliance with the various governing laws in its State of Domicile and thus is authorized to conduct insurance business in the state. • 0=Active - Conservatorship • 1=Active - No regulatory action in process • 2=Inactive - Merger (Captive) • 3=Inactive - Merger (Regular)

- 4=Active - Rehabilitation, perm. or temp. receivership
- 5=Inactive - Voluntarily out of business
- 6=Active - Being liquidated or has been liquidated
- 7=Inactive - Estate has closed
- 8=Inactive - Charter is inactive
- 9=Combined Statement filer

COUNTRY_OF_DOMICILE:	NAIC number that identifies the company's country of domicile
FULL_COMPANY_NAME:	Complete company name as submitted on the financial statement.
GROUP_CODE:	NAIC assigned code to identify those companies that are part of a given holding company structure.
STATE_OF_DOMICILE	State abbreviation of the company's principal legal residence
SURVIVING_COCODE	NAIC cocode that identifies the company that survived the merger with this insuran
ENTITY_ID	NAIC number that cross-references the company in the Producer Database
ENTITY_MASTER_ID	NAIC number that is used in conjunction with ENTITY_ID. Cross references to the primary entity in the Producer Database
BCBS_FLAG	Indicates whether the company is a Blue Cross/Blue Shield business. • N=No • Y=Yes
HOLDING_COMPANY_SYSTEM_FLAG	Indicates whether a company is part of a Holding Company system. • N=No • Y=Yes
TAX_STATUS_FLAG	Indicates a company is subject to IRS Tax. • N=No • Y=Yes
USER_CREATED	User who created the database record
DATE_CREATED	Date the database record was created
USER_LAST_MODIFIED	User who last modified the database record
DATE_LAST_MODIFIED	Date the database record was last modified

Utilities - Data Reference Manual

Company_State_Yearly_V

Field	Description	Data
YEAR	Year for which displayed information applies, in four-digit format	
COCODE	Five-digit number that uniquely identifies an insurance company	

STATE_CODE	The two character state abbreviation identifying a state where the insurance company may be licensed or doing business	
LICENSED	Indicates whether the insurance company is recognized as licensed or an authorized surplus lines writer by the particular state insurance regulatory agency. This column is maintained by the insurance regulatory agency of the state of domicile using the NAIC CODELIST utility Y=Licensed N=Not Licensed S=Authorized Surplus Lines Writer	
SCHEDULE_T_LICENSE_ANSWER	Indicates whether the insurance company reports being an approved writer in a particular state. The value is determined by the response on the Schedule T for the state in question. Y=Licensed or Chartered (Licensed Carrier and Domiciled Risk Retention Groups referred to in some states as admitted, Registered (Non-domiciled Risk Retention Groups), Eligible (Reporting Entities eligible or approved to write Surplus Lines in the state; in some states referred to as nonadmitted), or Qualified (Qualified or Accredited Reinsurer) N=None of the above (Not allowed to write business in the state)	Text
SCHEDULE_T_LICENSE_STATUS	Identifies the Reporting Entity's status for each state or territory reported in the schedule as of the end of the reporting period. E = Eligible (Reporting Entities eligible or approved to write Surplus Lines in the state. In some states referred to as nonadmitted.) R = Registered (Non-domiciled Risk Retention Groups) Q = Qualified (Qualified or Accredited Reinsurer) L = Licensed or Chartered (Licensed Carrier and Domiciled Risk Retention Groups referred to in some states as admitted.) N = Not allowed to write business in the state	Text
BUSINESS_WRITTEN	Indicates whether the company wrote business in the particular state	Text
DIRECT_PREMIUM_WRITTEN	Direct Premiums Written	Text
RECOGNIZED_AS_CODE	Indicates additional classification of companies doing business in the state. This value is optional and is maintained by the insurance regulatory agency of the state of domicile using the NAIC CODELIST utility AR=Accredited Reinsurer AI=Accredited Insurer	Text

CP=Captive		
USER_CREATED	User who created the database record	Text
DATE_CREATED	Date the database record was created	Numeric
USER_LAST_MODIFIED	User who last modified the database record	
DATE_LAST_MODIFIED	Date the database record was last modified	

Utilities - Data Reference Manual

Company_Period_V

Field	Description	Data	Notes
YEAR	Year for which displayed information applies, in four-digit format	Numeric	
ACTIVE_STATUS	Code that uniquely identifies the status of the company. A=Active I=Inactive	Text	
COCODE	Five-digit number that uniquely identifies an insurance company	Numeric	
GROUP_CODE	NAIC assigned code to identify those companies that are part of a given holding company structure	Numeric	
STATE_OF_DOMICILE	State abbreviation of the company's principal legal residence	Text	
PERIOD_TYPE_CODE	Identifies the filing period. Q1=Quarter 1 Q2=Quarter 2 Q3=Quarter 3 AN=Annual	Combination	
COMPANY_STATUS_CODE	Indicates whether or not the company is in compliance with the various governing laws in its State of Domicile and thus is authorized to conduct insurance business in the state. 0=Active - Conservatorship 1=Active - No regulatory action in process 2=Inactive - Merger (Captive) 3=Inactive - Merger (Regular) 4=Active - Rehabilitation, perm. or temp. receivership 5=Inactive - Voluntarily out of business 6=Active - Being liquidated or has been liquidated 7=Inactive - Estate has closed 8=Inactive - Charter is inactive 9=Combined Statement filer	Numeric	

STATEMENT_TYPE_CODE	Indicates the line of business of the Filing Statement submitted by the company for the annual filing period. F=Fraternal L=Life, Accident, and Health P=Property and Casualty T=Title X=Health	Text
RBC_STATEMENT_TYPE_CODE	Indicates the line of business of the Risk Based Capital (RBC) Statement submitted by the company for the filing period. H=Hospital, Medical and Dental Service or Indemnity (HMDI) Corporations L=Life, Accident, and Health O=Health Maintenance Organizations (HMO) P=Property and Casualty X=Health	Text
SHORT_COMPANY_NAME	Shortened name of the insurance company	Text
REQUEST_FILING	Indicates if the company is required to file with NAIC or is permanently waived from filing. Y=Required N=Waived	Text
USER_CREATED	User who created the database record	Text
DATE_CREATED	Date the database record was created	Numeric
USER_LAST_MODIFIED	User who last modified the database record	Combination
DATE_LAST_MODIFIED	Date the database record was last modified	Combination

Utilities - Data Reference Manual

Company_Contact_V

Field	Description	Data	Notes
COCODE	Five-digit number that uniquely identifies an insurance company	Numeric	
USE_CODE	NAIC assigned code that identifies the type of contact who may receive communication from the NAIC. AS=Current Financial Statement Contact EC=Electronic Contact Person	Text	

RBC=RBC Contact Person
 SA=Statutory Address
 SB=Primary Location of Books and Records
 ST=Street Address - Main Administration Office
 PR=Policyowner Relations Contact
 GR=Government Relations Contact
 MC=Market Conduct Contact
 MS=Market Conduct Annual Statement Contact
 MA=Market Conduct Annual Statement Attestation

STATUS Indicates the availability of the contact record A=Active
 I=Inactive

LAST_NAME Last name of the company officer
 FIRST_NAME First name of the company officer
 MIDDLE_NAME Middle name of the company officer
 ADDRESS_LINE_1 First line of the street address
 ADDRESS_LINE_2 Second line of the street address
 CITY Name of the city for the contact's address
 STATE Name of the State for the contact's address
 ZIP Zip code of the contact's address
 COUNTRY ISO 3-Character Code for the country of the contact's mailing address
 PHONE Company contact's phone number
 EMAIL_ADDRESS Email address for the company contact person
 FAX_NUMBER Fax number for the company contact person
 WEB_SITE Web site of the company
 USER_CREATED User who created the database record
 DATE_CREATED Date the database record was created
 USER_LAST_MODIFIED User who last modified the database record
 DATE_LAST_MODIFIED Date the database record was last modified

Text
 Text
 Text
 Combination
 Combination
 Text
 Text
 Numeric
 Text
 Numeric
 Combination
 Numeric
 Combination
 Combination
 Combination
 Combination

Utilities - Data Reference Manual

Field	Description	Data	Notes
-------	-------------	------	-------

Research

Name	Description	Rating	Owner/Agent/Contact	Questions
CMS 1	<ul style="list-style-type: none"> a) Federal Register, Department of Health and Human Service, rate Increase Disclosure and Review b) CMP Files (comprehensive medical profile) c) MLR Date Dictionary d) Rate Review Manual 			
Kaiser Family 3 Foundation	<ul style="list-style-type: none"> a) Kaiser assessing trends in individual and small group insurance markets b) Kaiser Employer health Benefits 2011 Survey c) Key Inf on Health Care Costs and their impacts d) Medical Loss Ratio e) Rate Restriction Information 		www.kff.org	
6 NHID	<ul style="list-style-type: none"> a) Costs of Health care report b) Health Insurance rate report c) Supplemental Report of the 2010 Health Insurance Market in NH 			
4 Healthcare.gov	<ul style="list-style-type: none"> a) rate review dictionary 			
SERFF - Query Engine				

Name	Description	Rating	Owner/Agent/Contact	Questions
MEPS	Medical Expenditure Panel Survey			Medical Expenditure Panel Survey - census data? Medical Employer Population System?
5				
2	US Census			
DRED	Department of Resources and Economic Development www.dred.state.nh.us			
COMPASS	Vendor working another project in parallel (data quality)			
Gorman				
NHDHHS	New Hampshire Department of Health and Human Services			

Contacts			
Name	Role	e-mail	Phone
David Sky	Project Owner	David.Sky@ins.nh.gov	(603)-271-7973 x239
Martha McLeod	Project Manager	Martha.McLeod@ins.nh.gov	603-491-0542
Tyler J Brannen	NHID - Health Policy Analyst	Tyler.J.Brannen@ins.nh.gov	603-271-7973 ext. 226
Barbara D. Richardson	NHID - SBS/iSight	barbara.richardson@ins.nh.gov	(603) 271-2261
Alain Couture		alain.couture@ins.nh.gov	(603) 271-7973 x257
Other Vendors			
Jennifer Smagula	Gorman Actuarial	Jenn@GormanActuarial.com	(617) 529-7335
Lisa J. Kennedy	Compass Health Analytics, Inc.	lkennedy@compass-inc.com	(207) 523-8656
Matt Minnich	NAIC - Financial Regulatory Services Division		
Julie Fritz	NAIC's Chief Business Strategy & Development Officer		