**Carolina Cost and Quality Initiative (CCQI)**

**DATA REQUEST (revised 6.14.17)**

Please complete this form for your data request. Submit by email to Abigail Haydon, Research Associate, ahaydon@email.unc.edu

I. USER INFORMATION **Date of Request (mm/dd/yyyy):** \_\_\_/\_\_\_/\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator Name\*:** | | | | |  | | | |
| **Organization/University Affiliation:** | | | | |  | | | |
| **Position/Title:** | | | | |  | | | |
| **Street Address:** | |  | | | | | | |
| **City, State, Zip:** | |  | | | | | | |
| **Phone:** |  | | **Email:** | | |  | **Fax:** |  |
| **\*Is Principal Investigator a Student?** | | | | \_\_\_Yes  \_\_\_No | | | | |
| **\*If Student, Faculty Advisor is required** | | | | Faculty Advisor Name:  Faculty Advisor Email: | | | | |
| **List Other Data Users (if applicable):** | | | |  | | | | |

II. PROJECT INFORMATION

|  |  |  |
| --- | --- | --- |
| **Project Title or Name:** |  | |
| **Funder Name:** |  | |
| **Funder Description:** |  | |
| **Funding Reference / Grant Number (if applicable):** | |  |
| **Project Timeline:** |  | |
| **IRB Number:** |  | |

1. DATA REQUESTED

|  |  |
| --- | --- |
| **Group(s)**  (\*note: related Member files and Provider files are also provided as needed) | **BCBSNC DATA ( Member 1-3 January 2006-March 2016, Member 4 July 2008-March 2016)**  🞏 BCBSNC Member 1- Insured Groups  🞏 BCBSNC Member 2- ASO Groups (Administrative Services Only)  🞏 BCBSNC Member 3 - Individual Market and ACA Exchange Plans  🞏 BCBSNC Member 4 - State Groups/State Health Plan *\*note: requires additional approval and forms*  **BCBSNC Requested Claim Type(s)\***  🞏 Professional Claims  🞏 Facility Claims  🞏 Pharmacy Claims  🞏 Dental Claims  **Legacy Datasets (no longer updated\*)** *If you are requesting State Health Plan data (group 4) from the BCBSNC data, there is no need to also request the legacy State Health Plan data.*  🞏 Legacy State Health Plan Data Only (2001-2012)  🞏 Inpatient  🞏 Outpatient  🞏 Professional  🞏 Pharmacy Files  🞏 Legacy BCBSNC (ICISS USERS ONLY) |
| **Time Period(s) requested:**  *(check current availability on website)* |  |
| **Population Description:**  *(e.g. members age 18 and older)* |  |
| **Other Selection Criteria:**  *(e.g. diagnosis of COPD, specific ICD9 diagnosis or CPT procedure codes)* |  |
| **Key Data elements Requested:**  *Note key data elements (including PHI) here and also mark-up variable list at end of this form. This list will be finalized with analyst before data extract. Only request variables that are available in the BCBSNC data.*  *Complete data dictionaries and lookups can be requested in excel.* |  |

*The oversight committee will use the following criteria to review your proposal:*

1. *Is the research question one that is important to be answered, for North Carolinians or to the U.S. health system as a whole, either from a policy or practice perspective?*
2. *Can the research question be adequately answered using the requested data, i.e. an adequate number of cases, necessary data elements available and specified, data quality adequate for key data elements?*
3. *Is the proposed methodology sound and viable with respect to the research questions, population and data requested?*
4. *Does the research team possess the requisite skills/experience and proposed resources to conduct the research with high standards and in an adequately specified time frame?*

**IV. DESCRIPTION (1 to 3 pages)** Provide a description of your project that includes **project overview, population of interest, aims/research questions, methodologies, expected results and policy implications**.

**Project Description**:

|  |  |  |  |
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| Mark X | **MEMBER** | Mark X | **PHARMACY CLAIMS** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |
|  | 5. CVR\_MNTH\_DT |  | 4. SUBGROUP\_NUMBER\_WHS |
|  | 6. RLNSHP\_TO\_SUBSCRIBER\_CODE |  | 7. COVERAGE\_LEVEL\_CODE |
|  | **7. MEMBER\_DATE\_OF\_BIRTH** |  | 8. INPATIENT\_INDICATOR |
|  | 8. MEMBER\_GENDER |  | 9. ORIGIN\_CODE |
|  | 9. PRIMARY\_PRODUCT\_CODE |  | 10. VENDOR\_ID |
|  | 10. ENRL\_FROM\_DT |  | 11. PAYMENT\_PROVIDER\_ID |
|  | 11. ENRL\_THRU\_DT |  | 12. PAYMENT\_TO\_TYPE\_CODE |
|  | **12. MEMBER\_CITY** |  | 13. PROCEDURE\_CODE |
|  | 13. MEMBER\_STATE |  | 14. PLACE\_OF\_SERVICE\_CODE |
|  | **14. MEMBER\_ZIP** |  | 15. ENCOUNTER\_TYPE\_CODE |
|  | **15. MBR\_LOC\_CNTY\_CD** |  | 16. ENCOUNTER\_SERVICE\_TYPE\_CODE |
|  | 16. MBR\_LOC\_CNTY\_NM |  | 17. PRODUCT\_CODE |
|  | 17. COVERAGE\_LEVEL\_CODE |  | 18. ENCOUNTER\_SERVICE\_STATUS\_CODE |
|  | 18. CUST\_TYPE\_DESC |  | 19. OBSERVATION\_UNIT\_IND |
|  | 19. SUBGROUP\_NUMBER |  | 20. DUPLICATE\_STATUS\_INDICATOR |
|  | 20. BENEFIT\_PACKAGE\_ID |  | 21. PRIMARY\_PRODUCT\_CODE |
|  | 21. MARITAL\_STATUS\_CODE |  | 22. BENEFIT\_PACKAGE\_ID |
|  | 22. HMO |  | 23. PAID\_IN\_NETWORK\_INDICATOR |
|  | 23. PPO |  | 24. RENDERING\_PROVIDER\_NUMBER |
|  | 24. POS |  | 25. NATIONAL\_DRUG\_CODE |
|  | 25. CMM |  | 26. DRUG\_NAME |
|  | 26. EPO |  | 27. DRUG\_CATEGORY\_CODE |
|  | 27. PHARMACY |  | 28. STRENGTH\_DESCRIPTION |
|  | 28. DENTAL |  | 31. DISPENSE\_AS\_WRITTEN\_CODE |
|  | 29. MH |  | 32. NEW\_OR\_REFILL\_CODE |
|  | 30. SA |  | 34. 32. DRUG\_CLASS\_CODE |
|  | 31. VISION |  | 35. THERAPEUTIC\_CLASS\_CODE |
|  | 32. OFFERING\_FEATURE\_CODE |  | 36. SPECIFIC\_THERA\_CLASS\_CODE |
|  | 33. BENEFIT\_SERIES\_ID |  | 37. AHFS\_THERA\_CLASS\_CODE |
|  | 34. BENEFIT\_PACKAGE\_RANK\_NUMBER |  | 39. STANDARD\_THERA\_CLASS\_CODE |
|  | 35. C\_CVR\_MNTH |  | 40. COST\_BASIS\_CODE |
|  | **36. C\_DOB** |  | 41. PHARMACY\_ID |
|  | 38. **DATE\_ENRL\_FROM** |  | 43. DRUG\_FORM\_CODE |
|  | **39. DATE\_ENRL\_THU** |  | 44. MAIL\_RETAIL\_CODE |
|  | 40. C\_DAYS\_FROM\_THRU |  | 45. DEA\_NUMBER |
|  | 41. C\_MEMBER\_AGE\_2016 |  | **47. DATE\_CLAIM\_RECEIVED** |
|  | **PROVIDER** |  | **48. DATE\_CLAIM\_PROCESSED** |
|  | 1. PROVIDER\_NUMBER |  | **49. DATE\_SERVICE\_START** |
|  | 2. PROVIDER\_UPIN |  | **50. DATE\_SERVICE\_END** |
|  | 3. PROVIDER\_NAME |  | 51. C\_DAYS\_SERVICE |
|  | 4. PROVIDER\_SPECIALTY\_ID |  | 52. SERVICE\_UNIT\_COUNT |
|  | 5. PROVIDER\_SPECIALTY\_DESC |  | 53. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 6. PROVIDER\_TYPE\_CODE |  | 54. PACKAGE\_UNIT\_COUNT |
|  | 7. PROVIDER\_ADDRESS\_1 |  | 55. DAYS\_SUPPLY\_COUNT |
|  | 8. PROVIDER\_ADDRESS\_2 |  | 56. CHARGED\_AMOUNT |
|  | 9. PROVIDER\_CITY |  | 57. PROVIDER\_NUMBER |
|  | 10. PROVIDER\_STATE |  |  |
|  | 11. PROVIDER\_ZIP |  |  |
|  | 12. PROVIDER\_REGION\_CD |  |  |
|  | 13. INBOUND\_NPI |  |  |
|  | 14. OUTBOUND\_NPI |  |  |

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| Mark X | **PROFESSIONAL CLAIMS** | Mark X | **FACILITY CLAIMS** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |
|  | 4. SUBGROUP\_NUMBER\_WHS |  | 4. SUBGROUP\_NUMBER\_WHS |
|  | 7. COVERAGE\_LEVEL\_CODE |  | 7. COVERAGE\_LEVEL\_CODE |
|  | 8. INPATIENT\_INDICATOR |  | 8. INPATIENT\_INDICATOR |
|  | 9. ORIGIN\_CODE |  | 10. ORIGIN\_CODE |
|  | 10. ICD\_VERSION\_NUMBER |  | 11. ICD\_VERSION\_NUMBER |
|  | 11. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |  | 12. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |
|  | 12.-26. FACILITY\_DIAGNOSIS\_CODE\_2-16 |  | 13.-27. FACILITY\_DIAGNOSIS\_CODE\_2-16 |
|  | 27.-32. FACILITY\_PROCEDURE\_CODE\_1-6 |  | 28.-33. FACILITY\_PROCEDURE\_CODE\_1-6 |
|  | 33. VENDOR\_ID |  | 34. VENDOR\_ID |
|  | 34. PAYMENT\_PROVIDER\_ID |  | 35. PAYMENT\_PROVIDER\_ID |
|  | 35. PAYMENT\_TO\_TYPE\_CODE |  | 36. PAYMENT\_TO\_TYPE\_CODE |
|  | 36. COB\_TYPE\_CODE |  | 37. PRICING\_METHOD\_CODE |
|  | 37. PROCEDURE\_CODE |  | 38. COB\_TYPE\_CODE |
|  | 38.-41. SERVICE\_MODIFIER\_CODE\_1-4 |  | 39. AP\_DRG\_CODE |
|  | 42.-53. LINE\_DIAGNOSIS\_CODE\_1-12 |  | 40. AP\_DRG\_MDC\_CODE |
|  | 54. PLACE\_OF\_SERVICE\_CODE |  | 41. MS\_DRG\_CODE |
|  | 55. ENCOUNTER\_TYPE\_CODE |  | 42. MS\_DRG\_MDC\_CODE |
|  | 56. ENCOUNTER\_SERVICE\_TYPE\_CODE |  | 43. REVENUE\_CODE |
|  | 57. PRODUCT\_CODE |  | 44. PROCEDURE\_CODE |
|  | 58. ENCOUNTER\_SERVICE\_STATUS\_CODE |  | 45-48. SERVICE\_MODIFIER\_CODE1-4 |
|  | 59-73. HOLD\_CODE\_1-15 |  | 49-60. LINE\_DIAGNOSIS\_CODE\_1-12 |
|  | 74. OBSERVATION\_UNIT\_IND |  | 61. PLACE\_OF\_SERVICE\_CODE |
|  | 75. DUPLICATE\_STATUS\_INDICATOR |  | 62. ENCOUNTER\_TYPE\_CODE |
|  | 76. AUTHORIZATION\_ID |  | 63. ENCOUNTER\_SERVICE\_TYPE\_CODE |
|  | 77. PRIMARY\_PRODUCT\_CODE |  | 64. PRODUCT\_CODE |
|  | 78. BENEFIT\_PACKAGE\_ID |  | 65. ENCOUNTER\_SERVICE\_STATUS\_CODE |
|  | 79. PAID\_IN\_NETWORK\_INDICATOR |  | 66-80. HOLD\_CODE\_1-15 |
|  | 80. RENDERING\_PROVIDER\_NUMBER |  | 81. EMERGENCY\_ROOM\_IND |
|  | 81. CAPITATION\_TYPE\_CODE |  | 82. OBSERVATION\_UNIT\_ID |
|  | 82. MAIL\_RETAIL\_CODE |  | 83. DUPLICATE\_STATUS\_INDICATOR |
|  | 83. DIAGNOSIS\_GROUP\_CODE |  | 84. AUTHORIZATION\_ID |
|  | **84. DATE\_CLAIM\_RECEIVED** |  | 85. PRIMARY\_PRODUCT\_ID |
|  | **85. DATE\_SERVICE\_PROCESSED** |  | 86. BENEFIT\_PACKAGE\_ID |
|  | **86. DATE\_SERVICE\_START** |  | 87. PAID\_IN\_NETWORK\_INDICATOR |
|  | **87. DATE\_SERVICE\_END** |  | 88. RENDERING\_PROVIDER\_NUMBER |
|  | 88. C\_DAYS\_SERVICE |  | 89. MAIL\_RETAIL\_CODE |
|  | 89. SERVICE\_UNIT\_COUNT |  | 90. DIAGNOSIS\_GROUP\_CODE |
|  | 90. APPROVED\_SERVICE\_UNIT\_COUNT |  | 91. CPT\_GROUP\_CODE |
|  | 91. CHARGED\_AMOUNT |  | **92. DATE\_CLAIM\_RECEIVED** |
|  | 92. PROVIDER\_NUMBER |  | **93. DATE\_CLAIM\_PROCESSED** |
|  |  |  | **94. DATE\_SERVICE\_START** |
|  |  |  | **95. DATE\_SERVICE\_END** |
|  |  |  | 96. C\_DAYS\_SERVICE |
|  |  |  | 97. SERVICE\_UNIT\_COUNT |
|  |  |  | 98. APPROVED\_SERVICE\_UNIT\_COUNT |
|  |  |  | 99. CHARGED\_AMOUNT |
|  |  |  | 100. PROVIDER\_NUMBER |

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| Mark X | **DENTAL CLAIMS** |
|  | CCQI/SHEPS ENCRYPTED IDENTIFIERS |
|  | 4. SUBGROUP\_NUMBER\_WHS |
|  | 7. COVERAGE\_LEVEL\_CODE |
|  | 8. INPATIENT\_INDICATOR |
|  | 9. ORIGIN\_CODE |
|  | 10. ICD\_VERSION\_NUMBER |
|  | 11. FACILITY\_PRIMARY DIAGNOSIS\_CODE |
|  | 12.-26. FACILITY\_DIAGNOSIS\_CODE\_2-16 |
|  | 27-32. FACILITY\_PROCEDURE\_CODE\_1-6 |
|  | 33. VENDOR\_ID |
|  | 34. PAYMENT\_PROVIDER\_ID |
|  | 35. PAYMENT\_TO\_TYPE\_CODE |
|  | 36. COB\_TYPE\_CODE |
|  | 37. PROCEDURE\_CODE |
|  | 38-41. SERVICE\_MODIFIER\_CODE\_1-4 |
|  | 42-53. LINE\_DIAGNOSIS\_CODE\_1-12 |
|  | 54. PLACE\_OF\_SERVICE\_CODE |
|  | 55. ENCOUNTER\_TYPE\_CODE |
|  | 56. ENCOUNTER\_SERVICE\_TYPE\_CODE |
|  | 57. PRODUCT\_CODE |
|  | 58. ENCOUNTER\_SERVICE\_STATUS\_CODE |
|  | 59.-73. HOLD\_CODE\_1-15 |
|  | 74. OBSERVATION\_UNIT\_IND |
|  | 75. DUPLICATE\_STATUS\_INDICATOR |
|  | 76. AUTHORIZATION\_ID |
|  | 77. PRIMARY\_PRODUCT\_CODE |
|  | 78. BENEFIT\_PACKAGE\_ID |
|  | 79. PAID\_IN\_NETWORK\_INDICATOR |
|  | 80. RENDERING\_PROVIDER\_NUMBER |
|  | 81. MAIL\_RETAIL\_CODE |
|  | 82. DIAGNOSIS\_GROUP\_CODE |
|  | **83. DATE\_CLAIM\_RECEIVED** |
|  | **84. DATE\_CLAIM\_PROCESSED** |
|  | **85. DATE\_SERVICE\_START** |
|  | **86. DATE\_SERVICE\_END** |
|  | 87. C\_DAYS\_SERVICE |
|  | 88. SERVICE\_UNIT\_COUNT |
|  | 89. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 90. CHARGED\_AMOUNT |
|  | 91. PROVIDER\_NUMBER |