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

**DATA REQUEST (revised 7.1.16)**

Please complete this form for your data request. Submit by email to: ahaydon@email.unc.edu

*Abigail Haydon, Research Associate Phone: (919) 966-6879*

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-September 2015, Member 4 July 2008-September 2015)**🞏 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Requested Claim Type(s)\***🞏 Professional Claims🞏 Facility Claims🞏 Pharmacy Claims🞏 Dental Claims**Legacy Datasets (no longer updated\*)** *If you are requesting State Health Plan data (group 4) from the BCBSNC data, there is no need to also request the legacy State Health Plan data.*🞏 Legacy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**:

|  |  |  |  |
| --- | --- | --- | --- |
| Mark X | **MEMBER** | Mark X | **PHARMACY CLAIMS** |
|  | 1. **UNIQUE\_MEMBER\_ID**
 |  | 1. CLAIM\_NUMBER
 |
|  | 1. **SUBSCRIBER\_MEMBER\_ID**
 |  | 1. ORIGINAL\_CLAIM\_NUMBER
 |
|  | 1. CVR\_MNTH\_DT
 |  | 1. **UNIQUE\_MEMBER\_ID**
 |
|  | 1. RLNSHP\_TO\_SUBSCRIBER\_CODE
 |  | 1. **POLICY\_MEMBER\_ID**
 |
|  | 1. **MEMBER\_DATE\_OF\_BIRTH**
 |  | 1. SUBGROUP\_NUMBER
 |
|  | 1. MEMBER\_GENDER
 |  | 1. **SUBSCRIBER\_NUMBER**
 |
|  | 1. PRIMARY\_PRODUCT\_CODE
 |  | 1. COVERAGE\_LEVEL\_CODE
 |
|  | 1. ENRL\_FROM\_DT
 |  | 1. INPATIENT\_INDICATOR
 |
|  | 1. ENRL\_THRU\_DT
 |  | 1. ORIGIN\_CODE
 |
|  | 1. **MEMBER\_CITY**
 |  | 1. VENDOR\_ID
 |
|  | 1. MEMBER\_STATE
 |  | 1. PAYMENT\_PROVIDER\_ID
 |
|  | 1. **MEMBER\_ZIP**
 |  | 1. PAYMENT\_TO\_TYPE\_CODE
 |
|  | 1. **MBR\_LOC\_CNTY\_CD**
 |  | 1. PROCEDURE\_CODE
 |
|  | 1. MBR\_LOC\_CNTY\_NM
 |  | 1. PLACE\_OF\_SERVICE\_CODE
 |
|  | 1. COVERAGE\_LEVEL\_CODE
 |  | 1. ENCOUNTER\_TYPE\_CODE
 |
|  | 1. CUST\_TYPE\_DESC
 |  | 1. ENCOUNTER\_SERVICE\_TYPE\_CODE
 |
|  | 1. SUBGROUP\_NUMBER
 |  | 1. PRODUCT\_CODE
 |
|  | 1. BENEFIT\_PACKAGE\_ID
 |  | 1. ENCOUNTER\_SERVICE\_STATUS\_CODE
 |
|  | 1. MARITAL\_STATUS\_CODE
 |  | 1. SERVICE\_UNIT\_COUNT
 |
|  | 1. HMO
 |  | 1. APPROVED\_SERVICE\_UNIT\_COUNT
 |
|  | 1. PPO
 |  | 1. OBSERVATION\_UNIT\_IND
 |
|  | 1. POS
 |  | 1. DUPLICATE\_STATUS\_INDICATOR
 |
|  | 1. CMM
 |  | 1. BENEFIT\_PACKAGE\_ID
 |
|  | 1. EPO
 |  | 1. PAID\_IN\_NETWORK\_INDICATOR
 |
|  | 1. PHARMACY
 |  | 1. RENDERING\_PROVIDER\_NUMBER
 |
|  | 1. DENTAL
 |  | 1. NATIONAL\_DRUG\_CODE
 |
|  | 1. MH
 |  | 1. DRUG\_NAME
 |
|  | 1. SA
 |  | 1. DRUG\_CATEGORY\_CODE
 |
|  | 1. VISION
 |  | 1. STRENGTH\_DESCRIPTION
 |
|  | 1. OFFERING\_FEATURE\_CODE
 |  | 1. DISPENSE\_AS\_WRITTEN\_CODE
 |
|  | 1. BENEFIT\_SERIES\_ID
 |  | 1. NEW\_OR\_REFILL\_CODE
 |
|  | 1. BENEFIT\_PACKAGE\_RANK\_NUMBER
 |  | 1. DRUG\_CLASS\_CODE
 |
|  | 1. **POLICY\_MEMBER\_ID**
 |  | 1. THERAPEUTIC\_CLASS\_CODE
 |
|  | 1. **UNIQUE\_MEMBER\_IDC**
 |  | 1. AHFS\_THERA\_CLASS\_CODE
 |
|  | 1. **SUBSCRIBER\_MEMBER\_IDC**
 |  | 1. STANDARD\_THERA\_CLASS\_CODE
 |
|  | 1. **POLICY\_MEMBER\_IDC**
 |  | 1. COST\_BASIS\_CODE
 |
|  | 1. C\_CVR\_MNTH
 |  | 1. PHARMACY\_ID
 |
|  | 1. **C\_DOB**
 |  | 1. DRUG\_FORM\_CODE
 |
|  | 1. C\_MEMBER\_AGE\_2014
 |  | 1. MAIL\_RETAIL\_CODE
 |
|  | 1. **DATE\_ENRL\_FROM**
 |  | 1. DEA\_NUMBER
 |
|  | 1. **DATE\_ENRL\_THRU**
 |  | 1. CHARGED\_AMOUNT
 |
|  | **PROVIDER** |  | 1. **DATE\_CLAIM\_RECEIVED**
 |
|  | 1. PROVIDER\_NUMBER
 |  | 1. **DATE\_CLAIM\_PROCESSED**
 |
|  | 1. PROVIDER\_UPIN
 |  | 1. **DATE\_SERVICE\_START**
 |
|  | 1. PROVIDER\_NAME
 |  | 1. **DATE\_SERVICE\_END**
 |
|  | 1. PROVIDER\_SPECIALTY\_ID
 |  | 1. DAYS\_SERVICE
 |
|  | 1. PROVIDER\_SPECIALTY\_DESC
 |  | 1. PROVIDER\_NUMBER
 |
|  | 1. PROVIDER\_TYPE\_CODE
 |  |  |
|  | 1. PROVIDER\_ADDRESS\_1
 |  |  |
|  | 1. PROVIDER\_ADDRESS\_2
 |  |  |
|  | 1. PROVIDER\_CITY
 |  |  |
|  | 1. PROVIDER\_STATE
 |  |  |
|  | 1. PROVIDER\_ZIP
 |  |  |
|  | 1. PROVIDER\_REGION\_CD
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mark X | **PROFESSIONAL CLAIMS** | Mark X | **FACILITY CLAIMS** |
|  | 1. CLAIM NUMBER |  | 1. CLAIM\_NUMBER |
|  | 2. ORIGINAL\_CLAIM\_NUMBER |  | 2. ORIGINAL\_CLAIM\_NUMBER |
|  | **3. UNIQUE\_MEMBER\_ID** |  | **3. UNIQUE\_MEMBER\_ID** |
|  | **4. POLICY\_MEMBER\_ID** |  | **4. POLICY\_MEMBER\_ID** |
|  | 5. SUBGROUP\_NUMBER |  | 5. SUBGROUP\_NUMBER |
|  | **6. SUBSCRIBER\_NUMBER** |  | **6. SUBSCRIBER\_NUMBER** |
|  | 7. COVERAGE\_LEVEL\_CODE |  | 7. COVERAGE\_LEVEL\_CODE |
|  | 8. INPATIENT\_INDICATOR |  | 8. INPATIENT\_INDICATOR |
|  | 9. ORIGIN\_CODE |  | 9. ORIGIN\_CODE |
|  | 10. ICD\_VERSION\_NUMBER |  | 10. ICD\_VERSION\_NUMBER |
|  | 11. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |  | 11. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |
|  | 12.-26. FACILITY\_DIAGNOSIS\_CODE\_2-16 |  | 12.-26. FACILITY\_DIAGNOSIS\_CODE\_2-16 |
|  | 27.-32. FACILITY\_PROCEDURE\_CODE\_1-6 |  | 27.-32. FACILITY\_PROCEDURE\_CODE\_1-6 |
|  | 33. VENDOR\_ID |  | 33. VENDOR\_ID |
|  | 34. PAYMENT\_PROVIDER\_ID |  | 34. PAYMENT\_PROVIDER\_ID |
|  | 35. PAYMENT\_TO\_TYPE\_CODE |  | 35. PAYMENT\_TO\_TYPE\_CODE |
|  |  |  | 36. PRICING\_METHOD\_CODE |
|  | 36. COB\_TYPE\_CODE |  | 37. COB\_TYPE\_CODE |
|  |  |  | 38. AP\_DRG\_CODE |
|  |  |  | 39. AP\_DRG\_MDC\_CODE |
|  |  |  | 40. MS\_DRG\_CODE |
|  |  |  | 41. MS\_DRG\_MDC\_CODE |
|  | 37. REVENUE\_CODE |  | 42. REVENUE\_CODE |
|  | 38. PROCEDURE\_CODE |  | 43. PROCEDURE\_CODE |
|  | 39.-42. SERVICE\_MODIFIER\_CODE1-4 |  | 44.-47. SERVICE\_MODIFIER\_CODE1-4 |
|  | 43.-46. LINE\_DIAGNOSIS\_CODE\_1-4 |  | 48.-51. LINE\_DIAGNOSIS\_CODE\_1-4 |
|  | 47. PLACE\_OF\_SERVICE\_CODE |  | 52. PLACE\_OF\_SERVICE\_CODE |
|  | 48. ENCOUNTER\_TYPE\_CODE |  | 53. ENCOUNTER\_TYPE\_CODE |
|  | 49. ENCOUNTER\_SERVICE\_TYPE\_CODE |  | 54. ENCOUNTER\_SERVICE\_TYPE\_CODE |
|  | 50. PRODUCT\_CODE |  | 55. PRODUCT\_CODE |
|  | 51. ENCOUNTER\_SERVICE\_STATUS\_CODE |  | 56. ENCOUNTER\_SERVICE\_STATUS\_CODE |
|  | 52. SERVICE\_UNIT\_COUNT |  | 57. SERVICE\_UNIT\_COUNT |
|  | 53. APPROVED\_SERVICE\_UNIT\_COUNT |  | 58. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 54.-68. HOLD\_CODE\_1-15 |  | 59.-73.HOLD\_CODE\_1-15 |
|  |  |  | 74. EMERGENCY\_ROOM\_IND |
|  | 69. OBSERVATION\_UNIT\_IND |  | 75. OBSERVATION\_UNIT\_IND |
|  | 70. DUPLICATE\_STATUS\_INDICATOR |  | 76. DUPLICATE\_STATUS\_INDICATOR |
|  | 71. AUTHORIZATION\_ID |  | 77. AUTHORIZATION\_ID |
|  | 72. BENEFIT\_PACKAGE\_ID |  | 78. BENEFIT\_PACKAGE\_ID |
|  | 73. PAID\_IN\_NETWORK\_INDICATOR |  | 79. PAID\_IN\_NETWORK\_INDICATOR |
|  | 74. RENDERING\_PROVIDER\_NUMBER |  | 80. RENDERING\_PROVIDER\_NUMBER |
|  | 75. MAIL\_RETAIL\_CODE |  | 81. MAIL\_RETAIL\_CODE |
|  | 76. DIAGNOSIS\_GROUP\_CODE |  | 82. DIAGNOSIS\_GROUP\_CODE |
|  | 77. CHARGED\_AMOUNT |  | 83. CHARGED\_AMOUNT |
|  | **78. DATE\_CLAIM\_RECEIVED** |  | **84. DATE\_CLAIM\_RECEIVED** |
|  | **79. DATE\_CLAIM\_PROCESSED** |  | **85. DATE\_CLAIM\_PROCESSED** |
|  | **80. DATE\_SERVICE\_START** |  | **86. DATE\_SERVICE\_START** |
|  | **81. DATE\_SERVICE\_END** |  | **87. DATE\_SERVICE\_END** |
|  | 82. DAYS\_SERVICE |  | 88. DAYS\_SERVICE |
|  | 83. PROVIDER\_NUMBER |  | 89. PROVIDER\_NUMBER |

|  |  |
| --- | --- |
| Mark X | **DENTAL CLAIMS** |
|  | 1. CLAIM\_NUMBER |
|  | 2. ORIGINAL\_CLAIM\_NUMBER |
|  | **3. UNIQUE\_MEMBER\_ID** |
|  | **4. POLICY\_MEMBER\_ID** |
|  | 5. SUBGROUP\_NUMBER |
|  | **6. SUBSCRIBER\_NUMBER** |
|  | 7. COVERAGE\_LEVEL\_CODE |
|  | 8. INPATIENT\_INDICATOR |
|  | 9. ORIGIN\_CODE |
|  | 10. ICD\_VERSION\_NUMBER |
|  | 11. FACILITY\_PRIMARY\_DIAGNOSIS\_CODE |
|  | 12.-18. FACILITY\_DIAGNOSIS\_CODE\_2-8 |
|  | 19. FACILITY\_PROCEDURE\_CODE\_1 |
|  | 20. VENDOR\_ID |
|  | 21. PAYMENT\_PROVIDER\_ID |
|  | 22. PAYMENT\_TO\_TYPE\_CODE |
|  | 23. COB\_TYPE\_CODE |
|  | 24. REVENUE\_CODE |
|  | 25. PROCEDURE\_CODE |
|  | 26.-28. SERVICE\_MODIFIER\_CODE1-3 |
|  | 29.-32. LINE\_DIAGNOSIS\_CODE\_1-4 |
|  | 33. PLACE\_OF\_SERVICE\_CODE |
|  | 34. ENCOUNTER\_TYPE\_CODE |
|  | 35. ENCOUNTER\_SERVICE\_TYPE\_CODE |
|  | 36. PRODUCT\_CODE |
|  | 37. ENCOUNTER\_SERVICE\_STATUS\_CODE |
|  | 38. SERVICE\_UNIT\_COUNT |
|  | 39. APPROVED\_SERVICE\_UNIT\_COUNT |
|  | 40.-52. HOLD\_CODE\_1-13 |
|  | 53. OBSERVATION\_UNIT\_IND |
|  | 54. DUPLICATE\_STATUS\_INDICATOR |
|  | 55. AUTHORIZATION\_ID |
|  | 56. BENEFIT\_PACKAGE\_ID |
|  | 57. PAID\_IN\_NETWORK\_INDICATOR |
|  | 58. RENDERING\_PROVIDER\_NUMBER |
|  | 59. MAIL\_RETAIL\_CODE |
|  | 60. DIAGNOSIS\_GROUP\_CODE |
|  | 61. CHARGED\_AMOUNT |
|  | **62. DATE\_CLAIM\_RECEIVED** |
|  | **63. DATE\_CLAIM\_PROCESSED** |
|  | **64. DATE\_SERVICE\_START** |
|  | **65. DATE\_SERVICE\_END** |
|  | 66. DAYS\_SERVICE |
|  | 67. PROVIDER\_NUMBER |