Data File: Member Enrollment

Data Field	SDDV1	SDDV2	Data Type	Length	Description
Z_PATID	X	X	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCI data contributors. This identifier is not derived from information about the individual, and is compliant with HIPAA §164.514c.
MNTH	X	X	Varchar	2	Calendar Month of active member enrollment.
YR	X	X	Character	4	Calendar Year of active member enrollment.
SEX	X	X	Character	1	Member Sex: Male (M), Female (F), Unknown (NULL).
YBIRTH	X		Character	4	Year of Member birth.
AGE_BAND_CD		X	Character	2	A code identifying the age range of the member.
REL_CD	X	X	Varchar	2	Identifies relationship of member to policy holder.
MBR_STATE		X	Character	2	The two character Postal Code for the member's state. Only USA membership is included in the dataset
STATE_RURAL	X		Character	2	Standard two character indicator of Member's state of residence where CBSA is '00000'.
MBR_ZIP_5_CD		X	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery. *Only zip codes corresponding to populations of greater than 1350 individuals per 2010 US Census ZCTA file are allowed for unrestricted use/release. Zip codes representing 1350 or less -- or null/invalid zip codes, or zip codes that aren't part of the ZCTA classification -- will be represented as a null value.*
MBR_CBSA	X	X	Character	5	Geographic Indicator, US Census Core Based Statistical Area. Only "Metro" codes, representing populations of 50,000+, are included. Furthermore, under SDDV2, if the MBR_ZIP_5_CD is null, then the MBR_CBSA should be set to null.
HRR_CD		X	Integer	19	Identifies a member's regional market for tertiary medical care based on the Dartmouth Atlas Hospital Referral Regions. Furthermore, under SDDV2, if the MBR_ZIP_5_CD is null, then the MBR_CBSA has been set to null.
PROD	X	X	Character	3	Type of benefit plan commonly used by the health care industry to identify the product.
FI_FLG	X	X	Character	1	Identifies ASO (self funded) versus fully insured. Used for commercial products only.
RX_CVG_IND	X	X	Character	1	Identifies a member with pharmacy benefits coverage.
MH_CVG_IND	X	X	Character	1	Identifies members who have mental health benefits as part of their plan coverage.
SIC	X	X	Character	6	A federally assigned Standard Industry Classification number that identifies companies by industry. Values have been aggregated into 8 broad categories.
OVER65_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.
ESI_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age is under 65, member SEX is not missing, and product (PROD) is EPO, HMO, POS, or PPO.

Data Filel: Medical Claims, Inpatient

Data Field	SDDV1	SDDV2	Data Type	Length	Description
Z_PATID	X	X	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCI data contributors. This identifier is not derived from information about the individual, and is compliant with HIPAA §164.514c.
Z_CLMID	X	X	Varchar	32	One-way hash encrypted Claim ID.
CLMSEQ	X	X	Varchar	5	Number assigned in the source system to the service within the claim. Used with CLMID.
YR	X	X	Character	4	Incurred year of service in format 'YYYY'. Based on FST_ADMTDT.
MNTH	X	X	Varchar	3	Incurred month of service in format 'MM'. Based on FST_ADMTDT.
CLM_FRM_TYP	X	X	Varchar	1	Claim form type.
TOB	X	X	Character	3	Type Of Bill indicator for facility claims.
FST_DT	X	X	Date	10	The beginning date for the service, event, or confinement being billed by the provider.
LST_DT	X	X	Date	10	The ending date for the service, event, or confinement being billed by the provider.
FST_ADMTDT	X	X	Date	10	Admission Date for Inpatient confinement.
LST_DISCHDT	X	X	Date	10	Discharge Date for Inpatient confinement.
Z_ADMIT_ID	X	X	Varchar	32	One-way hash encrypted Identifier for an inpatient confinement. *Only present on Inpatient claims*
ADMIT_TYPE	X	X	Character	1	Source of patient's admission.
ADMIT_SRC	X	X	Character	1	Point of origin for admission.
MDC	X	X	Varchar	2	Major Diagnostic Category. Derived from DRG_DRVD field.
PAID_DT	X	X	Date	10	The date that appears on the check or EFT for claims payment.
AMT_NET_PAID	X	X	Decimal	11.2	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service on a capitated service. Values may be positive $ amount or zero or negative $ amount or null.
COINS	X	X	Decimal	11.2	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of an outpatient physical therapy visit. Values may be positive $ amount or zero or negative $ amount or null.
COPAY	X	X	Decimal	11.2	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, $10 for an office visit. Values may be positive $ amount or zero or negative $ amount or null.
DEDUCT	X	X	Decimal	11.2	The amount applied to the member's deductible.
CALC_ALLWD	X	X	Decimal	11.2	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
TOT_MEM_CS	X	X	Decimal	11.2	The sum of COINS + COPAY + DEDUCT.
UNITS	X	X	Decimal	11.3	The number of units of service/procedure.
DIAG_ICD9_CM1	X	X	Varchar	6	First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD9_CM2	X	X	Varchar	6	Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD9_CM3	X	X	Varchar	6	Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD10_CM1	X	X	Varchar	8	First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM2	X	X	Varchar	8	Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM3	X	X	Varchar	8	Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM4	X	X	Varchar	8	Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM5	X	X	Varchar	8	Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM6	X	X	Varchar	8	Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM7	X	X	Varchar	8	Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM8	X	X	Varchar	8	Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM9	X	X	Varchar	8	Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM10	X	X	Varchar	8	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
POA1	X	X	Character	1	Present on Admission code (for diagnosis 1). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA2	X	X	Character	1	Present on Admission code (for diagnosis 2). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.

POA3	X	X	Character	1	Present on Admission code (for diagnosis 3). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA4	X	X	Character	1	Present on Admission code (for diagnosis 4). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA5	X	X	Character	1	Present on Admission code (for diagnosis 5). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA6	X	X	Character	1	Present on Admission code (for diagnosis 6). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA7	X	X	Character	1	Present on Admission code (for diagnosis 7). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA8	X	X	Character	1	Present on Admission code (for diagnosis 8). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA9	X	X	Character	1	Present on Admission code (for diagnosis 9). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
POA10	X	X	Character	1	Present on Admission code (for diagnosis 10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
DRG	X	X	Varchar	5	The Diagnosis Related Group (DRG) Code as received from payer (not derived or re-grouped by HCCI).
DRG_DRVD	X	X	Varchar	5	The Diagnosis Related Group (DRG) Code derived by HCCI using CMS algorithm.
DSTATUS	X	X	Character	2	Discharge Status Code. Valid for hospital stays only. Some codes redacted for patient deidentification including death codes ('20','40','41','42')
PROC_CD	X	X	Varchar	6	CPT/HCPCS code.
PROC_ICD9_PCS1	X	X	Varchar	6	First level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015.
PROC_ICD9_PCS2	X	X	Varchar	6	Second level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015.
PROC_ICD9_PCS3	X	X	Varchar	6	Third level ICD-9-PCS procedure code as entered on the claim. Effective with incurred dates of service before 10/01/2015.
PROC_ICD10_PCS1	X	X	Character	7	First level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS2	X	X	Character	7	Second level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS3	X	X	Character	7	Third level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS4	X	X	Character	7	Fourth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS5	X	X	Character	7	Fifth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS6	X	X	Character	7	Sixth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS7	X	X	Character	7	Seventh level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS8	X	X	Character	7	Eighth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS9	X	X	Character	7	Ninth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROC_ICD10_PCS10	X	X	Character	7	Tenth level ICD-10-PCS procedure code as entered on the claim. Effective with incurred dates of service on/after 10/01/2015.
PROCMOD	X	X	Varchar	4	First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code.
RVNU_CD	X	X	Varchar	4	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.
POS	X	X	Varchar	4	AMA Place of Service code.
HNPI	X	X	Varchar	32	National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.
HNPI_BE	X	X	Varchar	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.
PROVCAT	X	X	Varchar	10	Provider category code that indicates the specialty of the health care professional.
PROV_ZIP_5_CD		X	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
PROV_CBSA_CD	X	X	Character	5	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
PROV_STATE	X	X	Character	2	The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.
NTWRK_IND	X	X	Character	1	Network Indicator. Indicates whether a claim was paid in or out of network.
PRIMARY_CVG_IND	X	X	Character	1	Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.
HCCI_HL_CAT	X	X	Varchar	2	Derived "High Level" service category.
OVER65_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.

ESI_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.

Data File: Medical Claims, Outpatient

Data Field	SDDV1	SDDV2	Data Type	Length	Description
Z_PATID	X	X	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCI data contributors. This identifier is not derived from information about the individual, and is compliant with HIPAA §164.514c.
Z_CLMID	X	X	Varchar	32	One-way hash encrypted Claim ID.
CLMSEQ	X	X	Varchar	5	Number assigned in the source system to the service within the claim. Used with CLMID.
YR	X	X	Character	4	Incurred year of service in format 'YYYY'. Based on CLM_FST_DT.
MNTH	X	X	Varchar	3	Incurred month of service in format 'MM'. Based on CLM_FST_DT.
CLM_FRM_TYP	X	X	Varchar	1	Claim form type.
TOB	X	X	Character	3	Type Of Bill indicator for facility claims.
FST_DT	X	X	Date	10	The beginning date for the service, event, or confinement being billed by the provider.
LST_DT	X	X	Date	10	The ending date for the service, event, or confinement being billed by the provider.
CLM_FST_DT	X	X	Date	10	Minimum FST_DT across all lines of a claim for an Outpatient Visit.
Z_VISITID	X	X	Varchar	32	One-way hash encrypted Identifier for an outpatient visit. *Only present on Outpatient claims.*
PAID_DT	X	X	Date	10	The date that appears on the check or EFT for claims payment.
AMT_NET_PAID	X	X	Decimal	11.2	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service on a capitated service. Values may be positive $ amount or zero or negative $ amount or null.
COINS	X	X	Decimal	11.2	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of an outpatient physical therapy visit. Values may be positive $ amount or zero or negative $ amount or null.
COPAY	X	X	Decimal	11.2	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, $10 for an office visit. Values may be positive $ amount or zero or negative $ amount or null.
DEDUCT	X	X	Decimal	11.2	The amount applied to the member's deductible.
CALC_ALLWD	X	X	Decimal	11.2	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
TOT_MEM_CS	X	X	Decimal	11.2	The sum of COINS + COPAY + DEDUCT.
UNITS	X	X	Decimal	11.3	The number of units of service/procedure.
DIAG_ICD9_CM1	X	X	Varchar	6	First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD9_CM2	X	X	Varchar	6	Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD9_CM3	X	X	Varchar	6	Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD10_CM1	X	X	Varchar	8	First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM2	X	X	Varchar	8	Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM3	X	X	Varchar	8	Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM4	X	X	Varchar	8	Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM5	X	X	Varchar	8	Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM6	X	X	Varchar	8	Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM7	X	X	Varchar	8	Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM8	X	X	Varchar	8	Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM9	X	X	Varchar	8	Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM10	X	X	Varchar	8	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
PROC_CD	X	X	Varchar	6	CPT/HCPCS code.
PROCMOD	X	X	Varchar	4	First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code.
RVNU_CD	X	X	Varchar	4	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.
POS	X	X	Character	2	AMA Place of Service code.
HNPI	X	X	Character	32	National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.
HNPI_BE	X	X	Character	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.

PROVCAT	X	X	Varchar	10	Provider category code that indicates the specialty of the health care professional.
PROV_ZIP_5_CD		X	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
PROV_CBSA_CD	X	X	Character	5	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
PROV_STATE	X	X	Character	2	The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.
NTWRK_IND	X	X	Character	1	Network Indicator. Indicates whether a claim was paid in or out of network.
PRIMARY_CVG_IND	X	X	Character	1	Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.
HCCI_HL_CAT	X	X	Varchar	2	Derived "High Level" service category.
OVER65_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.
ESI_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.

HEALTH CARE COST INSTITUTE

Data File: Medical Claims, Physician

Data Field	SDDV1	SDDV2	Data Type	Length	Description
Z_PATID	X	X	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCI data contributors. This identifier is not derived from information about the individual, and is compliant with HIPAA §164.514c.
Z_CLMID	X	X	Varchar	32	One-way hash encrypted Claim ID.
CLMSEQ	X	X	Varchar	5	Number assigned in the source system to the service within the claim. Used with E_CLMID.
YR	X	X	Character	4	Incurred year of service in format 'YYYY'. Based on FST_DT.
MNTH	X	X	Varchar	3	Incurred month of service in format 'MM'. Based on FST_DT.
CLM_FRM_TYP	X	X	Varchar	1	Claim form type.
FST_DT	X	X	Date	10	The beginning date for the service, event, or confinement being billed by the provider.
LST_DT	X	X	Date	10	The ending date for the service, event, or confinement being billed by the provider.
PAID_DT	X	X	Date	10	The date that appears on the check or EFT for claims payment.
AMT_NET_PAID	X	X	Decimal	11.2	The actual amount paid to the provider for the service performed after all deductions and calculations are performed. This does not include the amount paid fee for service on a capitated service. Values may be positive $ amount or zero or negative $ amount or null.
COINS	X	X	Decimal	11.2	The amount (usually calculated as a percent of the provider's submitted charges) the member pays for a specific service as defined in their benefit plan. For example, 20% of the cost of an outpatient physical therapy visit. Values may be positive $ amount or zero or negative $ amount or null.
COPAY	X	X	Decimal	11.2	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, $10 for an office visit. Values may be positive $ amount or zero or negative $ amount or null.
DEDUCT	X	X	Decimal	11.2	The amount applied to the member's deductible.
CALC_ALLWD	X	X	Decimal	11.2	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
TOT_MEM_CS	X	X	Decimal	11.2	The sum of COINS + COPAY + DEDUCT.
UNITS	X	X	Decimal	11.3	The number of units of service/procedure.
DIAG_ICD9_CM1	X	X	Varchar	6	First level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD9_CM2	X	X	Varchar	6	Second level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD9_CM3	X	X	Varchar	6	Third level ICD-9-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service before 10/01/2015.
DIAG_ICD10_CM1	X	X	Varchar	8	First level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM2	X	X	Varchar	8	Second level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM3	X	X	Varchar	8	Third level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM4	X	X	Varchar	8	Fourth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM5	X	X	Varchar	8	Fifth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM6	X	X	Varchar	8	Sixth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM7	X	X	Varchar	8	Seventh level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM8	X	X	Varchar	8	Eighth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM9	X	X	Varchar	8	Ninth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
DIAG_ICD10_CM10	X	X	Varchar	8	Tenth level ICD-10-CM diagnosis code as entered on the claim (without decimal point). Effective with incurred dates of service on/after 10/01/2015.
PROC_CD	X	X	Varchar	6	CPT/HCPCS code.
PROCMOD	X	X	Varchar	4	First procedure code modifier associated with CPT/HCPCS code. Clarifies or improves the reporting accuracy of the associated procedure code.
POS	X	X	Character	2	AMA Place of Service code.
HNPI	X	X	Character	32	National Provider Identifier (NPI) of the health care rendering provider delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.
HNPI_BE	X	X	Character	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.

PROVCAT	X	X	Character	10	Provider category code that indicates the specialty of the health care professional.
PROV_ZIP_5_CD		X	Character	5	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
PROV_CBSA_CD	X	X	Character	5	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
PROV_STATE	X	X	Character	2	The two character Postal Code for the provider state. Values are provided consistent with the table shown in the "STATE" tab.
NTWRK_IND	X	X	Character	1	Network Indicator. Indicates whether a claim was paid in or out of network.
PRIMARY_CVG_IND	X	X	Character	1	Primary Coverage Indicator. Indicates whether a claim was paid primary, secondary, tertiary, etc.
HCCI_HL_CAT	X	X	Varchar	2	Derived "High Level" service category.
OVER65_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.
ESI_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.

Data File: Pharmacy Claims

Data Field	SDDV1	SDDV2	Data Type	Length	Description
Z_PATID	X	X	Varchar	32	One-way hash encrypted unique identifier for all members in data set. PATID is consistent over time but not consistent across HCCI data contributors. This identifier is not derived from information about the individual, and is compliant with HIPAA §164.514c.
Z_CLMID	X	X	Varchar	32	One-way hash encrypted Claim ID.
YR	X	X	Character	4	Year the prescription was filled by the pharmacy.
MNTH	X	X	Varchar	3	Month the prescription was filled by the pharmacy.
YRMNTH_PD	X	X	Character	6	Year and month the prescription claim was paid.
FILL_DT	X	X	Date	10	Date the prescription was filled by the pharmacy.
CHK_DT	X	X	Date	10	The date that appears on the check for claims payment.
AMT_NET_PAID	X	X	Decimal	11.2	The amount the pharmacy is reimbursed, also referred to as the net amount. NOTE: This amount includes the dollars separately reported in the DISPFEE field.
COPAY_COINS	X	X	Decimal	11.2	The amount the member pays for a prescription as a copay or coinsurance as defined in their benefit plan.
DEDUCT	X	X	Decimal	11.2	The amount applied to the member's deductible.
CALC_ALLWD	X	X	Decimal	11.2	The calculated allowed amount of a service. The sum of the plan payment plus member cost-share. AMT_NET_PAID + COPAY_COINS + DEDUCT.
TOT_MEM_CS	X	X	Decimal	11.2	The total member cost share (out-of-pocket payment) far a service. The sum of COPAY_COINS + DEDUCT.
DISPFEE	X	X	Decimal	11.2	Amount the pharmacy charged to fill the prescription. NOTE: This amount is included in the AMT_NET_PAID payment to the pharmacy.
QUANTITY	X	X	Decimal	10.3	Quantity of drug dispensed in metric units.
HNPI	X	X	Varchar	32	National Provider Identifier (NPI) of the health care provider authorized to prescribe medications. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.
HNPI_BE	X	X	Vachar	32	National Provider Identifier (NPI) of the health care billing entity delivering the service. NPI is assigned by NPPES/CMS to a qualified health care provider. This number is a one-way hash encrypted value consistent across HCCI data contributors using a 32-byte algorithm developed by Humana.
DAW	X	X	Character	1	Identifies if a prescription was filled as written or altered by Pharmacy, Physician or Member.
DAYS_SUP	X	X	Decimal	11.2	Estimated day count the drug supply should last.
NDC	X	X	Character	11	The unique code that identifies a drug product as defined by the National Drug Data File (all drug products regulated by the FDA must use an NDC).
SPCLT_IND	X	X	Character	1	Indicates if the pharmacy is a specialty pharmacy.
HCCI_HL_CAT	X	X	Varchar	4	Derived "High Level" service category (always 'RX').
OVER65_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.
ESI_FLG	X	X	Character	1	Derived flag for purposes of data set filtering. Value of '1' indicates member is ESI (ESI product code of EPO, HMO, POS, or PPO), AGE is valid and under 65, and valid sex values.

Helpful Resources

There are several resources for industry-standard healthcare code sets, these resources may be helpful.

CBSA_CD (v2017)	United States Census Bureau	https://www.census.gov/programs-surveys/metro-micro.html
HRR_CD (v2016)	Dartmouth Atlas of Health Care	http://www.dartmouthatlas.org/tools/downloads.aspx?tab=39
TOB	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml
ADMIT_SRC	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml
ADMIT_TYPE	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml
MDC	ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual	https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html
DIAGS (ICD-9-CM diagnoses)	CMS ICD_9 Coding Resources	https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes
ICD_10_CM	CMS ICD-10 Coding Resources	https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources
DRG	ICD-10-CM/PCS MS-DRG v37.0 Definitions Manual	https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0001.html
DSTATUS	NUBC/AHA UB04 Data Specification	http://www.nubc.org/subscriber/index.dhtml
ICD_10_PCS	CMS ICD-10 Coding Resources	https://www.cms.gov/Medicare/Coding/ICD10/ICD-10Resources
RVNU_CD	RESDAC/AHA	https://www.resdac.org/cms-data/variables/revenue-center-code-ffs
POS	Centers for Medicare and Medicaid Services	http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html
NDC	First Databank	http://www.fdbhealth.com/solutions/fdb-medknowledge/
AHFSCLSS	American Society of Health-System Pharmacists (ASHP)	http://www.ahfsdruginformation.com/

In addition to the above references, users may find the following two resources helpful for obtaining industry standard code sets in book or electronic form:

	American Academy of Professional Coders (AAPC)	https://www.aapc.com/medical-coding-books/
	American Medical Association (AMA)	https://commerce.ama-assn.org/store/

Researchers should note: *Any values present in the HCCI data tables that are not found in the reference tables should be considered invalid and treated as noise.*