This Data Dictionary applies to the HCCI data in the data Enclave for data years 2012-2020.

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Fields available under each statistically de-identified view are denoted with an 'X'.

Member Enrollment Fields

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	Patient Identifier (encrypted)	Z_PATID	Integer	Encrypted, unique identifier for all members in data set. PATID is consistent over time and unique across HCCI data contributors.
X	X	Relation Code	REL_CD	Character	Identifies if member is policy subscriber or dependent.
X	X	Enrollment Month	MNTH	Character	Calendar Month of active member enrollment.
X	X	Enrollment Year	YR	Character	Calendar Year of active member enrollment.
X	X	Member Sex	SEX	Character	Member Gender: Male (1), Female (2), Unknown (9).
X		Year of Birth	YBIRTH	Character	Year of Member birth.
	X	Age Band Code	AGE_BAND_CD	Character	A code identifying the age range of the member. Bands: 0-17, 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75-84, 85+.
	X	State	MBR_STATE	Character	Standard two character indicator of Member's state of residence.
X		State (for Rural or microlitan CBSAs)	STATE_RURAL	Character	Standard two character indicator of Member's state of residence where CBSA is masked.
	X	Member Zip Code	MBR_ZIP_5_CD	Character	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 1,350 individuals per 2010 US Census ZCTA file are allowed for use.*
X	X	Member CBSA Code	MBR_CBSA	Character	Geographic Indicator, US Census Core Based Statistical Area. Only "Metro" codes, representing populations of 50,000+, are included.
	X	Member Hospital Referral Region Code	HRR_CD	Integer	Identifies a member's regional market for tertiary medical care based on the Dartmouth Atlas Hospital Referral Regions.
X	X	Product	PROD	Character	Type of benefit plan commonly used by the health care industry to identify the product.
X	X	Funding	FUNDING	Character	Identifies ASO (self funded) versus fully insured. Used for commercial products only.
X	X	Prescription Coverage Flag	RX_CVG_IND	Character	Identifies a member with pharmacy benefits coverage.
X	X	Mental Health Coverage Flag	MH_COV_IND	Character	Identifies members who have mental health benefits as part of their plan coverage.
X	X	Standard Industry Classification Code	SIC	Character	A federally assigned Standard Industry Classification number that identifies companies by industry. Values have been aggregated into 8 broad categories.
X	X	Age over 65 Flag	OVER65_FLAG	Character	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.
X	X	Employer-Sponsored Insurance Flag	ESI_FLAG	Character	Derived flag for purposes of data set filtering. Value of '1' indicates if member is enrolled in traditional employer sponsored insurance plan

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Fields available under each statistically de-identified view are denoted with an 'X'.

Medical Claim Fields - Inpatient

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	Patient Identifier (encrypted)	Z_PATID	Integer	Encrypted, unique identifier for all members in data set. PATID is consistent over time and unique across HCCI data contributors.
X	X	Medical Claim ID (encrypted)	Z_CLMID	Integer	Encrypted Claim ID.
X	X	Claim Sequence Code	CLMSEQ	Character	Number assigned in the source system to the service within the claim. Used with E_CLMID.
X	X	Claim Incurred Year	YR	Character	Incurred year of service in format 'YYYY'.
X	X	Claim Incurred Month	MNTH	Character	Incurred month of service in format 'MM'.
X	X	Claim Form Type	CLM_FRM_TYP	Character	Claim form type.
X	X	Type of Bill	TOB	Character	Type Of Bill indicator for facility claims.
X	X	First Service Date	FST_DT	Date	The beginning date for the service, event, or confinement being billed by the provider.
X	X	Last Service Date	LST_DT	Date	The ending date for the service, event, or confinement being billed by the provider.
X	X	Admit Date	FST_ADMTDT	Date	Admission Date for Inpatient confinement.
X	X	Discharge Date	LAST_DISCHDT	Date	Discharge Date for Inpatient confinement.
X	X	Admit ID	Z_ADMIT_ID	Integer	Encrypted, unique identifier for an inpatient confinement. *Only present on Inpatient claims.*
X	X	Admit Source	ADMIT_SRC	Character	Point of origin for admission.
X	X	Admit Type	ADMIT_TYPE	Character	Source of patients admission.
X	X	Major Diagnostic Category	MDC	Varchar	Major Diagnostic Category. *Only present on Inpatient claims.*
X	X	Claim Paid Date	PAID_DT	Date	The date that appears on the check or EFT for claims payment.
X	X	Net Paid Amount	AMT_NET_PAID	Numeric	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.
X	X	Coinsurance Amount	COINS	Numeric	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.
X	X	Copayment Amount	COPAY	Numeric	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.
X	X	Deductible Amount	DEDUCT	Numeric	The amount applied to the member's deductible.
X	X	Calculated Allowed Amount	CALC_ALLWD	Numeric	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
X	X	Total Member Cost Share	TOT_MEM_CS	Numeric	The sum of COINS + COPAY + DEDUCT.
X	X	Units	UNITS	Number	The number of units of service/procedure.
X	X	Diagnosis 1	DIAG_1	Varchar	First level ICD-9 as entered on the claim.
X	X	Diagnosis 2	DIAG_2	Varchar	Second level ICD-9 as entered on the claim.
X	X	Diagnosis 3	DIAG_3	Varchar	Third level ICD-9 as entered on the claim.
X	X	ICD10_CM Diagnosis Code	ICD10_CM1-10	Varchar	First ten ICD-10-CM diagnosis codes as entered on the claim (without decimal point). Effective with incurred DATEs of service on/after 10/01/2015.
X	X	Present on Admission Code	POA1-10	Character	Present on Admission code (for diagnosis 1-10). An indicator that differentiates conditions present at time of admission from those conditions that develop during the inpatient admission.
X	X	Diagnosis Related Group	DRG	Varchar	The Diagnosis Related Group (DRG) Code.
X	X	Discharge Status	DSTATUS	Character	Discharge Status Code. Valid for hospital stays only.
X	X	Procedure Code (CPT/HCPCS)	PROC_CD	Varchar	CPT/HCPCS code.
X	X	Procedure Code 1 (ICD-9)	PROC_ICD9_PCS1	Varchar	ICD-9-CM code. Inpatient claims only.
X	X	Procedure Code 2 (ICD-9)	PROC_ICD9_PCS2	Varchar	ICD-9-CM code. Inpatient claims only.
X	X	Procedure Code 3 (ICD-9)	PROC_ICD9_PCS3	Varchar	ICD-9-CM code. Inpatient claims only.

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Fields available under each statistically de-identified view are denoted with an 'X'.					

Medical Claim Fields - Inpatient

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	ICD10_PCS Procedure Code	ICD10_PCS1-5	Varchar	First five ICD-10-PCS procedure codes as entered on the claim. Effective with incurred DATEs of service on/after 10/01/2015.
X	X	Procedure Code Modifier (CPT/HCPCS)	PROCMOD	Varchar	First procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.
X	X	Revenue Code	RVNU_CD	Varchar	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.
X	X	Place of Service	POS	Varchar	AMA Place of Service code.
X	X	National Provider Identifier (encrypted)	HNPI	Character	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 encrypted to be consistent across HCCI data contributors using a 32-byte algorithm.
X	X	National Provider Identifier (encrypted) of billing entity	HNPI_BE	Character	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.
X	X	Provider Category	PROVCAT	Character	Provider category code that indicates the specialty of the health care professional.
	X	Provider Zip Code	PROV_ZIP_5_CD	Character	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
X	X	Provider CBSA Code	PROV_CBSA_CD	Character	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
	X	Provider State Code	PROV_STATE	Character	Standard two character indicator of state of provider.
X	X	Network Indicator	NTWRK_IND	Character	Indicates whether a claim was paid in or out of network. 2014-2018 data only.
X	X	Primary Coverage Indicator	PRIMARY_COV_IND	Character	Indicates whether a claim was paid primary, secondary, tertiary, etc. 2014-2018 data only.
X	X	HCCI High Level Service Category	HCCI_HL_CAT	Varchar	Derived "High Level" service category.
X.	X	Age over 65 Flag	OVER65_FLAG	Character	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.

Fields available under each statistically de-identified view are denoted with an 'X'.

Medical Claim Fields - Outpatient

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	Patient Identifier (encrypted)	Z_PATID	Integer	Encrypted, unique identifier for all members in data set. PATID is consistent over time and unique across HCCI data contributors.
X	X	Medical Claim ID (encrypted)	Z_CLMID	Integer	Encrypted Claim ID.
X	X	Claim Sequence Code	CLMSEQ	Character	Number assigned in the source system to the service within the claim. Used with E_CLMID.
X	X	Claim Incurred Year	YR	Character	Incurred year of service in format 'YYYY'.
X	X	Claim Incurred Month	MNTH	Character	Incurred month of service in format 'MM'.
X	X	Claim Form Type	CLM_FRM_TYP	Character	Claim form type.
X	X	Type of Bill	TOB	Character	Type Of Bill indicator for facility claims.
X	X	First Service Date	FST_DT	Date	The beginning date for the service, event, or confinement being billed by the provider.
X	X	Last Service Date	LST_DT	Date	The ending date for the service, event, or confinement being billed by the provider.
X	X	Claim First Date	CLM_FST_DT	Date	Minimum FST_DT across all lines of a claim for an Outpatient visit.
X	X	Visit ID	Z_VISITID	Integer	Unique identifier for an outpatient visit. *Only present on Outpatient claims.*
X	X	Claim Paid Date	PAID_DT	Date	The date that appears on the check or EFT for claims payment.
X	X	Net Paid Amount	AMT_NET_PAID	Numeric	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.
X	X	Coinsurance Amount	COINS	Numeric	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.
X	X	Copayment Amount	COPAY	Numeric	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.
X	X	Deductible Amount	DEDUCT	Numeric	The amount applied to the member's deductible.
X	X	Calculated Allowed Amount	CALC_ALLWD	Numeric	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
X	X	Total Member Cost-Share	TOT_MEM_CS	Numeric	The sum of COINS + COPAY + DEDUCT.
X	X	Units	UNITS	Number	The number of units of service/procedure.
X	X	Diagnosis 1	DIAG_ICD9_CM1	Varchar	First level ICD-9 as entered on the claim.
X	X	Diagnosis 2	DIAG_ICD9_CM2	Varchar	Second level ICD-9 as entered on the claim.
X	X	Diagnosis 3	DIAG_ICD9_CM3	Varchar	Third level ICD-9 as entered on the claim.
X	X	ICD10_CM Diagnosis Code	ICD10_CM1-10	Varchar	First ten ICD-10-CM diagnosis codes as entered on the claim (without decimal point). Effective with incurred DATEs of service on/after 10/01/2015.
X	X	Procedure Code (CPT/HCPCS)	PROC_CD	Varchar	CPT/HCPCS code.
X	X	Procedure Code Modifier (CPT/HCPCS)	PROCMOD	Varchar	First procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.

Fields available under each statistically de-identified view are denoted with an 'X'.

Medical Claim Fields - Outpatient

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	ICD10_PCS Procedure Code	ICD10_PCS1-10	Varchar	First ten ICD-10-PCS procedure codes as entered on the claim. Effective with incurred DATEs of service on/after 10/01/2015.
X	X	Revenue Code	RVNU_CD	Varchar	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.
X	X	Place of Service	POS	Varchar	AMA Place of Service code.
X	X	National Provider Identifier (encrypted)	HNPI	Character	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 encrypted to be consistent across HCCI data contributors using a 32-byte algorithm.
X	X	National Provider Identifier (encrypted) of billing entity	HNPI_BE	Character	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.
X	X	Provider Category	PROVCAT	Character	Provider category code that indicates the specialty of the health care professional.
	X	Provider Zip Code	PROV_ZIP_5_CD	Character	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
X	X	Provider CBSA Code	PROV_CBSA_CD	Character	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
	X	Provider State Code	PROV_STATE	Character	Standard two character indicator of state of provider.
X	X	Network Indicator	NTWRK_IND	Character	Indicates whether a claim was paid in or out of network. 2014-2018 data only.
X	X	Primary Coverage Indicator	PRIMARY_COV_IND	Character	Indicates whether a claim was paid primary, secondary, tertiary, etc. 2014-2018 data only.
X	X	HCCI High Level Service Category	HCCI_HL_CAT	Varchar	Derived "High Level" service category.
X	X	Age over 65 Flag	OVER65_FLAG	Character	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.

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Fields available under each statistically de-identified view are denoted with an 'X'.

Medical Claim Fields - Physician

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	Patient Identifier (encrypted)	Z_PATID	Integer	Encrypted, unique identifier for all members in data set. PATID is consistent over time and unique across HCCI data contributors.
X	X	Medical Claim ID (encrypted)	Z_CLMID	Integer	Encrypted Claim ID.
X	X	Claim Sequence Code	CLMSEQ	Character	Number assigned in the source system to the service within the claim. Used with Z_CLMID.
X	X	Claim Incurred Year	YR	Character	Incurred year of service in format 'YYYY'.
X	X	Claim Incurred Month	MNTH	Character	Incurred month of service in format 'MM'.
X	X	Claim Form Type	CLM_FRM_TYP	Character	Claim form type.
X	X	Type of Bill	TOB	Character	Type Of Bill indicator for facility claims.
X	X	First Service Date	FST_DT	Date	The beginning date for the service, event, or confinement being billed by the provider.
X	X	Last Service Date	LST_DT	Date	The ending date for the service, event, or confinement being billed by the provider.
X	X	Claim Paid Date	PAID_DT	Date	The date that appears on the check or EFT for claims payment.
X	X	Net Paid Amount	AMT_NET_PAID	Numeric	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.
X	X	Coinsurance Amount	COINS	Numeric	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.
X	X	Copayment Amount	COPAY	Numeric	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.
X	X	Deductible Amount	DEDUCT	Numeric	The amount applied to the member's deductible.
X	X	Calculated Allowed Amount	CALC_ALLWD	Numeric	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
X	X	Total Member Cost-Share	TOT_MEM_CS	Numeric	The sum of COINS + COPAY + DEDUCT.
X	X	Units	UNITS	Number	The number of units of service/procedure.
X	X	Diagnosis 1	DIAG_ICD9_CM1	Varchar	First level ICD-9 as entered on the claim.
X	X	Diagnosis 2	DIAG_ICD9_CM2	Varchar	Second level ICD-9 as entered on the claim.
X	X	Diagnosis 3	DIAG_ICD9_CM3	Varchar	Third level ICD-9 as entered on the claim.
X	X	ICD10_CM Diagnosis Code	ICD10_CM1-3	Varchar	First three ICD-10-CM diagnosis codes as entered on the claim (without decimal point). Effective with incurred DATEs of service on/after 10/01/2015.
X	X	Procedure Code (CPT/HCPCS)	PROC_CD	Varchar	CPT/HCPCS code.
X	X	Procedure Code Modifier (CPT/HCPCS)	PROCMOD	Varchar	First procedure code modifier. Clarifies or improves the reporting accuracy of the associated procedure code.

Fields available under each statistically de-identified view are denoted with an 'X'.

Medical Claim Fields - Physician

Data Set #1	Data Set #2	Field Name	Field ID	Data Type	Description
X	X	Revenue Code	RVNU_CD	Varchar	Identifies a specific accommodation, ancillary service or billing calculation for facility claims.
X	X	Place of Service	POS	Varchar	AMA Place of Service code.
X	X	National Provider Identifier (encrypted)	HNPI	Character	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 encrypted to be consistent across HCCI data contributors using a 32-byte algorithm.
X	X	National Provider Identifier (encrypted) of billing entity	HNPI_BE	Character	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.
X	X	Provider Category	PROVCAT	Character	Provider category code that indicates the specialty of the health care professional.
	X	Provider Zip Code	PROV_ZIP_5_CD	Character	The number assigned by the US Postal Service to a geographic area for the purposes of efficient mail sorting and delivery.
X	X	Provider CBSA Code	PROV_CBSA_CD	Character	Core Based Statistical Area code, a geographic entity defined by the US Census Bureau. Only "Metro" codes, representing populations of 50,000+, are included.
	X	Provider State Code	PROV_STATE	Character	Standard two character indicator of state of provider.
X	X	Network Indicator	NTWRK_IND	Character	Indicates whether a claim was paid in or out of network. 2014-2018 data only.
X	X	Primary Coverage Indicator	PRIMARY_COV_IND	Character	Indicates whether a claim was paid primary, secondary, tertiary, etc. 2014-2018 data only.
X	X	HCCI High Level Service Category	HCCI_HL_CAT	Varchar	Derived "High Level" service category.
X	X	Age over 65 Flag	OVER65_FLAG	Character	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.

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		Fields available under each statistically de-identified view are denoted with an 'X'.

Pharmacy Claim Fields

Data View #1	Data View #2	Field Name	Field ID	Data Type	Description
X	X	Patient Identifier (encrypted)	Z_PATID	Integer	Encrypted, unique identifier for all members in data set. PATID is consistent over time and unique across HCCI data contributors.
X	X	Pharmacy Claim ID (encrypted)	Z_CLMID	Integer	Encrypted Claim ID.
X	X	Claim Incurred Year	YR	Character	Year the prescription was filled by the pharmacy in format 'YYYY'.
X	X	Claim Incurred Month	MNTH	Character	Month the prescription was filled by the pharmacy in format 'MM'.
X	X	Claim Payment Year and Month	YRMNTH_PD	Character	Year and month the prescription claim was paid in format 'YYYYMM'.
X	X	Prescription Fill Date	FILL_DT	Date	Date the prescription was filled by the pharmacy.
X	X	Claim Paid Date	CHK_DT	Date	The date that appears on the check for claims payment.
X	X	Net Paid Amount	AMT_NET_PAID	Numeric	The amount the pharmacy is reimbursed. Also referred to as the net amount.
X	X	Copayment Amount	COPAY_COINS	Numeric	The fixed amount the member pays for a specific service as defined in their benefit plan. For example, $10 for a prescription fill.
X	X	Deductible Amount	DEDUCT	Numeric	The amount applied to the member's deductible.
X	X	Calculated Allowed Amount	CALC_ALLWD	Numeric	The sum of the plan payment plus member cost-share. AMT_NET_PAID + COINS + COPAY + DEDUCT.
X	X	Total Member Cost-Share	TOT_MEM_CS	Numeric	The sum of COINS + COPAY + DEDUCT.
X	X	Dispensing Fee	DISPFEE	Numeric	Amount the pharmacy charged to fill the prescription.
X	X	Quantity	QUANTITY	Numeric	Quantity of drug dispensed in metric units.
X	X	National Provider Identifier of Prescriber (encrypted)	HNPI	Character	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 encrypted to be consistent across HCCI data contributors using a 32-byte algorithm.
X	X	Dispense as Written Code	DAW	Character	Identifies if a prescription was filled as written or altered by Pharmacy, Physician or Member.
X	X	Number of Days Supplied	DAYS_SUP	Numeric	Estimated day count the drug supply should last.
X	X	National Drug Code	NDC	Character	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).
X	X	Specialty Pharmacy Flag	SPCLT_IND	Character	Indicates if the pharmacy is a specialty pharmacy.
X	X	HCCI High Level Service Category	HCCI_HL_CAT	Varchar	Derived "High Level" service category (always 'RX').
X	X	Age over 65 Flag	OVER65_FLAG	Character	Derived flag for purposes of data set filtering. Value of '1' indicates member age of 65+.