

**Vermont Department of Banking, Insurance, Securities
and Health Care Administration
Division of Health Care Administration**

**VERMONT HEALTHCARE CLAIMS UNIFORM
REPORTING AND EVALUATION SYSTEM:**

**APPLICATION FOR A LIMITED USE
HEALTH CARE CLAIMS RESEARCH DATA SET**

INTRODUCTION

To the extent allowed by federal HIPAA provisions, the Vermont State Legislature authorized the Department of Banking, Insurance, Securities and Health Care Administration (the department) to collect health care eligibility and medical and pharmacy claims data from health insurers to be available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in Vermont. (18 V.S.A. § 9410) Provisions addressing releases from the claims data set are addressed in state regulation H-2008-01. Information and documentation about the VHCURES program are posted on the department's web site at www.bishca.state.vt.us.

The Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) data collection program produces consolidated claims data sets that are updated on a periodic basis. Record-level files containing "unrestricted" data elements are available in a public use file (PUF). Limited use health care claims research data sets (limited use data sets) containing specified "restricted" data elements are available to users and for uses approved by the department. Approved users are responsible for covering the cost of the files or technical assistance provided by the department's designated contractor managing the consolidated VHCURES data set.

Requestors seeking the release of a limited use health care claims research data set must complete this application for review by the department and have a data use agreement with the department. Approved users wanting to retain and use limited use data sets for longer than 2 years may be required to reapply.

Authorized users conducting research and analysis on behalf of the department must complete another version of this application titled, "Authorized User Application" and have a data use agreement with the department.

If the department declines to release a requested limited use data set, it will provide within 60 days of receipt of the application a written statement identifying the specific criteria that are the basis for denial of the application. The requestor shall have leave to resubmit or supplement the application to address the Commissioner's concerns. Any adverse decision regarding an application may be appealed within 30 days by filing a request for hearing with the Commissioner pursuant to Department Rule 82-1.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE APPLICATION

Applicants must complete all required sections of the application and include adequate detail to support a thorough review of the application by the department. Applications that are incomplete will not be reviewed until the applicant has provided all required information.

The Commissioner may request a review of an application by the VHCURES Data Release Advisory Committee. See Section 8 of state Regulation H-2008-01 for detailed information about the committee.

Applicants must submit one (1) copy of the completed application in electronic format via electronic mail and three (3) hard copies to the contact for the department listed below. The electronic filing of the completed application must include all supplementary materials and attachments being submitted as part of an application.

The contact at the department for questions about the VHCURES program including the application process and for routing completed applications is:

Dian Kahn
Director of Analysis and Data Management
BISCHA
89 Main Street, Drawer 20
Montpelier, VT 05620-3101
(802) 828-2906
Dian.Kahn@state.vt.us

SECTION 1: APPLICANT CONTACT AND QUALIFICATION INFORMATION

1-1. Principal Investigator

The person in charge of a project that makes use of limited use research health care claims data sets and who is the custodian of the data responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements to prevent unauthorized use.

Principal Investigator Name: Elizabeth Kilbreth, Ph.D

Title (if applicable): Associate Research Professor

Principal Investigator Organization: Muskie School of Public Service, University of Southern Maine

Street/PO Address: PO Box 9300

City/State/ZIP: Portland, ME 04014-9300

Phone Number: 207-780-4467

Email address: bethk@usm.maine.edu

Fax Number: 207-780-4953

Web Address (if applicable):

1-2. Organizational Affiliation of Principal Investigator (if applicable)

Complete this section if the principal investigator is not a member or permanent employee of the organization that is requesting the research or study for which the limited use health care claims limited use data set is being requested.

Organization Name:

Organization Contact Name:

Organization Contact Title:

Street/PO Address:

City/State/ZIP:

Phone Number:

Email address:

Fax Number:

Web Address (if applicable):

1-3 Principal Investigator Contact Person (if different from Principal Investigator)

Name:

Title:

Complete if different from the Principal Investigator information under 1-1:

Street/PO Address:

City/State/ZIP:

Phone Number:

Email address:

Fax Number:

1-4. Description of Principal Investigator Professional Qualifications

Describe education, training and previous research experience, publications, affiliation with a university, private research organization, medical center, government agency, or other institution that will provide sufficient research resources. Attach resume for this section if it provides adequate description of qualifications.

Attachment Filename (File must be included in electronic submission of this application):
Elizabeth_Kilbreth_cv.doc (attached)

2. Additional Project Staff with Access to the Limited Use Health Care Claims Research Data Set (if any)

List the names of all staff on project, including contractors, who will have access to the data and provide their qualifications.

2 (a). Additional Project Staff Person #1

Name: Suanne Singer
Title: Senior Consultant
Organizational Affiliation/Employer: Onpoint Health Data
Project Role: Project Manager, quality control, systems specifications, documentation
Qualifications: Former CEO, Onpoint Health Data. Project lead in development of Onpoint's claims data management system. 30 years experience.

2 (b). Additional Project Staff Person #2

Name: William Thomas, Ph.D.
Title: Senior Researcher
Organizational Affiliation/Employer: Muskie School of Public Service
Project Role: Researcher
Qualifications: former professor, University of Michigan

2 (c). Additional Project Staff Person #3

Name: Erika Ziller
Title: Research Associate
Organizational Affiliation/Employer: Muskie School of Public Service
Project Role: Researcher
Qualifications: Ph.D. candidate

2 (d). Additional Project Staff Person #4

Name: Deborah Thayer
Title: Research Analyst II
Organizational Affiliation/Employer: Muskie School of Public Service
Project Role: Researcher

Qualifications: B.S., MBA, 14 years experience as data analyst and researcher

2 (e). Additional Project Staff Person #5

Name: Anand Ginka

Title: Director of Information Technology

Organizational Affiliation/Employer: Onpoint Health Data

Project Role: Supervisor, security

Qualifications: Manager of Onpoint information technology department.

2 (f). Additional Project Staff Person #6

Name: Lisa Poulin

Title: Health Data Analyst

Organizational Affiliation/Employer: Onpoint Health Data

Project Role: preparing SAS data sets

Qualifications: Experienced SAS and claims data analyst at Onpoint for 3 years.

2 (g). Additional Project Staff Person #7

Name: Joshua Buck

Title: Systems Analyst

Organizational Affiliation/Employer: Onpoint Health Data

Project Role: Loading and grouping data

Qualifications: Onpoint employee for 7 years and lead analyst for encryption applications

2 (h). Additional Project Staff Person #8

Name: Natasha Ranger

Title: Systems Analyst

Organizational Affiliation/Employer: Onpoint Health Data

Project Role: loading source data

Qualifications: Onpoint employee for 7 years as senior systems analyst

SECTION 2: RESEARCH PROTOCOL

Complete the information below in summary format and attach a copy of the research protocol to provide detailed information. In addition, If you have an approval from an Institutional Review Board for your study, attach that information to this application.

2-1. Research Protocol Filename (File must be included in electronic submission of this application): **Vermont Study Protocol.doc (attached)**

2-2. IRB Study Approval Filename (If applicable, file must be included in electronic submission of this application): **IRB 071408-09 continuing review approval.pdf (attached)**

Please note that this research project has also received IRB review and clearance from the Harvard School of Public Health IRB and the Group Insurance Commission of Massachusetts IRB.

2-3. Summary of background, purposes, and origin of the research:

The project for which the data are requested is a Robert Wood Johnson Foundation funded study under the Foundation's SHARE initiative (State Health Access Research and Evaluation). The title of the study is: How Affordable Are State Coverage Plans? The project is funded for the period, April, 2008 through March 31, 2010, with a no-cost extension to March 31, 2011.

Background and Purpose: The state governments of Massachusetts, Maine, and Vermont have all enacted strategies within the past five years to expand health insurance availability to people who would otherwise be uninsured. These programs constitute a natural experiment providing an opportunity to examine the relationships among insurance benefit design, enrollee income, and health status, and the relative and interactive impact of these factors on health service utilization. All three states have implemented state-sponsored programs that use sliding scale premium subsidies and variations in cost sharing requirements in the form of co-payments and deductibles to reduce financial barriers to coverage and care for low and moderate income individuals. While all three states use similar income groupings to determine subsidy eligibility, they differ in their premium payment requirements, level of coverage, and cost-sharing requirements. These programs provide an opportunity to analyze health service utilization by low-income individuals (in comparison to a continuously insured population as represented by state employees) and to consider the impact of cost sharing on health utilization in these populations.

2-4. Statement of the health-related problem or issue to be addressed by the research:

An analysis of pent-up demand, adverse risk selection, and the relationship between out-of-pocket costs and health service utilization among low-income, insured program participants. For greater detail, see attached Vermont study Protocol.

2-5. Research design and methodology, including either the topics of exploratory research or the specific research hypotheses to be tested:

This study will examine the following questions with regard to the DirigoChoice Program in Maine, the Commonwealth Care Program in Massachusetts, and the expanded access programs including Catamount Health Plan in Vermont.

1. Controlling for income (as defined by program subsidy tiers) and health status, is utilization lower in plans requiring higher out-of-pocket spending, and for which services?

2. For individuals with specific chronic illnesses, is utilization negatively correlated with level of out-of-pocket spending and for which services?
3. Do the programs experience adverse selection among enrollees and does risk selection improve or deteriorate over time?

2-6. Describe the procedures that will be followed to maintain the confidentiality of any data or copies of records provided to the principal investigator. Provide details related to the following items as applicable to this application:

Who will have direct access to the released file of record-level data?

Suanne Singer of Onpoint Health Data
Anand Ginka of Onpoint Health Data
Lisa Poulin of Onpoint Health Data
Joshua Buck of Onpoint Health data
Natasha Ranger of Onpoint Health data

Note: credentials of above named individuals are provided in Section 2 (a) through (h), above.

Who will have access and how will access to the data extracted from the original released file containing any tabulations derived from restricted data elements be limited?

Individuals having access to restricted data elements will include the Onpoint Health Data staff listed above and the following Muskie School researchers:

Deborah Thayer, Data analyst
Erika Ziller, Research Associate
William Thomas, Professor and Senior Researcher

Our data request includes the following restricted data elements:

Double encrypted SSN
Service dates
Status at discharge
Service provider entity type qualifier

SSN will be used by Onpoint Health Data during the file construction phase and will not be included in the analytic file released to the university. SSN will be used to link claims data to the Vermont AHS eligibility data to create person-level subsidy tier or household income variables. Once this linkage is complete, the only identifiers will be the composite unique member IDs, which are unrestricted.

Service dates will be used to create time of service in relation to point of enrollment (e.g., first quarter year after enrollment, second quarter year after enrollment, etc.). No specific dates of enrollment or dates of service will be included in any tabulations.

Status at discharge will be used to assign DRGs to relevant claims and (using the Johns Hopkins ACG grouper software) to assign individuals to risk groups. The DRGs and risk groups will be used in the analyses and included in tabulations. Status at discharge will not be reported.

Service provider entity type qualifier will be used as a control variable in comparing aggregate health service costs across groups. Since the research questions of our study focus on enrollees and not providers, tabulations of provider characteristics and location will not be generated or reported.

What provisions are being made to hold people accountable for security of the data being released or extracted from the released dataset?

All member of the research team are NIH certified and HIPAA trained. Access to the data is password protected. The study protocol is structured so that, within the research team, access to protected data is on a need-to-know basis. Only Onpoint Health Data employees will have access to raw data files released from BISHCA. The files released to the university will have been purged of certain protected elements such as encrypted SSNs. Within the university team, only the programmers and researchers involved in file construction will have access to the file obtained from Onpoint Data (this team consists of three individuals: an experienced programmer and analyst; a research associate with expertise in programming and analysis using large datasets; and a research professor with expertise in claims-based research who serves as a consultant in identifying and fixing errors and unanticipated analytic challenges. Other members of the research team will see only output where protected data fields have been aggregated to a level where tabulation cells will be well populated and individual-level data will be impossible to extract.

How will access to any personal computers and removable hard drives be controlled and limited?

Initial file construction and data linkage for this project will be carried out by the Onpoint Health Data under subcontract to the Muskie School. Analytic claims files will be transferred to the research team at the University of Southern Maine in an encrypted format using file transfer protocol (FTP) to our secure server at the University. A key to un-encrypt the data will be provided to the university research team once the data has

been secured. The university server is behind a firewall and can only be accessed by authorized logins and password. In this manner, the data will be transferred from one limited access and password protected server at Onpoint to a similarly protected server at the University.

For the purposes of this study, the confidential material provided to the University will be stored in a locked server room with restricted access and with the server, itself, in a locked case. The departmental network is isolated from the rest of the University and the Internet by its own router and firewall. Dial-up and encrypted SSH capabilities provide protected remote access to data servers. Inbound telnet sessions, which are not encrypted, are blocked at the firewall. Network services such as mail and Worldwide Web service are on separate nodes that hold no project data.

Our protocols do not allow the transfer of confidential data to the hard-drives of personal computers.

Will data (original file or extracted/copied files) be transferred to laptops and/or thumbdrives or other storage devices? How will access to that be controlled and limited?

No files that contain any restricted data elements will be transferred to laptops or other storage devices outside of the protected storage system described above.

How will the released data be expunged and destroyed once the approved use of the data is completed?

Any CDs, tapes or other media released by BISHCA to Onpoint Health Data will be shredded and hard drives used to store information will be shredded or rendered unusable when the project is completed. Any CDs or tapes delivered to the university will be shredded, and the hard drive used to store the data will be shredded or rendered unusable when the project is completed.

2-7. The intended research completion date (Studies that take longer than 2 years shall require annual approval and renewal from the department): March 31, 2011

SECTION 3: PRICES FOR DATA SETS

Limited use research health care claims data sets approved by the Department shall be made available to the requesting party at the cost set below by the Department's designated vendor to process the approved data extract. The price below does not include the cost of additional programming and consulting services that requestors may procure from the vendor. Approved users will be invoiced by the vendor and are responsible for

their own payment arrangements with the vendor. Payment for the data and any additional consulting services procured from the vendor are to be made directly to the vendor.

BISHCA Designator Vendor:
Onpoint Health Data
16 Association Drive
Manchester, ME 04351
207 430-0632
207 622-7086 fax
www.OnpointHealthData.org

The extract price is \$5,200 for an extract of multiple years of incurred claims and eligibility data including the services and products listed below from the designated vendor. This includes extracts only from existing warehouse data sets for up to 5 years of incurred data. The Vermont warehouse has a start date of January 2007 for incurred claims and eligibility files.

- Define data output specifications
- Data extract of claims and eligibility records up to 5 years incurred
- Provider master table extract
- Local CPT/Diagnosis table extract
- Client review and release of extract including dictionary documentation

The extract price does not include any conditional programming on the part of the vendor to meet clients' customized conditions or research methodologies. For example, the vendor will not extract diabetic patients or radiology services or other defined subsets without additional cost as required for vendor consultation and programming.

SECTION 4: ROUTING AND DELIVERY

Data will be shipped via UPS or FedEx, unless otherwise requested. Please provide your UPS or FedEx billing number and any other relative shipping information.

UPS Billing Number:
FedEx Billing Number: 2695-5130-5
Other Shipping Options:

Ship to the attention of (Name): Suanne Singer
Shipping Address:
Onpoint Health Data
16 Association Drive
Manchester, Me 04351

SECTION 5: SPECIFICATION OF REQUEST FOR LIMITED USE DATA SET

In the subsections below below, the applicant needs to indicate the time period, minimum needed specific data elements, justify need for potentially indirect patient identifiers, and indicate minimum needed specificity needed for indirect patient identifiers, and selection criteria for the minimum needed data records required.

5-1. Please indicate the type of data and time period requested. *Note: data is collected on an incurred basis starting with January 2007 and will be available on quarter-by-quarter time periods. A sixth month lag on payments to account for claim payment run out is recommended.*

Data Set	Incurred Time Period
(X) Member Eligibility	10/1/07 – 12/31/09
(X) Medical Claims	10/1/07 – 12/31/09
(X) Pharmacy Claims	10/1/07 – 12/31/09

- 1) Requested for enrollees and dependents who participated in any of the following programs any time between October 1st 2007 and December 31, 2009: VHAP and VHAP-ESIA for previously uninsured adults and uninsured adults with dependent children; Catamount-ESIA; Catamount Health Premium Assistance Program; and Catamount Health (no state assistance).¹

- 2) Requested for active Vermont state employees and dependents participating in the state employee health benefit plan between October 1st 2007 and December 31st, 2009. (If Vermont law does not allow the release of the state employee data to serve as a comparison population, a potential workaround may be to add another group or member type so the comparison group is not confined exclusively to state employees. Since the comparison groups in the other two study sites (Maine and Massachusetts) are state employees, we would like to maintain as much comparability as possible. One additional, statewide, continuously insured group added to the state employee population would meet our needs. Is this a possibility if we get a legal ruling against identification of state employees as the comparison group?)

5-2. If your study requires additional time periods beyond those noted above, please indicate period (*note: requests for receipt or retention of data beyond two years after receipt of initial data will require annual renewal.*):

¹ The inclusion in our study of individuals enrolled through ESIA programs is dependent on the availability of claims data for these individuals. If it is not feasible to create a claims file distinct from other, non-subsidized, employees enrolled in the employer benefit plans, our analysis will be limited to individuals enrolled in the Catamount Health Plan.

NOT APPLICABLE

5-3. Data will be supplied in a delimited text file format. Due to the size of the data this is the recommended format. For smaller subsets of records, other formats may work. Please indicate any special format or layout of data requested by the principal investigator and we will try to accommodate the need:

NOT APPLICABLE

5-4. If applicable, provide a detailed specification for any customized flagging and coding, summary data tables, and reports that you are requesting the Department's designated vendor, Onpoint Health Data to generate *at your cost* for your research using restricted (R) data elements per tables 1-3 in this section. This includes all summary data tables and reports that include information using calculated variables based on restricted data elements:

5-5. Tables 1-3 below include a listing of public use (P) and restricted (R) data elements. Check the both the public (P) and restricted (R) data elements that you are requesting for your research. This is applicable to both data extracts and customized summary data tables and reports that you are requesting the Department's designated vendor to generate for your research as described in sections 2 and 5-4 (if applicable). Select only those elements needed for your research and provide a justification for need. Specify any sub-selection of records or grouping of values you expect to use for each data elements. **Applicants must provide complete information in Tables 1, 2, and 3 below regarding Need/Filter/Group for every data element requested regardless of release status.** *Please use as much space as you need.*

- *Need:* We will only provide the minimum set of information with the minimum specificity that you need. Please supply a need for elements below with Need listed to the right of element. Data elements may be denied if your application does not justify your need explicitly when required.
- *Sub-selection of Records (Filters):* We will only release the minimum set of records needed for your study. Please provide any selection criteria for the records you are specifically interested in. For instance, if you specifically want to study children, we would release records for the specified age range. If you are studying women's health, we would only release records for adult females.
- *Grouping of Values:* Where relevant, we will provide data elements pre-grouped. Please indicate any grouping that is needed for your study. For instance, if you only need to know information based on specified age groups, we can recode single-year age into relevant age groupings.

Table 1: Member Eligibility File Data Element Request

Release Status Key:

P= Public or unrestricted data elements but requires Need/Filter/Group information

R= Restricted elements require department approval

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	ME001 & 2	R	Payer and Payer National Plan ID	Need: Filter: Grouping:
()	()	ME006	R	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:
()	()	ME007	P	Benefit Coverage Level Code	Not applicable
(X)	(X)	ME013	P	Member Gender	Filter: none
()	()	ME015	R	Member City	Need: Filter: Grouping:
()	()	ME016	P	Member State	Not applicable
(X)	() HSA flag is sufficient	ME017	R	Member ZIP Code	Need: Aggregation of zip codes into HSAs will be used as a control variable because health utilization varies by location. Filter: Grouping: HSAs
()	()	ME018	P	Medical Coverage Flag	Filter:
()	()	ME019	P	Prescription Drug Coverage Flag	Filter:
()	()	ME028	P	Primary Insurance Indicator	Not applicable
()	()	ME029	P	Coverage Type	Not applicable
()	()	ME030	P	Market Category Code	Not applicable
(X)	(X)	ME901	P	Member Age: Aggregate 90+	Filter: None Grouping: None
()	()	ME902	P	Record ID#	Not applicable
()	()	ME905	P	Medicare Coverage Flag	Filter:
(X)	(X)	ME907	R	Double Encrypted Subscriber SSN	Need: Needed to link member files to encrypted AHS files providing information on income or subsidy level. Will be deleted when linkage is complete.
()	()	ME908	R	Double Encrypted Plan Specific Contract Number	Need:
()	()	ME911	P	Standardized Individual Relationship to Insured Code	Not applicable
(X)	(X)	ME912	P	Standardized Insurance Type Code/Product Code	Not applicable
(X)	(X)	ME914	P	Eligibility Year and Month	Not applicable
()	()	ME915	P	Member Vermont County	Filter: Grouping:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	ME916	P	Composite Unique Member ID# (required for linking to claim tables)	Need: Need to link member and claims files in order to analyze utilization patterns (object of study).
()	()	ME032	R	Insured Group Name	Need: Filter: Grouping:

Table 2: Medical Claims File Data Element Request

Release Status Key:

P= Public or unrestricted data elements but requires Need/Filter/Group information

R= Restricted elements require department approval

*=Provider detail not released where the medical abortion or medication abortion flag=1

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	MC001 & 2	R	Payer and Payer National Plan ID	Need: Filter: Grouping:
()	()	MC005A	P	Version Number	Need: Filter: Grouping:
()	()	MC006	R	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:
()	()	MC011	P	Member Relationship to Insured Code	Filter: Grouping:
(X)	(X)	MC012	P	Member Gender	Filter: none
()	()	MC014	R	Member City	Need: Filter: Grouping:
()	()	MC015	R	Member State or Province	Not applicable
(X)	() HSA flag is sufficient	MC016	R	Member ZIP Code	Need: Aggregation of zip codes into HSAs will be used as a control variable because health utilization varies by location. Filter: Grouping: HSAs
()	()	MC017	R	Date Service Approved (AP Date)	Need: Filter: Grouping:
(X)	(X)	MC018	R	Inpatient Admission Date	Need: Timing of health care use in relation to length of enrollment is one of our research questions. Filter: None Grouping: None

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	MC019	R	Admission Hour	Filter: Grouping:
()	()	MC020	P	Admission Type	Need: Filter: Grouping:
()	()	MC021	P	Admission Source	Filter: Grouping:
()	()	MC022	R	Discharge Hour	Filter: Grouping:
(X)	(X)	MC023	P	Member Status at Discharge	Filter: None Grouping: None
()	()	MC024 & MC026 & MC912	R*	Payer Service, National Service Provider, Standardized Provider ID# Numbers	Need: Filter: Grouping:
(X)	(X)	MC027	R	Service Provider Entity Type Qualifier (Person or Non-Person Entity)	Filter:
()	()	MC028 - 31	R*	Service Provider Name or Organization Name	Need: Filter: Grouping:
(X)	(X)	MC032	P*	Payer Service Provider Specialty Code	Filter: Grouping:
()	()	MC033	P*	Service Provider City	Need: Filter: Grouping:
()	()	MC034	P*	Service Provider State	Filter:
(X)	(X)	MC035	P*	Service Provider ZIP Code	Need: Because cost and use patterns vary by health service area, we need HSA data. Filter: Grouping: HSAs
(X)	(X)	MC036	P	Type of Bill – Institutional	Filter: None Grouping: None
(X)	(X)	MC037	P	Facility Type – Professional	Filter: None Grouping: None
(X)	(X)	MC038	P	Claim Status (payment status of specific service line record)	Filter: None Grouping: None
(X)	(X)	MC039	P	Inpatient Admitting Diagnosis	Filter: None
()	()	MC040	P	E-Code	Filter:
(X)	(X)	MC041	P	Principal Diagnosis	Filter: None
(X)	(X)	MC042 - 53	P	Other Diagnosis – 1 to 12	Filter: None
(X)	(X)	MC054	P	NUBC Revenue Code	Filter: None
(X)	(X)	MC055 - 57	P	HCPCS/CPT Procedure Code and Modifiers	Filter: None
(X)	(X)	MC058	P	ICD-9-CM Procedure Code	Filter: None
(X)	(X)	MC059	R	Date of Service – From	Need: Timing of health service use is one of our research questions. Filter: none Grouping: none

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	MC060	R	Date of Service – Thru	Need: Timing and duration of health service use is one of our research questions Filter: None Grouping: None
(X)	(X)	MC061	P	Quantity	Filter: None
()	()	MC062	R	Charge Amount	Filter:
(X)	(X)	MC063	P	Paid Amount	Filter: None
(X)	(X)	MC064	P	Prepaid Amount (and for capitated services the fee for service equivalent)	Filter: None
(X)	(X)	MC065	P	Copay Amount	Filter: None
(X)	(X)	MC066	P	Coinsurance Amount	Filter: None
(X)	(X)	MC067	P	Deductible Amount	Filter: None
(X)	(X)	MC069	R	Discharge Date	Need: We are using ACG software to create risk group classifications. This software requires dates of admission and discharge. Filter: None Grouping: None
()	()	MC070	P*	Service Provider Country Name	Filter:
(X)	(X)	MC071	P	DRG	Filter: None
(X)	(X)	MC072	P	DRG Version	Filter: None
(X)	(X)	MC073	P	APC	Filter: None
(X)	(X)	MC074	P	APC Version	Filter: None
(X)	(X)	MC075	P	Drug Code	Need: None
()	()	MC076	R*	Billing Provider Number	Need: Filter: Grouping:
()	()	MC077	R*	National Billing Provider ID	Need: Filter: None Grouping: None
()	()	MC078	R*	Billing Provider Last Name or Organization	Need: Filter: Grouping:
(X)	(X)	MC901	P	Member Age: Aggregate 90+	Filter: None Grouping: None
(X)	(X)	MC902	P	Record ID#	Not Applicable
()	()	MC905	P	Medicare Coverage Flag	Filter:
()	()	MC907	R	Double Encrypted Payer Claim Control Number	Need:
(X)	(X)	MC908	R	Double Encrypted Subscriber Social Security Number	Need: Needed to link member files to encrypted AHS files providing information on income or subsidy level. Will be deleted when linkage is complete.
()	()	MC909	R	Double Encrypted Plan Specific Contract Number	Need:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	MC910	P	Composite Unique Member ID# (required for linking to member and pharmacy claim tables)	Need: Our study requires membership and claims data linked at the person level in order to study utilization patterns in relation to personal characteristics and family income.
(X)	(X)	MC913	P	Standardized Insurance Type/Product Code	Not Applicable
()	()	MC914	P*	Medical Abortion Flag	Need:
()	()	MC915	P	Year Paid	Need: Filter: Grouping:
()	()	MC916	R	Month Paid	Need: Filter: Grouping:
()	()	MC917	P	Year of Service	Need: Filter: Grouping:
()	()	MC918	R	Month of Service	Need: Filter: Grouping:
()	()	MC919	P	Payment Quarter	Need: Filter: Grouping:
()	()	MC920	P	Quarter Service Performed	Need: Filter: Grouping:
()	()	MC921	P*	Medication Abortion Flag	Need:
()	()	MC922	P	Member County Code	Filter: Grouping:
()	()	MC923	P	Admission Year	Filter:
()	()	MC924	P	Discharge Year	Filter:
()	()	MC925	P	Length of Stay	Filter: Grouping:
()	()	MC926	P	Service Event Primary Key	Not Applicable
()	()	MC928	P*	Service Provider County Code	Need: Filter: Grouping:

Table 3: Pharmacy Claims File Data Element Request

Release Status Key:

P= Public or unrestricted data elements but requires Need/Filter/Group information

R= Restricted elements require department approval

*=Provider detail not released where the medical abortion or medication abortion flag=1

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	PC001 & 2	R	Payer and Payer National Plan ID	Need: Filter: Grouping:

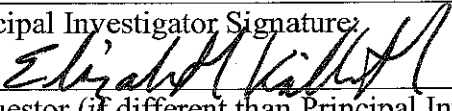
Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	PC003 & PC912	P	Insurance Type/Product Code & Standardized Code	Filter: Grouping:
()	()	PC006	R	Encrypted Insured Group or Policy Number (specify at right if grouping or filtering by number of members in group)	Need: Filter: Grouping:
()	()	PC011	P	Member Relationship to Insured Code	Filter: Grouping:
()	()	PC014	R	Member City	Need: Filter: Grouping:
()	()	PC015	P	Member State or Province	Filter: Grouping:
(X)	() HSA flag is sufficient	PC016	R	Member ZIP Code	Need: Aggregation of zip codes into health service areas will be used as a control variable because health utilization varies by location. Filter: Grouping: HSAs
()	()	PC017	R	Date Service Approved	Need: Filter: Grouping:
()	()	PC018 & PC913	R	Payer Pharmacy Number & Standardized Pharmacy ID# Number	Need: Filter: Grouping:
()	()	PC020	R	Pharmacy Name	Need: Filter: Grouping:
()	()	PC021	R	National Pharmacy ID Number	Need: Filter: Grouping:
()	()	PC022	R	Pharmacy Location City	Need: Filter: Grouping:
()	()	PC023	P	Pharmacy Location State	Filter:
()	()	PC024	R	Pharmacy ZIP Code	Need: Filter: Grouping:
()	()	PC024A	P	Pharmacy Country Name	
(X)	(X)	PC025	P	Claim Status (payment status of specific service line record)	Filter: None Grouping: None
(X)	(X)	PC026	P	Drug Code (NDC)	Filter: None Grouping: None
(X)	(X)	PC027	P	Drug Name	Filter: None Grouping: None
(X)	(X)	PC028	P	New Prescription/Refill Number	Filter: None Grouping: None
(X)	(X)	PC029	P	Generic Drug Indicator	Filter: None
(X)	(X)	PC030	P	Dispense as Written Code	Filter: None
(X)	(X)	PC031	P	Compound Drug Indicator	Filter: None

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	(X)	PC032	R	Date Prescription Filled	Need: Timing of health service use is one of our research questions Filter: None Grouping: None
(X)	(X)	PC033	P	Quantity Dispensed	Filter: None
(X)	(X)	PC034	P	Days Supply	Filter: None
()	()	PC035	R	Charge Amount	Filter:
(X)	(X)	PC036	P	Health Paid Amount	Filter: None
()	()	PC037	P	Ingredient Cost/List Price	Filter:
()	()	PC038	P	Postage Amount Claimed	Filter:
()	()	PC039	P	Dispensing Fee	Filter:
(X)	(X)	PC040	P	Copay Amount	Filter: None
(X)	(X)	PC041	P	Coinsurance Amount	Filter: None
(X)	(X)	PC042	P	Deductible Amount	Filter: None
()	()	PC044	R*	Prescribing Physician First Name	Need: Filter: Grouping:
()	()	PC045	R*	Prescribing Physician Middle Name	Need: Filter: Grouping:
()	()	PC046	R*	Prescribing Physician Last Name	Need: Filter: Grouping:
(X)	(X)	PC901	P	Member Age: Aggregate 90+	Filter: None Grouping: None
()	()	PC902	P	Record ID#	Not Applicable
()	()	PC906	R	Double Encrypted Payer Claim Control Number	Need:
(X)	(X)	PC907	R	Double Encrypted Subscriber Social Security Number	Need: Needed to link claims records to encrypted AHS files providing information on income or subsidy level. Will be deleted when linkage is complete.
()	()	PC908	R	Double Encrypted Plan Specific Contract Number	Need:
(X)	(X)	PC910	P	Composite Unique Member ID# (required for linking to member and medical claim tables)	Filter: None
(X)	(X)	PC911	P	Standardized Member Gender	Filter: None
(X)	(X)	PC912	P	Standardized Insurance Type/Product Code	Not Applicable
()	()	PC913	R	Pharmacy ID#	Need:
()	()	PC914	P	Year Paid	Need: Filter: Grouping:
()	()	PC915	R	Month Paid	Need: Filter: Grouping:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
()	()	PC916	P	Year Prescription Filled	Need: Filter: Grouping:
()	()	PC917	R	Month Prescription Filled	Need: Filter: Grouping:
()	()	PC918	P	Payment Quarter	Need: Filter: Grouping:
()	()	PC919	P	Quarter Prescription Filled	Need: Filter: Grouping:
()	()	PC920	R*	Prescribing Physician ID#	Need: Filter: Grouping:
()	()	PC921	P*	Medication Abortion Flag	Need:
()	()	PC922	P	Member Vermont County	Filter: Grouping:

Section 6: Principal Investigator and Requestor Signatures

I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge.

Principal Investigator Name: Elizabeth Kilbreth	
Principal Investigator Signature: 	Date: Nov. 16, 2010
Requestor (if different than Principal Investigator) Name:	
Requestor Signature:	Date: