

2010-03\_HSIAC\_Application



**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](http://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: William Hsiao, Ph.D., F.S.A.

Title (if applicable):

Principal Investigator Organization: William Hsiao, Consultant

Street/PO Address: 36 Foster Street,

City/State/ZIP: Cambridge, MA 02138

Phone Number: 617-496-8850

Email address: Hsiao@hsph.harvard.edu

Fax Number: 617-496-8833

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):  
Hsiao Bio.doc

**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: Steven Kappel  
Title:  
Organizational Affiliation/Employer: Policy Integrity, LLC  
Project Role:  
Qualifications: Kappel Bio.doc

**2 (b). Additional Project Staff Person #2**

Name: Nicolae Done  
Title: Research Assistant  
Organizational Affiliation/Employer: Harvard School of Public Health.  
Project Role: Data Analyst  
Qualifications: BA. in Biochemistry/Health Policy, Harvard College, 2009.

**2 (c). Additional Project Staff Person #3**

Name: Victoria Fan  
Title: Doctoral Candidate  
Organizational Affiliation/Employer: Harvard School of Public Health  
Project Role: Data Analyst  
Qualifications: BS. Engineering Massachusetts Institute of Technology, 2006; MS Population and International Health, Harvard School of Public Health 2008; currently a doctoral candidate in the Global Health and Population Department, Harvard School of Public Health.

**2 (d). Additional Project Staff Person #4**

Name: Jacob Bor  
Title: Doctoral Candidate  
Organizational Affiliation/Employer: Harvard School of Public Health

Project Role: Data Analyst

Qualifications: BA in Social Studies, Harvard College, 2005; MS in Global Health and Population, Harvard School of Public Health, 2009; Doctoral Candidate in Health Economics at the Harvard School of Public Health.

**2 (e). Additional Project Staff Person #5**

Name:

Title:

Organizational Affiliation/Employer:

Project Role:

Qualifications:

**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): Protocol.doc

2-2. IRB Study Approval Filename (If applicable, file must be included in electronic submission of this application): Not applicable

2-3. Summary of background, purposes, and origin of the research: Act 128 of the 2010 session of the Vermont legislature requires the state to enter into an agreement with a qualified contractor to develop three proposals for reform of the state's health care system. The Health Care Reform Commission recommended and the Joint Fiscal Office approved entering into a contract with a team lead by Professor William Hsiao.

In order to develop the requisite models, the team must obtain a wide range of data about the current health care system in Vermont. VHCURES data will play a critical role in the development of our models.

2-4. Statement of the health-related problem or issue to be addressed by the research: Act 128 contains a complete statement of the problem. In summary, Vermont's current health care system is inequitable, financing is unsustainable, the delivery system is fragmented, and as a result of duplication and waste, the system is inefficient.

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

Research will be in support of development of three models, as required in Act 128. These include a single-payer system, a "public option," and a third option, to be determined by the consultant. Each option must include two different benefit packages and specific implementation plans that address reimbursement mechanisms, delivery

system organization, regulatory and planning processes, and an analysis of compliance with federal health reform.

In order to do this, we will need to begin with as complete picture of the current system. We will use this information as inputs to several models, some which are well-developed and others of which we will develop as part of this project. The models will allow us to evaluate how each policy change affects providers and patients and how multiple policy changes will interact.

2-6. The procedures that will be followed to maintain the confidentiality of any data or copies of records provided to the principal investigator:

One copy of the data (SK) will be stored in an encrypted form on a password-protected computer. Storage in an encrypted form provides additional protection in case of physical theft of hardware. Only one user will have access to the data at this site.

The other copy will be stored in the Principle Investigator's office at the Harvard School of Public Health in Cambridge, MA. It will be accessed only by graduate students and researchers specifically assigned to work on this project and will not be available to unauthorized personnel. The computers hosting the dataset will be protected using rigorous physical and electronic safeguards. These include having the computers in locked rooms, using login systems, and protecting dataset access using passwords known only be authorized personnel. All efforts will be made to ensure the safety and confidentiality of the data.

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

The final report from this engagement is due to the legislature on February 1, 2011. We propose to maintain the dataset beyond that date in order to be able to respond to any questions during the legislative session. All data will be destroyed or returned by December 31, 2011 unless further analysis is requested. Should that be the case, we would request an extension from the department.

### **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](http://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:  
Other Shipping Options:

Ship to the attention of (Name): William Hsiao  
Shipping Address: 124 Mt. Auburn St. Suite 410 South. Cambridge MA 02138

#### **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	2007-2009
(X) Medical Claims	2007-2009
(X) Pharmacy Claims	2007-2009

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.*):

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:

5-4. If applicable, provide a detailed specification for any 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.

In order to make the form easier to read for evaluators, we have coded our need statements and appended them in the document Needs.doc (attached)

- *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
( X )	<del>( X )</del>	ME001 & 2	R	Payer and Payer National Plan ID	Need: 6 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:
( X )	<del>( X )</del>	ME007	P	Benefit Coverage Level Code	Not applicable
( X )	<del>( X )</del>	ME013	P	Member Gender	Filter:
( X )	<del>( X )</del>	ME015	R	Member City	Need: 1 Filter: Grouping:
( X )	<del>( X )</del>	ME016	P	Member State	Not applicable
( X )	<del>( X )</del>	ME017	R	Member ZIP Code	Need: 1 Filter: Grouping:
( X )	<del>( X )</del>	ME018	P	Medical Coverage Flag	Filter:
( X )	<del>( X )</del>	ME019	P	Prescription Drug Coverage Flag	Filter:
( X )	<del>( X )</del>	ME028	P	Primary Insurance Indicator	Not applicable
( X )	<del>( X )</del>	ME029	P	Coverage Type	Not applicable
( X )	<del>( X )</del>	ME030	P	Market Category Code	Not applicable
( X )	<del>( X )</del>	ME901	R	Member Age: Aggregate 90+	Need: 2 Filter: Grouping:
( X )	<del>( X )</del>	ME902	P	Record ID#	Not applicable
( X )	<del>( X )</del>	ME905	P	Medicare Coverage Flag	Filter:
( )	( )	ME907	R	Double Encrypted Subscriber SSN	Need:
( )	( )	ME908	R	Double Encrypted Plan Specific Contract Number	Need:
( X )	<del>( X )</del>	ME911	P	Standardized Individual Relationship to Insured Code	Not applicable
( X )	<del>( X )</del>	ME912	P	Standardized Insurance Type Code/Product Code	Not applicable
( X )	<del>( X )</del>	ME914	P	Eligibility Year and Month	Not applicable

Request ( X )	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	<del>(X)</del>	ME915	P	Member Vermont County	Filter: Grouping:
(X)	<del>(X)</del>	ME916	P	Composite Unique Member ID# (required for linking to claim tables)	Need:
( )	( )	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
(X)	<del>(X)</del>	MC001 & 2	R	Payer and Payer National Plan ID	Need: 6 Filter: Grouping:
(X)	<del>(X)</del>	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:
(X)	<del>(X)</del>	MC011	P	Member Relationship to Insured Code	Filter: Grouping:
(X)	<del>(X)</del>	MC012	P	Member Gender	Filter:
(X)	<del>(X)</del>	MC014	R	Member City	Need: 1 Filter: Grouping:
(X)	<del>(X)</del>	MC015	R	Member State or Province	Not applicable
(X)	<del>(X)</del>	MC016	R	Member ZIP Code	Need: 1 Filter: Grouping:
(X)	<del>(X)</del>	MC017	R	Date Service Approved (AP Date)	Need: Filter: Grouping:
( )	( )	MC018	R	Inpatient Admission Date	Need: Filter: Grouping:
( )	( )	MC019	R	Admission Hour	Filter: Grouping:
(X)	<del>(X)</del>	MC020	P	Admission Type	Need: Filter: Grouping:
(X)	<del>(X)</del>	MC021	P	Admission Source	Filter: Grouping:
( )	( )	MC022	R	Discharge Hour	Filter: Grouping:
(X)	<del>(X)</del>	MC023	P	Member Status at Discharge	Filter: Grouping:

Request ( X )	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
( )	( )	MC024 & MC026 & MC912	R*	Payer Service, National Service Provider, Standardized Provider ID# Numbers	Need: Filter: Grouping:
( X )	<del>( X )</del>	MC027	R	Service Provider Entity Type Qualifier (Person or Non-Person Entity)	Need: 3 Filter:
( X )	<del>( X )</del>	MC028 - 31	R*	Service Provider Name or Organization Name	Need: 3 Filter: Grouping:
( X )	<del>( X )</del>	MC032	P*	Payer Service Provider Specialty Code	Filter: Grouping:
( X )	<del>( X )</del>	MC033	P*	Service Provider City	Need: Filter: Grouping:
( X )	<del>( X )</del>	MC034	P*	Service Provider State	Filter:
( X )	<del>( X )</del>	MC035	P*	Service Provider ZIP Code	Need: Filter: Grouping:
( X )	<del>( X )</del>	MC036	P	Type of Bill – Institutional	Filter: Grouping:
( X )	<del>( X )</del>	MC037	P	Facility Type – Professional	Filter: Grouping:
( X )	<del>( X )</del>	MC038	P	Claim Status (payment status of specific service line record)	Filter: Grouping:
( X )	<del>( X )</del>	MC039	P	Inpatient Admitting Diagnosis	Filter:
( X )	<del>( X )</del>	MC040	P	E-Code	Filter:
( X )	<del>( X )</del>	MC041	P	Principal Diagnosis	Filter:
( X )	<del>( X )</del>	MC042 - 53	P	Other Diagnosis – 1 to 12	Filter:
( X )	<del>( X )</del>	MC054	P	NUBC Revenue Code	Filter:
( X )	<del>( X )</del>	MC055 - 57	P	HCPCS/CPT Procedure Code and Modifiers	Filter:
( X )	<del>( X )</del>	MC058	P	ICD-9-CM Procedure Code	Filter:
( )	( )	MC059	R	Date of Service – From	Need: Filter: Grouping:
( )	( )	MC060	R	Date of Service – Thru	Need: Filter: Grouping:
( X )	<del>( X )</del>	MC061	P	Quantity	Filter:
( X )	<del>( X )</del>	MC062	R	Charge Amount	Need: 4 Filter:
( X )	<del>( X )</del>	MC063	P	Paid Amount	Filter:
( X )	<del>( X )</del>	MC064	P	Prepaid Amount (and for capitated services the fee for service equivalent)	Filter:
( X )	<del>( X )</del>	MC065	P	Copay Amount	Filter:
( X )	<del>( X )</del>	MC066	P	Coinsurance Amount	Filter:
( X )	<del>( X )</del>	MC067	P	Deductible Amount	Filter:
( )	( )	MC069	R	Discharge Date	Need: Filter: Grouping:
( X )	<del>( X )</del>	MC070	P*	Service Provider Country Name	Filter:
( X )	<del>( X )</del>	MC071	P	DRG	Filter:
( X )	<del>( X )</del>	MC072	P	DRG Version	Filter:

Request ( X )	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	<del>(X)</del>	MC073	P	APC	Filter:
(X)	<del>(X)</del>	MC074	P	APC Version	Filter:
(X)	<del>(X)</del>	MC075	P	Drug Code	Need:
(X)	<del>(X)</del>	MC076	R*	Billing Provider Number	Need: 3 Filter: Grouping:
(X)	<del>(X)</del>	MC077	R*	National Billing Provider ID	Need: 3 Filter: Grouping:
(X)	<del>(X)</del>	MC078	R*	Billing Provider Last Name or Organization	Need: 3 Filter: Grouping:
(X)	<del>(X)</del>	MC901	P	Member Age: Aggregate 90+	Filter: Grouping:
(X)	<del>(X)</del>	MC902	P	Record ID#	Not Applicable
(X)	<del>(X)</del>	MC905	P	Medicare Coverage Flag	Filter:
( )	( )	MC907	R	Double Encrypted Payer Claim Control Number	Need:
( )	( )	MC908	R	Double Encrypted Subscriber Social Security Number	Need:
( )	( )	MC909	R	Double Encrypted Plan Specific Contract Number	Need:
(X)	<del>(X)</del>	MC910	P	Composite Unique Member ID# (required for linking to member and pharmacy claim tables)	Need:
(X)	<del>(X)</del>	MC913	P	Standardized Insurance Type/Product Code	Not Applicable
(X)	<del>(X)</del>	MC914	P*	Medical Abortion Flag	Need: We require a complete picture of service utilization.
(X)	<del>(X)</del>	MC915	P	Year Paid	Need: Filter: Grouping:
(X)	<del>(X)</del>	MC916	R	Month Paid	Need: 5 Filter: Grouping:
(X)	<del>(X)</del>	MC917	P	Year of Service	Need: Filter: Grouping:
(X)	<del>(X)</del>	MC918	R	Month of Service	Need: 5 Filter: Grouping:
( )	( )	MC919	P	Payment Quarter	Need: Filter: Grouping:
( )	( )	MC920	P	Quarter Service Performed	Need: Filter: Grouping:
(X)	<del>(X)</del>	MC921	P*	Medication Abortion Flag	Need: We need a complete picture of service utilization
(X)	<del>(X)</del>	MC922	P	Member County Code	Filter: Grouping:
(X)	<del>(X)</del>	MC923	P	Admission Year	Filter:
(X)	<del>(X)</del>	MC924	P	Discharge Year	Filter:

Request ( X )	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	<del>X</del>	MC925	P	Length of Stay	Filter: Grouping:
(X)	<del>X</del>	MC926	P	Service Event Primary Key	Not Applicable
(X)	<del>X</del>	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
(X)	<del>X</del>	PC001 & 2	R	Payer and Payer National Plan ID	Need: 6 Filter: Grouping:
(X)	<del>X</del>	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:
(X)	<del>X</del>	PC011	P	Member Relationship to Insured Code	Filter: Grouping:
(X)	<del>X</del>	PC014	R	Member City	Need: 1 Filter: Grouping:
(X)	<del>X</del>	PC015	P	Member State or Province	Filter: Grouping:
(X)	<del>X</del>	PC016	R	Member ZIP Code	Need: 1 Filter: Grouping:
( )	( )	PC017	R	Date Service Approved	Need: Filter: Grouping:
(X)	<del>X</del>	PC018 & PC913	R	Payer Pharmacy Number & Standardized Pharmacy ID# Number	Need: 3 Filter: Grouping:
( )	( )	PC020	R	Pharmacy Name	Need: Filter: Grouping:
( )	( )	PC021	R	National Pharmacy ID Number	Need: Filter: Grouping:
(X)	<del>X</del>	PC022	R	Pharmacy Location City	Need: 1 Filter: Grouping:
(X)	<del>X</del>	PC023	P	Pharmacy Location State	Filter:

Request (X)	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	<del>X</del>	PC024	R	Pharmacy ZIP Code	Need: 1 Filter: Grouping:
(X)	<del>X</del>	PC024A	P	Pharmacy Country Name	
(X)	<del>X</del>	PC025	P	Claim Status (payment status of specific service line record)	Filter: Grouping:
(X)	<del>X</del>	PC026	P	Drug Code (NDC)	Filter: Grouping:
(X)	<del>X</del>	PC027	P	Drug Name	Filter: Grouping:
(X)	<del>X</del>	PC028	P	New Prescription/Refill Number	Filter: Grouping:
(X)	<del>X</del>	PC029	P	Generic Drug Indicator	Filter:
(X)	<del>X</del>	PC030	P	Dispense as Written Code	Filter:
(X)	<del>X</del>	PC031	P	Compound Drug Indicator	Filter:
( )	( )	PC032	R	Date Prescription Filled	Need: Filter: Grouping:
(X)	<del>X</del>	PC033	P	Quantity Dispensed	Filter:
(X)	<del>X</del>	PC034	P	Days Supply	Filter:
(X)	<del>X</del>	PC035	R	Charge Amount	Need: 4 Filter:
(X)	<del>X</del>	PC036	P	Health Paid Amount	Filter:
(X)	<del>X</del>	PC037	P	Ingredient Cost/List Price	Filter:
(X)	<del>X</del>	PC038	P	Postage Amount Claimed	Filter:
(X)	<del>X</del>	PC039	P	Dispensing Fee	Filter:
(X)	<del>X</del>	PC040	P	Copay Amount	Filter:
(X)	<del>X</del>	PC041	P	Coinsurance Amount	Filter:
(X)	<del>X</del>	PC042	P	Deductible Amount	Filter:
( )	( )	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)	<del>X</del>	PC901	P	Member Age: Aggregate 90+	Filter: Grouping:
(X)	<del>X</del>	PC902	P	Record ID#	Not Applicable
( )	( )	PC906	R	Double Encrypted Payer Claim Control Number	Need:
( )	( )	PC907	R	Double Encrypted Subscriber Social Security Number	Need:
( )	( )	PC908	R	Double Encrypted Plan Specific Contract Number	Need:
(X)	<del>X</del>	PC910	P	Composite Unique Member ID# (required for linking to member and medical claim tables)	Filter:
(X)	<del>X</del>	PC911	P	Standardized Member Gender	Filter:
(X)	<del>X</del>	PC912	P	Standardized Insurance Type/Product Code	Not Applicable

Request ( X )	BISCHA Approval (BISHCA use only)	Element #	Release Status	Element Description	Need/Filter/Group
(X)	<del>X</del>	PC913	R	Pharmacy ID#	Need: 3
(X)	<del>X</del>	PC914	P	Year Paid	Need: Filter: Grouping:
(X)	<del>X</del>	PC915	R	Month Paid	Need: 4 Filter: Grouping:
(X)	<del>X</del>	PC916	P	Year Prescription Filled	Need: Filter: Grouping:
(X)	<del>X</del>	PC917	R	Month Prescription Filled	Need: 4 Filter: Grouping:
(X)	<del>X</del>	PC918	P	Payment Quarter	Need: Filter: Grouping:
(X)	<del>X</del>	PC919	P	Quarter Prescription Filled	Need: Filter: Grouping:
(X)	<del>X</del>	PC920	R*	Prescribing Physician ID#	Need: 3 Filter: Grouping:
(X)	<del>X</del>	PC921	P*	Medication Abortion Flag	Need: We require a complete picture of service utilization
(X)	<del>X</del>	PC922	P	Member Vermont County	Filter: Grouping:

**DO NOT SIGN UNTIL YOU COMPLETE THE FINAL APPLICATION**

**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: William Hsiao	
Principal Investigator Signature:  <i>William C. Hsiao</i>	Date:  9/2/2010
Requestor (if different than Principal Investigator) Name:	
Requestor Signature:	Date: