

New Hampshire Public Use Data Set Data Dictionary Overview

File	Description
Medical Claims	<p>The Medical Claims file contains one record for each service that was rendered and is organized by service year. All adjustments to the claims have been applied to the data. A full year of medical claims will contain 15-25 million records.</p> <p>The Medical Claims file contains no direct HIPAA Personal Health Identifiers (PHI). Patient demographic information includes gender, age at the time of service (up to age 90), and county and state of residence.</p> <ul style="list-style-type: none"> • An imputed service identification number has been created to allow the user to count services. • All reported diagnosis codes and procedure codes are included in the data. Occasionally carriers use local codes for reporting diagnoses and procedures. There are reference files provided with labels for these non-standard codes (Local Diagnosis and Local CPT). • Dates of service are reported as the year of service. • All reported payment information is provided, including payments by the payer and those payments for which the member is responsible. • The user must link to the Medical Service Provider file for the type of provider and to the Medical Master Provider file for the facility name and the state in which the facility is located.
Medical Service Provider	<p>The Medical Service Provider file contains one record for each unique payer provider record associated with a claim. Linking to this file allows the user to aggregate claims together for a single provider through the DPCID.</p> <p>The user must link the Medical Service Provider file to the Medical Master Provider file to obtain the facility or group practice name. There is a many to one relationship between the Medical Service Provider file and the Medical Master Provider file.</p> <p>This file is updated quarterly as part of the provider linkage process and will contain 50,000-100,000 records.</p>
Medical Master Provider	<p>The Medical Master Provider file contains one record for each unique provider associated with a claim and links to the Medical Service Provider file using the DPCID field. This file contains the facility or group name. If this is a record for an individual practitioner, the field will be blank. There is a one to many relationship between the Medical Master Provider file and the Medical Service Provider file.</p> <p>This file is updated quarterly as part of the provider linkage process and will contain 5,000-10,000 records.</p>
Local Diagnosis (DX)	<p>The Local Diagnosis file contains the labels for the non- standard diagnosis codes used by payers and links to the Medical Claims file. There is a many to one relationship between the Medical Claims file and the Local Diagnosis file.</p> <p>In general there are fewer than 50 records in this file.</p>

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Local CPT	<p>The Local CPT file contains the labels for the non-standard CPT codes used by the payers and links to the Medical Claims file. There is a many to one relationship between the Medical Claims file and the Local CPT file.</p> <p>This file contains approximately 50,000 records.</p>
Pharmacy Claims	<p>The Pharmacy Claims file contains one record for each filled script and is organized by service year. All adjustments to the claims have been applied to the data. A full year of pharmacy claims will contain 5-10 million records.</p> <p>The Pharmacy Claims File contains no direct HIPAA Personal Health Identifiers (PHI). Patient demographic information includes gender, age at the time of service (up to age 90), and county and state of residence.</p> <ul style="list-style-type: none"> • An imputed service identification number has been created to allow the user to count scripts. • All reported payment information is provided, including payments by the payer and those payments for which the member is responsible.

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC801 Identification Number IDN	07/01/2005 NUMBER (20)	This field uniquely identifies the claim and is created for NH CHIS. Multiple records may have the same IDN. To create a unique key for each record, use this field along with the line counter (MC005). This field contains the service event primary key.	
MC800 Encounter Identification Number ENCOUNTER_ID	07/01/2005 NUMBER(20)	This field represents a specific encounter defined as a unique payer, provider, memberid, and date of service.	
MC802 Standardized Insurance Type/Product Code PRODUCT	07/01/2005 CHAR (2)	The insurance type or product code indicates the type of insurance coverage the individual has. 12 Medicare secondary working aged beneficiary or spouse with employer's group health plan 13 Medicare secondary end-stage renal disease beneficiary in the 12 month coordination period with an employer's group health plan 14 Medicare secondary, no-fault insurance including auto as primary 15 Medicare secondary workers' compensation 16 Medicare secondary public health service (PHS) or other Federal agency 41 Medicare secondary black lung 42 Medicare secondary veteran's administration 43 Medicare secondary disabled beneficiary under age 65 with large group health plan(LGHP) 47 Medicare secondary, other liability insurance is primary AM Auto Insurance policy CP Medicare conditionally primary DB Disability benefits D Disability EP Exclusive Provider Organization (EPO) HM Health Maintenance Organization (HMO) HN Health Maintenance Organization (HMO) Medicare risk HS Special low income Medicare beneficiary IN Indemnity Insurance LB Liability LC Long term care LD Long term policy	The values in this field have been standardized across all the NH CHIS claims databases.

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MC802 (cont) Standardized Insurance Type/Product Code PRODUCT		LI Life insurance LM Liability medical LT Litigation MA Medicare part A MB Medicare part B MC Medicaid MH Medigap part A MI Medigap part B MP Medicare primary PR Preferred Provider Organization (PPO) PS Point of Service (POS) QM Qualified Medicare beneficiary SP Supplemental policy VA Veteran administration plan WC Workers' compensation -1 No product code reported -2 Invalid product code	
MC005 Line Counter LINE	07/01/2005 NUMBER (4)	This field contains the line number for this service The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.	This field is not edited.
PC805A Imputed Service ID IMPSEVID	07/01/2005 CHAR(100)	This field contains an identification number representing the imputed characteristic of the service.	A distinct count of values in this field can be used to count distinct services.
MC012 Member Gender GENDER	07/01/2005 CHAR (1)	This field contains the gender of the member. M Male F Female U Unknown -1 No gender reported -2 Invalid gender code	Carriers must confirm any submission with more than 80% of the records associated with a single gender.
MC803 Member Age AGE	07/01/2005 NUMBER (3)	This field contains the age of the member in years as of the from date of service (MC059). Children under the age of 1 have an age of zero. Individuals who are 90 years of age or more are coded as 90.	

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		This field is derived from the date of birth (MC013). -1 No date of birth available	
MC804 Member County Code NH_COUNTY	07/01/2005 NUMBER (3)	This field contains the member's county of residence and is derived from the patient's zip code (MC016). 1 Belknap 3 Carroll 5 Cheshire 7 Coos 9 Grafton 11 Hillsborough 13 Merrimack 15 Rockingham 17 Strafford 19 Sullivan 999 Other (Not New Hampshire) -1 No zip code reported -2 Invalid zip code	
MC015 Member State or Province MEMSTATE	07/01/2005 CHAR (2)	The Member State or Province contains the 2 character abbreviation code used by the US Postal Service -1 No state or province reported -2 Invalid state or province abbreviation	
MC805 Inpatient Flag INFLAG	07/01/2005 CHAR (1)	This field indicates whether the current line is from an inpatient claim. This field is created for NH CHIS. The inpatient flag is set to Y for any claim with at least one claim line having the following condition present: Revenue (MC054) 110-239 Or Billtype (MC036) 11-12, 41-42, or 51-52 Y Yes, inpatient record N No, not an inpatient record	This methodology is continuously under review and may be revised in subsequent releases. The documentation will mirror the algorithm used to flag inpatient stays in the data set.
MC806 Admission Year ADMYR	07/01/2005 NUMBER (4)	This field contains the year of the inpatient admission formatted by CCYY. This field is derived from the admission date (MC018). 0 Not an inpatient record -1 No admission date reported -2 Invalid admission date	This field is inconsistently reported across carriers. It may be under reported on inpatient records or over reported on outpatient records. Continuing efforts will improve the quality of this data element among carriers.

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC019 Admission Hour ADMHR	07/01/2005 NUMBER (4)	This field contains the hour the inpatient was admitted to the hospital in military time. The valid codes are: 0 - 23 00 Midnight 12 Noon -1 No admission hour reported -2 Invalid admission hour	This field is not widely supported by the carriers.
MC020 Admission Type ADMTYPE	07/01/2005 NUMBER (1)	This field is used to record the type of admission for all inpatient hospital bills. 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 9 Information not available -1 No admission type reported -2 Invalid admission type	Many carriers do not capture this information.
MC021 Admission Source ADMSR	07/01/2005 CHAR (1)	This field is required for inpatient hospital bills. It records the source of admission. 1 Physician referral 2 Clinic referral 3 HMO referral 4 Transfer from Hospital 5 Transfer from a Skilled Nursing Facility 6 Transfer from another Health Care Facility 7 Emergency Room 8 Court/Law Enforcement 9 Unknown A Transfer from a Rural Primary Care Hospital -1 No admission source reported -2 Invalid admission source	Many carriers do not capture this information.
MC807 Length of Stay LOS	07/01/2005 NUMBER (4)	This field contains the length of an inpatient stay in days. A 1 day length of stay is reported if the patient was admitted and discharged on the same day or if the patient was admitted on one day and discharged on the following day. This field is derived from the admit date (MC018) and the discharge date (MC022A).	

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		This field is populated on the first claim line. If a claim has multiple records, the length of stay will be zero on all but the first record for that stay.	
MC808 Discharge Year DISYR	07/01/2005 NUMBER (4)	This field contains the year the inpatient was discharged from the hospital in CCYY format. It is coded zero if there is no discharge date or this is not an inpatient record. This field is derived from the discharge date (MC022A). 0 Not an inpatient record -1 No discharge date reported -2 Invalid discharge date	
MC022 Discharge Hour DISHR	07/01/2005 NUMBER (2)	This field contains the hour the inpatient was discharged from the hospital in military time. The valid codes are 0 – 23 00 Midnight 12 Noon -1 No discharge hour reported -2 Invalid discharge hour	This field is not widely supported by the carriers.
MC023 Member Status PTDIS MC023 (cont) Member Status	07/01/2005 NUMBER (2)	This field contains the status for the patient discharged from the hospital. 01 Discharged to home or self care. 02 Discharged/transferred to another short term general hospital for inpatient care. 03 Discharged/transferred to skilled nursing facility(SNF). 04 Discharged/transferred to nursing facility(NF). 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution. 06 Discharged/transferred to home under care of organized home health service organization. 07 Left against medical advice or discontinued care 08 Discharged/transferred to home under care of a Home IV provider. 09 Admitted as an inpatient to this hospital 20 Expired. 30 Still patient or expected to return for outpatient services. 40 Expired at home.	This field is inconsistently reported across carriers. It may be under reported on inpatient records or unnecessarily reported on outpatient records. Continuing efforts will improve the quality of this data element among carriers.

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PTDIS		41 Expired in a medical facility. 42 Expired place unknown. 43 Discharged/transferred to a Federal Hospital 50 Hospice – home. 51 Hospice – medical facility. 61 Discharged/transferred within this institution to a hospital–based Medicare–approved swing bed. 62 Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital. 63 Discharged/transferred to a long term care hospital. 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare. -1 No member status reported -2 Invalid member status	
MC809 Service Provider Identification Number PRVIDN	07/01/2005 NUMBER (12)	This is the provider identification number that links to the Medical Service Provider file using MCSPC801. It is created for NH CHIS and is populated 100% of the time.	This field cannot be used to aggregate all claims associated with a provider. See MCSP014 (DPCID).
MC036 Type of Bill - Institutional BILLTYPE	07/01/2005 NUMBER (2)	Type of Facility - First Digit 1 Hospital 2 Skilled Nursing 3 Home Health 4 Christian Science Hospital 5 Christian Science Extended Care 6 Intermediate Care 7 Clinic 8 Special Facility Bill Classification - Second Digit if First Digit = 1-6 1 Inpatient (Including Medicare Part A) 2 Inpatient (Medicare Part B Only) 3 Outpatient 4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5 Nursing Facility Level I	

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC036 (cont) Type of Bill - Institutional BILLTYPE		<p>6 Nursing Facility Level II 7 Intermediate Care - Level III Nursing Facility 8 Swing Beds</p> <p>Bill Classification - Second Digit if First Digit = 7</p> <p>1 Rural Health 2 Hospital Based or Independent Renal 3 Dialysis Center 4 Free Standing 5 Outpatient Rehabilitation Facility (ORF) 6 Comprehensive Outpatient Rehabilitation Facilities (CORFs) 9 Other</p> <p>Bill Classification - Second Digit if First Digit = 8</p> <p>1 Hospice (Non Hospital Based) 2 Hospice (Hospital-Based) 3 Ambulatory Surgery Center 4 Free Standing Birthing Center 9 Other</p> <p>-1 No type of bill reported -2 Invalid type of bill</p>	
MC037 Facility Type - Professional FACTYPE	07/01/2005 CHAR (2)	<p>For professional claims, this field records the type of facility where the service was performed. The valid codes are:</p> <p>11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgery Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility</p>	

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC037 (cont) Facility Type - Professional FACTYPE		34 Hospice 41 Ambulance – Land 42 Ambulance - Air or Water 50 Federally Qualified Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility -1 No facility type reported -2 Invalid facility type code	
MC038 Claim Status STATUS	07/01/2005 NUMBER (2)	This field contains the status of the claim as reported by the carrier. Valid codes are as follows: 01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer (s) 20 Processed as secondary, forwarded to additional payer (s) 21 Processed as tertiary, forwarded to additional payer (s) 22 Reversal of previous payment -1 No claim status reported -2 Invalid claim status code	Not all carriers are able to qualify the processing of the claim with the specificity of the available valid codes. The vast majority of all claims are coded as 01 – processed as primary. Claims processed as secondary may have dramatically lower payments for services rendered because another carrier had primary responsibility. A small number of carriers are unable to distinguish claims processed as primary from those processed as secondary. In studying the cost of a specific procedure, a claim that is not processed as primary may reflect only a partial payment.

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC039 Admitting Diagnosis ADMDX	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code indicating the reason for the inpatient admission.	This field is reported inconsistently across carriers
MC040 E-Code ECODE	07/01/2005 CHAR (5)	This field describes an injury, poisoning or adverse effect using an ICD-9 E-code diagnosis.	The user should search the Other Diagnosis fields to identify all E-Codes submitted. Note that the same E-Code may be reported in this field and in an Other Diagnosis field, depending upon the carrier.
MC041 Principal Diagnosis DX1	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the principal diagnosis.	The field has been validated against the appropriate ICD-9 table for the date of service. The editing system also flags submissions with more than 10% of the records having an invalid ICD-9 diagnosis code. Many carriers do not capture all 5 characters of the diagnosis code.
MC042 Other Diagnosis 1 DX2	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the first secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC043 Other Diagnosis 2 DX3	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the second secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC044 Other Diagnosis 3 DX4	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the third secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.

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MC045 Other Diagnosis 4 DX5	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the fourth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC046 Other Diagnosis 5 DX6	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the fifth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC047 Other Diagnosis 6 DX7	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the sixth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC048 Other Diagnosis 7 DX8	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the seventh secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC049 Other Diagnosis 8 DX9	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the eighth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC050 Other Diagnosis 9 DX10	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the ninth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC051 Other Diagnosis 10 DX11	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the tenth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC052 Other Diagnosis 11 DX12	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the eleventh secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC053 Other Diagnosis 12 DX13	07/01/2005 CHAR (5)	This field contains the ICD-9 diagnosis code for the twelfth secondary diagnosis.	Many carriers do not capture all 5 characters of the diagnosis code. Furthermore, a number of carriers do not capture more than the principal diagnosis code.
MC054 Revenue Code REV	07/01/2005 CHAR (10)	This field is used to report the revenue code for hospital claims. It is one of three fields used to report type of service. National Uniform Billing Committee codes are used in this field.	Ninety nine percent of each submission must contain a revenue code, a CPT code or an ICD-9 procedure code.
MC055 Procedure Code CPT	07/01/2005 CHAR (10)	This field contains the CPT identification number and links to the Code (HGCPT801) field in the Local CPT Codes file.	Many carriers continue to use local codes. A separate local procedure code table (HGCPT) contains the non-standard values that are reported by the carriers. These must be taken into consideration when selecting records for a specific type of procedure. Ninety nine percent of each submission must contain a CPT/HCPC code, a revenue code or an ICD-9 procedure code. Ninety five percent of all records containing a CPT/HCPC code must contain a valid code.
MC056 Procedure Modifier 1 MOD1	07/01/2005 CHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate a service or procedure that has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	
MC057 Procedure Modifier 2 MOD2	07/01/2005 CHAR (2)	A modifier is used to indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. Modifiers may be used to indicate a service or procedure that has both a professional and a technical component, only part of a service was performed, a bilateral procedure was performed, or a service or procedure was provided more than once. A procedure modifier is required	

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
		when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	
MC058 ICD-9-CM Procedure Code OP	07/01/2005 CHAR (4)	This is used to report the ICD-9 procedure code. The decimal point is not coded. This is one of three fields used to report type of service.	This field is generally available only on inpatient hospital claims. It is not consistently reported by carriers.
MC810 Length of Service in Days LOSD	07/01/2005 NUMBER (3)	This field contains the length of service in days. This field is derived from the first and last date of service (MC059 MC060). -1 No first date of service or no last date of service reported -2 Invalid first date of service or last date of service	
MC061 Quantity QTY	07/01/2005 NUMBER (3)	This field contains a count of services performed. This field may be negative and should be set equal to 1 on all observation bed service lines for this field.	This field must be used with caution because the type of units may vary based upon the service performed. For example, one anesthesia unit may equal 10 minutes, one ambulance transportation unit may equal 1 mile.
MC062 Charge Amount CHG	07/01/2005 NUMBER (10)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	A series of data quality checks are used to evaluate the quality of the data in this field. Carriers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences. The extreme variability in paid to charge ratios is directly related to plan benefits. Carriers must verify submissions with a plan paid to charge ratio of < .2 or >= .95 for medical claims. Carriers must verify submissions with a total paid (plan paid plus all member payment responsibilities) < .2 or > 1. The extreme variability in paid to charge ratios is directly related to plan benefits.

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Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MC063 Paid Amount TPAY	07/01/2005 NUMBER (10)	This field includes all health plan payments, including withheld amounts, and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	A series of data quality checks are used to evaluate the quality of the data in this field. Carriers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences. The extreme variability in paid to charge ratios is directly related to plan benefits.
MC064 Prepaid Amount PREPAID	07/01/2005 NUMBER (10)	This field contains the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. "Capitated services" means services rendered by a provider through a contract where payments are based upon a fixed dollar amount for each member on a monthly basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	The provider did not receive this payment. Any payment for this service was made through capitation and that is not captured in this database.
MC065 Co-pay Amount COPAY	07/01/2005 NUMBER (10)	This field contains the pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible amount. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC065, MC066, MC067).
MC066 Coinsurance Amount COINS	07/01/2005 NUMBER (10)	This amount is paid by the member and reflects the percent a member must pay toward the cost of a covered service. In many health insurance plans the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses have been incurred. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible amount. To determine the total out of pocket/member responsibility for this service you must sum all fields (MC065, MC066, MC067).

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MC067 Deductible Amount DED	07/01/2005 NUMBER (10)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all carriers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible amount. To determine the total out of pocket/member responsibility for this service you must sum all three fields (MC065, MC066, MC067).
MC068 Record Type RECTYPE	07/01/2005 CHAR (2)	This field indicates the type of record. MC Medical Claims	

New Hampshire Public Use Data Set Medical Claims Data Completeness Requirements and Frequencies

Element Number	Element Name	2005		2006		2007	
		% Required	%Complete	% Required	%Complete	% Required	%Complete
MC001	NAIC	100%	100%	100%	100%	100%	100%
MC002	NPLAN	0.00%	3%	0%	3%	0%	3%
MC003	PRODUCT	100.00%	100%	100%	100%	100%	100%
MC004	CLAIM	100.00%	100%	100%	100%	100%	100%
MC005	LINE	99.50%	100%	99.50%	100%	99.50%	100%
MC005A	VERSION	10%	90%	10%	90%	10%	90%
MC006	IGROUP	95.00%	100%	95%	100%	95%	100%
MC007	ESSN	0%	74%	0%	73%	0%	73%
MC008	CONTRACT	0%	64%	0%	65%	0%	67%
MC009	SEQNO	90.00%	100%	90%	100%	90%	100%
MC010	MEMSSN	0%	52%	0%	55%	0%	52%
MC011	REL	100%	100%	100%	100%	100%	100%
MC012	SEX	100%	100%	100%	100%	100%	100%
MC013	DOB	100%	100%	99.50%	100%	99.50%	100%
MC014	PATCITY	90%	100%	90%	100%	90%	100%
MC015	PATST	90%	100%	90%	100%	90%	100%
MC016	PATZIP	90%	100%	90%	100%	90%	100%
MC017	PDATE	100%	100%	100%	100%	100%	100%
MC018	ADMDAT	90%	79% *	90%	96%	90%	98%
MC019	ADMHR	50%	159%	50%	288%	50%	125%
MC020	ADMTYPE	60%	197%	60%	131%	60%	83%
MC021	ADMSR	60%	2295%	60%	3478%	60%	74%
MC022	DISHR	50%	0% *			50%	94%
MC022A	DISDAT	90%	50% *			90%	99%
MC023	PTDIS	90%	311%	90%	196%	90%	214%
MC024	PRV	90%	100%	90%	100%	90%	100%
MC025	PRVTAXID	90%	100%	90%	100%	90%	100%
MC026	NPRV	0%	2%	0%	2%	0%	18%

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Element Number	Element Name	2005		2006		2007	
		% Required	%Complete	% Required	%Complete	% Required	%Complete
MC027	PRVTYPE	90%	88% *	90%	88% *	90%	100%
MC028	PRVFNAM	40%	40%	40%	47%	40%	49%
MC029	PRVMNAM	15%	22%	15%	25%	15%	25%
MC030	PRVLNAM	99.50%	100%	99.50%	100%	99.50%	100%
MC031	PRVSUFFI	10%	11%	10%	17%	10%	18%
MC032	PRVSPEC	99.50%	100%	99.50%	100%	99.50%	100%
MC033	PRVCITY	90%	100%	90%	100%	90%	99%
MC034	PRVST	90%	98%	90%	99%	90%	99%
MC035	PRVZIP	90%	98%	90%	99%	90%	99%
MC036	BILLTYPE	35%	100%	35%	100%	35%	100%
MC037	FACTYPE	65%	85%	65%	79%	65%	75%
MC038	STATUS	99.50%	100%	99.50%	100%	99.50%	100%
MC039	ADMDX	60%	52% *	60%	69%	60%	84%
MC040	ECODE	5%	0% *	5%	1% *	5%	3% *
MC041	DX1	90%	96%	90%	97%	90%	99%
MC042	DX2	50%	44% *	50%	52%	50%	57%
MC043	DX3	20%	21%	20%	23%	20%	28%
MC044	DX4	5%	7%	5%	9%	5%	13%
MC045	DX5	0%	2%	0%	3%	0%	4%
MC046	DX6	0%	1%	0%	1%	0%	1%
MC047	DX7	0%	0%	0%	1%	0%	1%
MC048	DX8	0%	0%	0%	0%	0%	1%
MC049	DX9	0%	0%	0%	0%	0%	0%
MC050	DX10	0%	0%	0%	0%	0%	0%
MC051	DX11	0%	0%	0%	0%	0%	0%
MC052	DX12	0%	0%	0%	0%	0%	0%
MC053	DX13	0%	0%	0%	0%	0%	0%
MC054	REV	40%	23% *	40%	25% *	40%	29% *
MC055	CPT	80%	90%	80%	91%	80%	89%
MC056	MOD1	10%	10%	10%	13%	10%	19%

New Hampshire Public Use Data Set Medical Claims Data Completeness Requirements and Frequencies

Element Number	Element Name	2005		2006		2007	
		% Required	%Complete	% Required	%Complete	% Required	%Complete
MC057	MOD2	2%	10%	2%	13%	2%	15%
MC058	OP	10%	5% *	10%	5% *	10%	3% *
MC059	FDATE	99.50%	100%	99.50%	100%	99.50%	100%
MC060	LDATE	99.50%	100%	99.50%	100%	99.50%	100%
MC061	QTY	85%	100%	85%	100%	85%	100%
MC062	CHG	95%	100%	95%	100%	95%	100%
MC063	TPAY	0%	100%	0%	100%	0%	100%
MC064	PREPAID	0%	100%	0%	100%	0%	100%
MC065	COPAY	0%	100%	0%	100%	0%	100%
MC066	COINS	0%	100%	0%	100%	0%	100%
MC067	DED	0%	100%	0%	100%	0%	100%

New Hampshire Public Use Data Set Medical Service Provider Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MCSP801 Provider ID # PRVIDN	NUMBER (12)	This field is used to link to the Medical Claims data (MC809). It is the primary identification number for each Provider Detail record.	This field is populated in 100% of all records
MCSP802 Service Provider Entity Type Qualifier PRVTYPE	CHAR (1)	This field is used to distinguish an individual Practitioner from a business entity. 1 Person 2 Non-Person Entity This field is derived from MC027 in the medical claims data.	This field is required for 90% of all records and was reported for 85% of all records in 2005.
MCSP803 Service Provider County Code NH_COUNTY	CHAR (11)	This field contains the member's county of residence and is derived from the provider's zip code (MC035). 1 Belknap 3 Carroll 5 Cheshire 7 Coos 9 Grafton 11 Hillsborough 13 Merrimack 15 Rockingham 17 Strafford 19 Sullivan 999 Other (Not New Hampshire) -1 No zip code reported -2 Invalid zip code	The service provider zip code was required for 90% of all records and reported for 98% of all claims in 2005. Although the provider location is requested, this field can be populated with the billing location.
MCSP804 Service Provider State or Province PRVST	CHAR (2)	This is the two character abbreviation for city as defined by the US Postal Service. This field is derived from MC034 in the medical claims data.	This field was required for 90% of all records and reported for 98% of all claims in 2005. Although the provider location is requested, this field can be populated with the billing location.

New Hampshire Public Use Data Set Medical Service Provider Data Dictionary

Element Number	Element Name	Date Required	Description	Comments
Database Name	Type/Length			
MCSP805	NH CHIS Provider ID DPCID	NUMBER (12)	This field contains the unique provider identifier that crosses all payers. This field is the link to the Medical Provider Master file (MPM801).	This field will change frequently for existing records as the linkage process matures and more provider records are linked. This field is the key to summarizing all claims for a single provider regardless of the payer code.

New Hampshire Public Use Data Set Medical Master Provider Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
MPM801 NH CHIS Provider ID DPCID	NUMBER (12)	This field contains the unique provider identifier that crosses all payers. This field is the link to the Medical Service Provider file (MCSP805).	This field will change frequently for existing records as the linkage process matures and more provider records are linked. This field is the key to summarizing all claims for a single provider regardless of the payer code.
MPM802 Service Provider Facility Name FACILITY_NAME	CHAR (60)	This field contains the facility or group practice name. If the provider is an individual practitioner, this field will be blank. This field is derived from MC030 in the medical claims data and from Medical Service Provider file (MCSP008).	
MPM804 Service Provider State or Province PRVST	CHAR (2)	This is the two character abbreviation for city as defined by the US Postal Service. This field is derived from MC034 in the medical claims data and from Medical Service Provider file (MCSP804).	This field was required for 90% of all records and reported for 98% of all claims in 2005. In 2005 64% of the paid claims were submitted by New Hampshire providers for 62% of plan paid dollars. Although the provider location is requested, this field can be populated with the billing location.

New Hampshire Public Use Data Set Local Diagnosis (DX) Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
HGDX801 Diagnosis Code CODE	CHAR (10)	This field contains the local diagnosis code used by the payer. This supports data in medical claims diagnosis fields (MC040-MC053)	
HGDX802 Diagnosis Description DESCRIPTION	CHAR (200)	This field contains the description of the local diagnosis code that was provided by the payer.	

New Hampshire Public Use Data Set Local CPT Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
HGCPT801 Procedure Code CODE	CHAR (10)	This field contains the link to the local CPT code submitted by a payer. This links to the CPTID (MC055) field in the medical claims table.	
HGCPT802 Procedure Code Description DESCRIPTION	CHAR (200)	This field contains the description of the local CPT code that was provided by the payer.	

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC801 Identification Number IDN	07/01/2005 NUMBER (20)	This field uniquely identifies the claim and is created for NH CHIS. Multiple records may have the same IDN. To create a unique key for each record, use this field along with the line counter (PC005). This field contains the service event primary key.	
PC800 Encounter Identification Number ENCOUNTER_ID	07/01/2005 NUMBER(20)	This field represents a specific encounter defined as a unique payer, provider, memberid, and date of service.	
PC802 Standardized Insurance Type/Product Code PRODUCT	07/01/2005 CHAR (2)	The insurance type or product code indicates the type of insurance coverage the individual has. 12 Medicare secondary working aged beneficiary or spouse with employer's group health plan 13 Medicare secondary end-stage renal disease beneficiary in the 12 month coordination period with an employer's group health plan 14 Medicare secondary, no-fault insurance including auto as primary 15 Medicare secondary workers' compensation 16 Medicare secondary public health service (PHS) or other Federal agency 41 Medicare secondary black lung 42 Medicare secondary veteran's administration 43 Medicare secondary disabled beneficiary under age 65 with large group health plan(LGHP) 47 Medicare secondary, other liability insurance is primary AM Auto Insurance policy CP Medicare conditionally primary DB Disability benefits D Disability EP Exclusive Provider Organization (EPO) HM Health Maintenance Organization (HMO) HN Health Maintenance Organization (HMO) Medicare risk HS Special low income Medicare beneficiary	The values in this field have been standardized across all the Health Care Claims Data Bank Databases. This field contains the standardized values from the original submissions in field PC003.

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC802 (cont) Standardized Insurance Type/Product Code PRODUCT		IN Indemnity Insurance LB Liability LC Long term care LD Long term policy LI Life insurance LM Liability medical LT Litigation MA Medicare part A MB Medicare part B MC Medicaid MH Medigap part A MI Medigap part B MP Medicare primary PR Preferred Provider Organization (PPO) PS Point of Service (POS) QM Qualified Medicare beneficiary SP Supplemental policy VA Veteran administration plan WC Workers' compensation -1 No product code reported -2 Invalid product code	
PC005 Line Counter LINE	07/01/2005 NUMBER (5)	This field contains the line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.	This field is not edited.
PC805A Imputed Service ID IMPSEVID	07/01/2005 CHAR(100)	This field contains an identification number representing the imputed characteristic of the service.	
PC012 Member Gender GENDER	07/01/2005 CHAR (1)	This field contains the gender of the member. M Male F Female U Unknown -1 No gender code reported -2 Invalid gender code	Payers must verify submissions with more than 80% of the records associated with a single gender.

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC803 Member Age AGE	07/01/2005 NUMBER (3)	This field contains the age of the member in years as of the date the prescription was filled. Children under the age of 1 have an age of zero. This field is derived from the date of birth (PC013). -1 No date of birth available	
PC804 Member County Code NH_COUNTY	07/01/2005 NUMBER (3)	This field contains the member's county of residence and is derived from the patient's zip code (PC016). 1 Belknap 3 Carroll 5 Cheshire 7 Coos 9 Grafton 11 Hillsborough 13 Merrimack 15 Rockingham 17 Strafford 19 Sullivan 999 Other -1 No Zip Code Reported -2 Invalid Zip Code	
PC015 Member State or Province MEMSTATE	07/01/2005 CHAR (2)	The Member State or Province contains the 2 character abbreviation code used by the US Postal Service. -1 No state or province reported -2 Invalid state or province reported	
PC805 Pharmacy County Code NH_PHARM_COUNTY	07/01/2005 NUMBER (3)	This field contains the county in which the pharmacy is located and is derived from the pharmacy's zip code (PC024). 1 Belknap 3 Carroll 5 Cheshire 7 Coos 9 Grafton 11 Hillsborough 13 Merrimack 15 Rockingham	

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
		17 Strafford 19 Sullivan 999 Other -1 No Zip Code reported -2 Invalid Zip Code	
PC023 Pharmacy State Name PHARMST	07/01/2005 CHAR (2)	The State in which the pharmacy is located. This field contains the 2 character abbreviation code used by the US Postal Service. -1 No valid state reported -2 Invalid state reported	
PC025 Claim Status STATUS	07/01/2005 NUMBER (2)	This field contains the status of the claim as reported by the payer. 1 Processed as primary 2 Processed as secondary 3 Processed as tertiary 4 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment -1 No claim status code reported -2 Invalid claim status code	Not all payers are able to qualify the processing the claim with the specificity of the available valid codes. The vast majority of all claims are coded as 01 – processed as primary. Claims processed as secondary may have dramatically lower payments for services rendered because another payer had primary responsibility. A small number of payers are unable to distinguish claims processed as primary from those processed as secondary.
PC026 Drug Code NDC	07/01/2005 CHAR (11)	Each drug product listed under Section 510 of the Federal Food, Drug, and Cosmetic Act is assigned a unique 10-digit, 3-segment number. This number, known as the National Drug Code (NDC), identifies the labeler/vendor, product, and trade package size. The first segment, the labeler code, is assigned by the FDA. A labeler is a firm that manufactures, re-packs or distributes a drug product. The second segment, the product code, identifies a specific strength, dosage form, and formulation for a particular firm. The third segment, the package code, identifies package sizes. Both the product and package codes are assigned by the firm. The NDC will be configured as: 4-4-2, 5-3-2, or 5-4-1.	This field is verified against an NDC reference file.

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC027 Drug Name DRUGNM	07/01/2005 CHAR (80)	This field contains the text name of drug as supplied by the payer.	
PC028 New Prescription NEWPR	07/01/2005 CHAR (2)	This field can be used to determine if this is a new prescription. It contains the prescription number. N New prescription R Refill prescription -1 No new prescription identifier reported -2 Invalid new prescription identifier	
PC029 Generic Drug Indicator GENRX	07/01/2005 CHAR (1)	This field indicates whether the drug is a branded drug or a generic drug. N No, branded drug Y Yes, generic drug U Unknown -1 No generic drug indicator reported -2 Invalid generic drug indicator	
PC030 Dispense as Written Code DAW	07/01/2005 NUMBER (1)	This field indicates the instructions given to the pharmacist for filling the prescription. For example, a prescription for a brand name drug that also has a generic equivalent may not have the generic equivalent substituted. In this case, the code is 1 – physician requires the script be filled as written. 0 Not dispensed as written 1 Physician dispense as written 2 Member dispense as written 3 Pharmacy dispense as written 4 No generic available 5 Brand dispensed as generic 6 Override 7 Substitution not allowed - brand drug mandated by law 8 Substitution allowed - generic drug not available in marketplace 9 Other -1 No dispense as written code reported -2 Invalid dispense as written code	

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC031 Compound Drug Indicator COMPOUND	07/01/2005 CHAR (1)	This field indicates whether a drug is a compound drug. N Non-compound drug Y Compound drug U Non-specified drug component -1 No compound drug indicator reported -2 Invalid compound drug indicator	
PC805 Year Prescription Filled FDATE_YR	07/01/2005 NUMBER (4)	This field contains the year the prescription was filled In a CCYY format. This field derived from Date Prescription Filled (PC032).	Carriers are required to verify submissions with more than 5% of the records having a date filled 2+ years before the date of payment.
PC033 Quantity Dispensed QTY	07/01/2005 NUMBER (5)	This field contains the total unit dosage in metric units. This field may contain a negative value.	
PC034 Days Supply DAYS	07/01/2005 NUMBER (3)	This field contains the actual days supply for the prescription based on the metric quantity dispensed. This field may contain a negative value.	
PC035 Charge Amount CHG	07/01/2005 NUMBER (10)	This field contains the total charges for the service as reported by the provider. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	A series of data quality checks are used to evaluate the quality of the data in this field. Payers submitting data that are outside any of the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the unexpected differences. The extreme variability in paid to charge ratios is directly related to plan benefits.
PC036 Paid Amount TPAY	07/01/2005 NUMBER (10)	This field includes all health plan payments and excludes all member payments. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value	A series of data quality checks evaluate the quality of the data in this field. Payers submitting data that are outside the tolerance thresholds are required to resubmit the data or provide reasonable confirmation for the differences.

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC037 Ingredient Cost/List Price INGRED	07/01/2005 NUMBER (10)	This field contains the cost of the drug that was dispensed as reported by the payer. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
PC039 Dispensing Fee DISPFEE	07/01/2005 NUMBER (10)	This field contains the amount charged for dispensing. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	
PC040 Copay Amount COPAY	07/01/2005 NUMBER (10)	This field contains the pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all payers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, deductible amount, copay).
PC041 Coinsurance Amount COINS	07/01/2005 NUMBER (10)	This amount is paid by the member and reflects the percentage a member must pay toward the cost of a covered service. In many health insurance plans the coinsurance a member is responsible for is capped after a certain dollar amount of eligible expenses have been incurred. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all payers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields. Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, deductible amount, copay).
PC042 Deductible Amount DED	07/01/2005 NUMBER (10)	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. This is a money field containing dollars and cents with an implied decimal point. This field may contain a negative value.	Not all payers can distinguish between the mutually exclusive fields of copay, coinsurance amount and deductible. To determine the total out of pocket/member responsibility for this service you must sum all three fields.

New Hampshire Public Use Data Set Pharmacy Claims Data Dictionary

Element Number Element Name Database Name	Date Required Type/Length	Description	Comments
PC042 (cont) Deductible Amount DED			Payers must verify submissions with less than 25% of the records containing a member payment (coinsurance amount, deductible amount, copay).
PC043 Record Type RECTYPE	07/01/2005 CHAR (2)	This field indicates the type of record. PC Pharmacy Claims	

New Hampshire Public Use Data Set Pharmacy Claims Completeness Requirements and Frequencies

Element Number	Element Name	2005		2006		2007	
		% Required	%Complete	% Required	%Complete	% Required	%Complete
PC001	NAIC	100%	100%	100%	100%	100%	100%
PC002	NPLAN	0%	0%	0%	0%	0%	0%
PC003	PRODUCT	100%	100%	100%	100%	100%	100%
PC004	CLAIM	100%	100%	100%	100%	100%	100%
PC005	LINE	99.50%	100%	99.50%	100%	99.50%	100%
PC006	IGROUP	95%	100%	95%	100%	95%	100%
PC007	ESSN	0%	76%	0%	72%	0%	74%
PC008	CONTRACT	0%	59%	0%	66%	0%	68%
PC009	SEQNO	90%	100%	90%	100%	90%	99%
PC010	MEMSSN	0%	59%	0%	53%	0%	46%
PC011	REL	100%	100%	100%	100%	100%	100%
PC012	SEX	100%	100%	100%	100%	100%	100%
PC013	DOB	99.50%	100%	99.50%	100%	99.50%	100%
PC014	PATCITY	90%	100%	90%	100%	90%	100%
PC015	PATST	90%	100%	90%	100%	90%	100%
PC016	PATZIP	90%	98%	90%	100%	90%	100%
PC017	PDATE	100%	100%	100%	100%	100%	100%
PC018	PHARM	99.50%	100%	99.50%	100%	99.50%	100%
PC019	PHARMTAX	10%	68%	10%	65%	10%	70%
PC020	PHARMNM	99.50%	96% *	99.50%	99% *	99.50%	100%
PC021	NPHARM	0%	25%	0%	27%	0%	45%
PC022	PHARMCITY	70%	96%	70%	99%	70%	100%
PC023	PHARMST	90%	96%	90%	99%	90%	100%
PC024	PHARMZIP	90%	93%	90%	99%	90%	99%
PC025	STATUS	99.50%	100%	99.50%	100%	99.50%	100%
PC026	NDC	99.50%	100%	99.50%	100%	99.50%	100%
PC027	DRUGNM	99.50%	100%	99.50%	100%	99.50%	100%

New Hampshire Public Use Data Set Pharmacy Claims Completeness Requirements and Frequencies

Element Number	Element Name	2005		2006		2007	
		% Required	%Complete	% Required	%Complete	% Required	%Complete
PC028	NEWPR	99.50%	100%	99.50%	100%	99.50%	100%
PC028A	REFILL	50%	92%	50%	93%	50%	93%
PC029	GENRX	99.50%	100%	99.50%	100%	99.50%	100%
PC030	DAW	95%	100%	95%	100%	95%	100%
PC031	COMPOUND	95%	100%	95%	100%	95%	100%
PC032	FDATE	99.50%	100%	99.50%	100%	99.50%	100%
PC033	QTY	85%	100%	85%	100%	85%	100%
PC034	DAYS	95%	100%	95%	100%	95%	100%
PC035	CHG	95%	100%	95%	100%	95%	100%
PC036	TPAY	0%	100%	0%	100%	0%	100%
PC037	INGRED	0%	100%	0%	100%	0%	100%
PC038	POSTAGE	0%	100%	0%	100%	0%	100%
PC039	DISPFEE	0%	100%	0%	100%	0%	100%
PC040	COPAY	0%	100%	0%	100%	0%	100%
PC041	COINS	0%	100%	0%	100%	0%	100%
PC042	DED	0%	100%	0%	100%	0%	100%