

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Membership Group number (constructed by Sheps)	C_MEMBERGROUP		Numeric	4
1	Group 1: Insured & Multiple Employer Welfare Arrangements (INS)			
2	Group 2: Administrative Services Only (ASO)			
3	Group 3: Individual Market and Affordable Care Act Plans (IND)			
4	Group 4: State Health Plan (SHP)			
Sheps unique identifier of a BCBSNC member; spans all coverage periods, groups, subgroups and benefit plans	MEMBERID	00000000 - 99999999 = 8 characters, eachcharacter =0 to 9; -99 = missing	Alphanumeric	8
Sheps unique identifier of the combination of a BCBSNC member and their policy enrollment	POLMEMBERID	00000000 - 99999999 = 8 characters, eachcharacter =0 to 9; -99 = missing	Alphanumeric	8
Sheps unique identifier of a BCBSNC subscriber	SUBSCRIBID	00000000 - 99999999 = 8 characters, eachcharacter =0 to 9; -99 = missing	Alphanumeric	8
Month of this extract (yyyy-mm-dd)	CVR_MNTH_DT	Character date displayed as YYYY-MM-DD	Alphanumeric	10
Member's relationship to subscriber	RLNSHP_TO_SUBSCRIBER_CODE		Alphanumeric	3
CHD	Child			
DBO	Domestic Partners Same Or Opposite Sex			
DBP	Domestic Partner Opposite Sex			
DSO	Domestic Partner Same Sex			
HCD	Handicap Dependent			
N/A	Not Applicable			
OTH	Other			
SD	Survivor Dependent			
SDP	Sponsored Dependent			
SP	Sponsor Dependent			
SPS	Spouse			
SS	Survivor Spouse			
SSB	Sponsored Subscriber			
STU	Student			
SUB	Subscriber			
Unk	Unknown			
USE	User Defined			
Member Date of Birth (yyyy-mm-dd)	MEMBER_DATE_OF_BIRTH	Character date displayed as YYYY-MM-DD	Alphanumeric	10

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Gender of member	MEMBER_GENDER		Alphanumeric	3

F	Female
M	Male
Unk	Unknown

The member's primary product as of the service start date	PRIMARY_PRODUCT_CODE		Alphanumeric	4
---	----------------------	--	--------------	---

0000	Unknown
CMM1	Classic Blue
CMMM	CMM Medicare
DTL1	Dental Only
EPO1	ASO PPO NETWORK NO OON BENEFITS
GIS1	Group Ins Services
HMO1	Blue Care
HRA1	Blue Options HRA
HSA1	Blue Options HSA
IACC	Access
IADV	Blue Advantage
IBAS	Blue Assurance
IBST	Short Term
ICMM	Conversion
IHSA	Blue Options HSA
ILOW	Blue Value
IREM	Champus Supplement
ITIR	Blue Select
LOWC	Blue Value
N/A	Not Applicable
POS1	Blue Choice
PPO1	Blue Options
TIER	TIER LOB
TIRC	Blue Select
Unk	Unknown
VIS1	Vision Only

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Date member enrolled for most recent continuous coverage under any product	ENRL_FROM_DT	10 Character text date in format YYYY-MM-DD	Alphanumeric	10
Last date member's enrollment is in effect for most recent continuous coverage	ENRL_THRU_DT	10 Character text date in format YYYY-MM-DD	Alphanumeric	10
Member city	MEMBER_CITY	Up to 30 characters for name of city	Alphanumeric	30
Member State or Province (abbreviated)	MEMBER_STATE	State abbreviation (NC, SC, etc.)	Alphanumeric	3
	NC	North Carolina		
	SC	South Carolina		
	TN	Tennessee		
	Unk	Unknown		
	VA	Virginia		
Member ZIP code	MEMBER_ZIP		Alphanumeric	14
	27000 - 27999	27---		
	28000 - 28999	28---		
	Unk	Unknown		
Member location county code	MBR_LOC_CNTY_CD	Up to 5 character code corresponding to County name in MBR_LOC_CNTY_NM	Alphanumeric	5
Member location county name	MBR_LOC_CNTY_NM	Up to 25 character Name of County corresponding to MBR_LOC_CNTY_CD	Alphanumeric	25

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Code indicating who is insured by the subscriber	COVERAGE_LEVEL_CODE	Look-Up Table provided upon request	Alphanumeric	4

BDBH	Emp & Deps Both , Med Prim Last Mth, No Incent
BDBP	Emp, & Deps, Med Prim Last Mth, No Incent
BSBH	Emp, & Sps Both , Med Prim Last Mth, No Incent
BSBP	Emp, & Sps Med Prim Last Mth, No Incent
BYBH	Emp, & Fmly Both Med Prim Last Mth, No Incent
BYBP	Emp, & Fmly Med Prim Last Mth, No Incent
COMP	Composite - Short Term
DA	Same Sex Spouse And Both Opposite And Same-Sex Dom
DBHP	Emp, & Deps Both , Med Prim Last Mth, Ha & Pcp
DBNH	Emp, & Deps Both , Med Prim Last Mth, Ha & Non-Smok
DBNP	Emp, & Deps Both , Med Prim Last Mth, Pcp & Non-Sm
DBS3	Emp, & Deps Both , Med Prim Last Mth, Pcp, Ha & Non
DMHP	Emp & Deps W/Medicare Ha & Pcp
DMNH	Emp & Deps W/ Medicare Ha & Non-Smoker
DMNP	Emp & Deps W/ Medicare Pcp & Non-Smoker
DT/S	Emp With Domestic Partner Health/Employee Dental
DTFD	Emp W/Dom Prtnr Health-Family W/ Dom Prtnr Dental
EBDM	Emp&Deps, 1 Dep With M/C, And M/C Is Primary Egwp
EDSD	Emp & Dependents (Same Sex)
EDSS	Emp & 1 Dependent (Same Sex)
EMD1	Emp&Deps, Emp And Dep With M/C, And M/C Is Primary
EMDM	Emp&Deps, Emp And Dep With M/C, And M/C Is Primary
EPB1	Emp&Sps, Both With M/C, And M/C Is Primary Egwp Ti
EPBM	Emp&Sps, Both With M/C, And M/C Is Primary Egwp Ti
EPDM	Emp&Family, Dep With M/C, And M/C Is Primary Egwp
ESM1	Emp&Family, Emp And Dep With M/C, And M/C Is Prima
ESMM	Emp&Family, Emp And Dep With M/C, And M/C Is Prima
ESNG	Emp With M/C And M/C Is Primary Egwp Tier
ESPM	Emp&Sps, Sps With M/C, And M/C Is Primary Egwp Tie
F/OT	Fmly Hlth/Emp & One Other Dtl
F/S	Fmly Hlth/Emp Dental
F/SD	Fmly Hlth/Emp&1Dep Dental

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
F/SM	Fmly Hlth & Emp & Deps Dtl			
F/SP	Fmly Hlth/Emp&Sps Dental			
F2DM	Family - 2 Or More Deps With Medicare			
FBHP	Emp, & Fmly Both , Med Prim Last Mth Ha & Pcp			
FBNH	Emp, & Fmly Both , Med Prim Last Mth Ha & Non-Smok			
FBNP	Emp, & Fmly Both , Med Prim Last Mth Pcp & Non-Smo			
FBY3	Emp, & Fmly Both , Med Prim Last Mth Pcp, Ha & Non			
FD/S	Fmly W/ Dom Prtn Hlth/Emp Dtl			
FSDS	Fmly W/ Dom Prtn Health/Emp & 1 Dep Dtl			
FDSM	Fmly W/ Dom Prtn Hlth/Emp Deps Dtl			
FDSO	Fmly W/ Domestic Partner Health & Dental			
FDSP	No Longer Used-Fmly W-Dp Hlth & Ee+Sps Dtl			
FLHP	Emp & Fmly Ha & Pcp			
FLM3	Emp & Fmly W/ Medicare Pcp, Ha & Non-Smoker			
FLMH	Emp & Fmly W/ Medicare Ha			
FLMN	Emp & Fmly W/ Medicare Non-Smoker			
FLMP	Emp & Fmly W/ Medicare Pcp			
FLNH	Emp & Fmly Ha & Non-Smoker			
FLNP	Emp & Fmly Pcp & Non-Smoker			
FLY3	Emp & Fmly Pcp, Ha & Non-Smoker			
FLYH	Emp & Fmly Ha			
FLYN	Emp & Fmly Non-Smoker			
FLYP	Emp & Fmly Pcp			
FMD4	Fmly Hlth W/ Dom Prtn/Fmly W/ Dom Prtn Dtl-Cobra			
FMDP	Family With Domestic Partner			
FMHP	Emp & Fmly W/ Medicare Ha & Pcp			
FML1	Retiree Fmly			
FML2	Fmly Active - Commercial			
FML3	Fmly Retiree - Commercial			
FML4	Family			
FMLY	Family			
FMNH	Emp & Fmly W/ Medicare Ha & Non-Smoker			
FMNP	Emp & Fmly W/ Medicare Pcp & Non-Smoker			
FMSM	Family - Employee With Medicare			

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
FMSS		Family With Same Sex Spouse		
FPDM		Family - Spouse Or Child With Medicare		
FSMM		Family - Emp + 1 Or More Deps With Medicare		
FYBH		Emp, & Fmly Both , Med Prim Last Mth Ha		
FYBN		Emp, & Fmly Both , Med Prim Last Mth Non-Smoker		
FYBP		Emp, & Fmly Both , Med Prim Last Mth Pcp		
FYD4		Family With Domestic Partner		
FYDP		Family With Domestic Partner		
LBDS		Emp, Med Prim Last Mth, & Deps No Incent		
LBSP		Emp, Med Prim Last Mth, & Sps No Incent		
LDHP		Emp, Med Prim Last Mth, & Deps Ha & Pcp		
LDNH		Emp,Med Prim Last Mth, & Deps Ha & Non-Smoker		
LDNP		Emp, Med Prim Last Mth, & Deps Pcp & Non-Smoker		
LDS3		Emp, Med Prim Last Mth, & Deps Pcp, Ha & Non-Smoke		
LDSH		Emp, Med Prim Last Mth, & Deps Ha		
LDSN		Emp, Med Prim Last Mth, & Deps Non-Smoker		
LDSP		Emp, Med Prim Last Mth, & Deps Pcp		
LLHP		Emp, Med Prim Last Mth, & Fmly Ha & Pcp		
LLNH		Emp, Med Prim Last Mth, & Fmly Ha & Non-Smoker		
LLNP		Emp, Med Prim Last Mth, & Fmly Pcp & Non-Smoker		
LLY3		Emp, Med Prim Last Mth, & Fmly Pcp, Ha & Non-Smoke		
LLYH		Emp, Med Prim Last Mth, & Fmly Ha		
LLYN		Emp, Med Prim Last Mth, & Fmly Non-Smoker		
LLYP		Emp, Med Prim Last Mth, & Fmly Pcp		
LMLY		Emp, Med Prim Last Mth, & Fmly No Incent		
LNG3		Single, Med Prim Last Mth Pcp, Ha & Non-Smoker		
LNGH		Single, Med Prim Last Mth Ha		
LNGL		Emp, Med Prim Last Mth, No Incent		
LNGN		Single Med Prim Last Mth Non-Smoker		
LNGP		Single, Med Prim Last Mth Pcp		
LNHP		Single, Med Prim Last Mth Ha & Pcp		
LNNH		Single, Med Prim Last Mth Ha & Non-Smoker		
LNNP		Single, Med Prim Last Mth Pcp & Non-Smoker		
LSHP		Emp, Med Prim Last Mth, & Sps Ha & Pcp		

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
LSNH		Emp, Med Prim Last Mth, & Sps Ha & Non-Smoker		
LSNP		Emp, Med Prim Last Mth, & Sps Pcp & Non-Smoker		
LSP3		Emp, Med Prim Last Mth, & Sps Pcp, Ha & Non-Smoker		
LSPH		Emp, Med Prim Last Mth, & Sps Ha		
LSPN		Emp, Med Prim Last Mth, & Sps Non-Smoker		
LSPP		Emp, Med Prim Last Mth, & Sps Pcp		
N/A		Not Applicable		
OCHD		Only Deps: Split Contract		
OCHM		Only Deps & Deps With Medicare: Split Contract		
OFLM		Only Spouse & Deps; Dep With Medicare: Split Contr		
OFML		Only Spouse & Deps: Spilt Contract		
OSPM		Only Spouse & Spouse With Medicare: Split Contract		
OSPS		Only Spouse: Split Contract		
OT/F		Emp & One Other Hlth/Fmly Dtl		
OT/S		Emp & One Other Hlth/Emp Dtl		
REG1		Reg1 Hickory		
REG2		Reg2 Asheville		
REG3		Reg3 Raleigh		
REG4		Reg4 Greensboro		
REG5		Reg5 Charlotte		
REG6		Reg6 Greenville		
REG7		Reg7 Wilmington		
REGA		Rega Triangle		
REGB		Regb Wilmington		
REGC		Regc Charlotte		
REGD		Regd Southern Pines		
REGE		Rege Fayetteville		
REGF		Regf Forsyth		
REGG		Regg Greensboro		
REGH		Regh Hickory		
REGJ		Regj Asheville		
REGK		Regk Greenville/Rocky Mount		
RG01		Rating Area 01		
RG02		Rating Area 02		

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
RG03	Rating Area 03			
RG04	Rating Area 04			
RG05	Rating Area 05			
RG06	Rating Area 06			
RG07	Rating Area 07			
RG08	Rating Area 08			
RG09	Rating Area 09			
RG10	Rating Area 10			
RG11	Rating Area 11			
RG12	Rating Area 12			
RG13	Rating Area 13			
RG14	Rating Area 14			
RG15	Rating Area 15			
RG16	Rating Area 16			
S/DT	Emp Hlth/Emp & Domestic Partner Dental			
S/F	Emp Hlth/Family Dental			
S/FD	Emp Hlth/ Fmly Dtl W/ Dom Prtn			
S/OT	Emp Hlth/Emp & One Other Dtl			
S/SD	Emp Hlth/Emp&1Dep Dental			
S/SM	Emp Hlth/Emp&Deps Dental			
S/SO	Emp Hlth/Emp & Dom Prtn Dtl			
S/SP	Emp Hlth/Emp&Sps Dental			
S2DM	Emp & Dependents - 2 Or More Children W/Medicare			
SBD1	Retiree Sbdo - Domestic Partner			
SBD2	Sbdo Active - Commercial - Domestic Partner			
SBD3	Sbdo Retiree - Commercial - Domestic Partner			
SBD4	Emp & Domestic Prtn			
SBDM	Emp & Dependents - 1 Child With Medicare			
SBDO	Emp & Domestic Prtn			
SBDP	Emp & 1 Dependent			
SBDS	Emp & Dependents			
SBDT	Employee With Domestic Partner			
SBHP	Emp, & Sps Both , Med Prim Last Mth Ha & Pcp			
SBM1	Retiree Sbds - Multiple Dependents			

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
SBM2	Sbds Active - Commerical - Multiple Dependents			
SBM3	Sbds Retiree - Commerical - Multiple Dependents			
SBM4	Emp & Multiple Dependents			
SBMP	Emp & Spouse - Employee With Medicare			
SBN3	Emp, & Sps Both , Med Prim Last Mth Pcp, Ha & Non-			
SBNH	Emp, & Sps Both , Med Prim Last Mth Ha & Non-Smoke			
SBNP	Emp, & Sps Both , Med Prim Last Mth Pcp & Non-Smok			
SBO1	Retiree Sbot - Domestic Partner			
SBOT	Emp & 1 Other			
SBS1	Retiree Sbsp			
SBS2	Sbsp Active - Commercial			
SBS3	Sbsp Retiree - Commercial			
SBS4	Employee & Spouse			
SBSO	Emp & Dom Prtn Hlth/Emp Dom Prtn Dtl			
SBSP	Employee & Spouse			
SBSS	Family With Same Sex Spouse			
SBT1	Retired Emp +1 Other			
SD/F	Emp&1Dep Hlth/Fmly Dental			
SD/S	Emp&1Dep Hlth/Emp Dental			
SDBH	Emp, & Deps Both , Med Prim Last Mth, Ha			
SDBN	Emp & Deps Both , Med Prim Last Mth, Non-Smoker			
SDBP	Emp, & Deps Both , Med Prim Last Mth, Pcp			
SDD4	Employee+Domestic Partner+One Child - Cobra			
SDDP	Employee+Domestic Partner+One Child			
SDFD	Emp & Dependent Hlth/Fmly W/ Dom Prtn Dtl			
SDHP	Emp & Deps Ha & Pcp			
SDM3	Emp & Deps W/ Medicare Pcp, Ha & Non-Smoker			
SDMH	Emp & Deps W/Medicare Ha			
SDMN	Emp & Deps W/ Medicare Non-Smoker			
SDMP	Emp & Deps W/Medicare Pcp			
SDNH	Emp & Deps Ha & Non-Smoker			
SDNP	Emp & Deps Pcp & Non-Smoker			
SDP4	Employee+One Child			
SDS3	Emp & Deps Pcp, Ha & Non-Smoker			

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
SDSH	Emp & Deps Ha			
SDSM	Employee/Child Health And Employee Children Dental			
SDSN	Emp & Deps Non-Smoker			
SDSO	Emp & Dep Hlth/Emp & Doms Prtn Dtl			
SDSP	Emp & Deps Pcp			
SM/F	Emp & Deps Hlth/Emp & Fmly Dtl			
SM/S	Emp & Deps Hlth/Emp Dtl			
SMDM	Emp & Dependents - Emp+Child(Ren) With Medicare			
SMDS	Emp & Dependents - Emp With Medicare			
SMFD	Emp & Deps Hlth/ Fmly W/ Dom Prtn Dtl			
SMHP	Emp & Sps W/ Medicare Ha & Pcp			
SMNH	Emp & Sps W/ Medicare Ha & Non-Smoker			
SMNP	Emp & Sps W/ Medicare Pcp & Non-Smoker			
SMSD	Employee/Children Health And Employee/Child Dental			
SMSO	Emp & Deps Hlth/Emp & Dom Prtn Dtl			
SMSP	Emp & Deps Hlth/Emp Sps Dtl			
SN	Same Sex Spouse And No Domestic Partner			
SNG1	Retiree Sngl			
SNG2	Sngl Active - Commercial			
SNG3	Single Pcp, Ha & Non-Smoker			
SNG4	Employee Only			
SNGH	Single Ha			
SNGL	Employee Only			
SNGM	Employee Only With Medicare			
SNGN	Single Non-Smoker			
SNGP	Single Pcp			
SNHP	Single Ha & Pcp			
SNNH	Single Ha & Non-Smoker			
SNNP	Single Pcp & Non-Smoker			
SO	Same Sex Spouse And Opposite-Sex Domestic Partner			
SO/S	Emp & Dom Prtn Hlth/Emp Dtl			
SOFD	Emp & Dom Prtn Hlth/Fmly W/ Dom Prtn Dtl			
SOSD	Emp & Dom Prtn Hlth/Emp & Child Dtl			
SOSM	Emp & Dom Prtn Hlth/Emp & Deps Dtl			

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
SP/F	Emp&Sps Hlth/Fmly Dental			
SP/S	Emp&Sps Hlth/Emp Dental			
SPBM	Employee & Spouse - Both Have Medicare			
SPD1	Retired Employee+Spouse+One Child			
SPD2	Spdp Active-Commercial Employee+Spouse+One Child			
SPD3	Spdp Retiree-Commercial Employee+Spouse+One Child			
SPD4	Spdp / Employee+Spouse+One Child			
SPDP	Employee+Spouse+One Child			
SPSD	Emp & Spouse Hlth/Emp & 1 Child Dtl			
SPSM	Emp & Sps Hlth/Emp & Deps Dtl			
SQ	Same Sex Spouse And Same-Sex Domestic Partner			
SSBH	Emp, & Sps Both , Med Prim Last Mth Ha			
SSBN	Emp, & Sps Both , Med Prim Last Mth,Non-Smoker			
SSBP	Emp, & Sps Both , Med Prim Last Mth Pcp			
SSDP	Subscriber Spouse + Dependent Child			
SSHP	Emp & Sps Ha & Pcp			
SSM3	Emp & Sps W/ Medicare Pcp, Ha & Non-Smoker			
SSMH	Emp & Sps W/ Medicare Ha			
SSMN	Emp & Sps W/ Medicare Non-Smoker			
SSMP	Emp & Sps W/ Medicare Pcp			
SSNH	Emp & Sps Ha & Non-Smoker			
SSNP	Emp & Sps Pcp & Non-Smoker			
SSP3	Emp & Sps Pcp, Ha & Non-Smoker			
SSPH	Emp & Sps Ha			
SSPM	Employee & Spouse - Spouse With Medicare			
SSPN	Emp & Sps Non-Smoker			
SSPP	Emp & Sps Pcp			
SUB	Subscriber			
SUBD	Subscriber & Depend (Child)			
SUBS	Subscriber And Spouse			
SUDS	Subscriber + Dependents (Child)			
Unk	Unknown			
Customer type description	CUST_TYPE_DESC	Up to 70 characters	Alphanumeric	70

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Business unique identifier for the lowest level grouping of an account	SUBGROUP_NUMBER_BIZ	Up to 15 characters, each character = 0 to 9	Alphanumeric	15
Number that identifies a set of benefits	BENEFIT_PACKAGE_ID	Look-Up Table provided upon request	Alphanumeric	9
Member's marital status	MARITAL_STATUS_CODE		Alphanumeric	3
	D	Divorced		
	M	Married		
	N/A	Not Applicable		
	P	Separated		
	S	Single		
	Unk	Unknown		
	W	Widowed		
Indicator of HMO medical product (Health Maintenance Organization)	HMO		Alphanumeric	1
	N	No		
	Y	Yes		
Indicator of PPO medical product (Preferred Provider Organization)	PPO		Alphanumeric	1
	N	No		
	Y	Yes		
Indicator of POS medical product (Point of Service)	POS		Alphanumeric	1
	N	No		
	Y	Yes		
Indicator of CMM medical product (Comprehensive Major Medical)	CMM		Alphanumeric	1
	N	No		
	Y	Yes		
Indicator of EPO medical product (Exclusive Provider Organization)	EPO		Alphanumeric	1
	N	No		
	Y	Yes		
Indicator of PHARMACY medical product	PHARMACY		Alphanumeric	1
	N	No		
	Y	Yes		

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Indicator of DENTAL medical product	DENTAL		Alphanumeric	1
N	No			
Y	Yes			
Indicator of MH medical product (Mental Health)	MH		Alphanumeric	1
N	No			
Y	Yes			
Indicator of SA medical product (Substance Abuse)	SA		Alphanumeric	1
N	No			
Y	Yes			
Indicator of VISION medical product	VISION		Alphanumeric	1
N	No			
Y	Yes			
Code indicating a type of offering feature	OFFERING_FEATURE_CODE		Alphanumeric	3
EP	EPO (Exclusive Provider Org)			
FC	CDHP/Fixed Contribution			
HD	HSA/HRA Eligible			
HL	High Low			
HR	Blue Options HRA			
HS	Blue Options HSA			
N/A	Not Applicable			
SO	Single Option			
TP	Blue Options 1-2-3			
Unk	Unknown			
UNM	Unmapped			

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Benefit series identifier for CDHP packages	BENEFIT_SERIES_ID		Alphanumeric	3

1	Series 5
3	Series 6
5	Series 3
6	Series 2
7	Series 1
10	Series 4A
18	Series 4
26	Series 301
33	Series 301
41	Series 302
46	Series 101
49	Series 401
54	Series 601
63	Series 303
66	Series 103
69	Series 102
70	Series 304
76	Series 402
77	Series 304
78	Series 305
79	Series 602
80	Series 306
81	Series 403
82	Series 307
83	Series 308
-98	Not Applicable
-99	Unknown

Rank applied to benefit package when it forms part of series or high/low product	BENEFIT_PACKAGE_RANK_NUMBER	Up to 5 digits, each digit = 0 to 9	Numeric	8
--	-----------------------------	-------------------------------------	---------	---

Coverage month as YYYY-MM (constructed by Sheps)	C_CVR_MNTH	Character date displayed as YYYY-MM	Alphanumeric	6
--	------------	-------------------------------------	--------------	---

Fields: Sheps Center BCBSNC Claims Data

Member

Field	Field - Literal	Description	Format	Length
Member Date of Birth (constructed by Sheps)	C_DOB	SAS date, use format to display as MM/DD/YYYY	Numeric	4
Date member enrolled for most recent continuous coverage (SAS date format mm/dd/yyyy)	DATE_ENRL_FROM	SAS date, use format to display as MM/DD/YYYY	Numeric	4
Last Date enrollment is in effect for most recent continuous coverage (SAS date format mm/dd/yyyy)	DATE_ENRL_THRU	SAS date, use format to display as MM/DD/YYYY	Numeric	5
Number of days enrolled from ENRL_FROM_DT to ENRL_THRU_DT or 12/31/2016 (constructed by Sheps)	C_DAYS_FROM_THRU	1 or greater	Numeric	8
Age of member as of 12/31/2016 (constructed by Sheps)	C_MEMBER_AGE_2016	Age of Member in Years (integer)	Numeric	3
Date BCBSNC extracted and delivered data from their warehouse (constructed by Sheps)	C_XTRCT_DT	Character date displayed as YYYYMM	Alphanumeric	6
Date of latest BCBSNC extract included in research files (constructed by Sheps)	C_LAST_XTRCT_DT	Character date displayed as YYYYMM	Alphanumeric	6

Fields: Sheps Center BCBSNC Claims Data

Provider

Field	Field - Literal	Description	Format	Length
A scrambled number that uniquely identifies a provider	PROVIDER_NUMBER	1 to 6 digit number, each character = 0 to 9	Numeric	8
Universal Physician Identification Number	PROVIDER_UPIN	Up to 10 characters	Alphanumeric	10
Servicing provider's name	PROVIDER_NAME	Up to 180 characters	Alphanumeric	63
Code indicating provider's field of practice	PROVIDER_SPECIALTY_ID	1 to 3 digit code, See Provider Specialty Lookup Tables	Numeric	8
Description of provider's field of practice	PROVIDER_SPECIALTY_DESC	Up to 50 characters, See Provider Specialty Lookup Tables	Alphanumeric	50
Code used to group provider specialty codes	PROVIDER_TYPE_CODE		Alphanumeric	3
	CHN	Pharmacy Chain Identifier		
	NWM	Network Management Provider Identifier		
	PHM	Pharmacy Identifier		
	PPN	Proprietary Provider Number		
First line of provider's physical street address	PROVIDER_ADDRESS_1	Up to 80 characters	Alphanumeric	51
Second line of provider's street address	PROVIDER_ADDRESS_2	Up to 80 characters	Alphanumeric	36
City of provider's address	PROVIDER_CITY	Up to 80 characters	Alphanumeric	25
State abbrev/province of provider's address	PROVIDER_STATE		Alphanumeric	20
	NC	North Carolina		
	SC	South Carolina		
	TN	Tennessee		
	Unk	Unknown		
	VA	Virginia		
ZIP code for the provider for reporting purposes	PROVIDER_ZIP	5 character zip codes (UNK = Unknown)	Alphanumeric	5

Fields: Sheps Center BCBSNC Claims Data

Provider

Field	Field - Literal	Description	Format	Length
NC medical service region of provider (or USPS state code)	PROVIDER_REGION_CD		Alphanumeric	3
270	NC Greensboro-Winston-Salem			
271	NC Greensboro-Winston-Salem			
272	NC Greensboro-Winston-Salem			
273	NC Greensboro-Winston-Salem			
274	NC Greensboro-Winston-Salem			
275	NC Raleigh-Durham/Goldsboro			
276	NC Raleigh-Durham			
277	NC Raleigh-Durham			
278	NC Rocky Mount/Greenville			
279	VA Norfolk-Virginia Beach			
280	NC Charlotte-Gastonia			
281	NC Charlotte-Gastonia			
282	NC Charlotte-Gastonia			
283	NC Fayetteville			
284	NC Wilmington			
285	NC Jacksonville			
286	NC Hickory-Morganton			
287	NC Asheville			
288	NC Asheville			
289	NC Non-MSA			
Unk	Unknown			
XX	2 Character State abbreviation (SC, TN, VA, etc.)			
Inbound National Provider ID - unique identifier for provider issued by CMS	INBOUND_NPI	Up to 10 characters	Alphanumeric	10
Outbound National Provider ID - unique identifier for provider issued by CMS	OUTBOUND_NPI	Up to 10 characters	Alphanumeric	10