**Exhibit B1**

Variables needed for the Project specified in this DUA.

| **COLUMN NAME** | ***Column Description*** | ***Notes*** | ***Considered PHI? (blank = no) (if yes, this field will be processed and removed in first step in processing)*** | ***UB-04 field (if applicable)*** | ***CMS-1500 item (if applicable)*** |
| --- | --- | --- | --- | --- | --- |
| Claim ID | *A unique medical claim identifier.* | *Assigned by claims processor* |  |  |  |
| Type of claim | *Indicator for facility claim or professional claim. Facility claims are submitted using the UB-04 layout, professional claims are submitted using the CMS-1500 layout.* | *Assigned by claims processor* |  |  |  |
| Servicing Provider Name | *Either the concatenated Individual Provider First and Last Name of the servicing provider (for professional claims) or the Provider Organization Full Name of the servicing provider (for facility claims)* |  |  | *Field 1* | *Item 32* |
| Servicing Provider Street Address | *Street address of the servicing provider* |  |  | *Field 1* | *Item 32* |
| Servicing Provider City | *City of the servicing provider* |  |  | *Field 1* | *Item 32* |
| Servicing Provider State | *State of the servicing provider (2-character postal abbreviation)* |  |  | *Field 1* | *Item 32* |
| Servicing Provider Zip | *Zip code of the servicing provider* |  |  | *Field 1* | *Item 32* |
| Billing Provider Name | *Either the concatenated Individual Provider First and Last Name of the billing provider (for professional claims) or the Provider Organization Full Name of the billing provider (for facility claims)* |  |  | *Field 2* | *Item 33* |
| Billing Provider Address | *Street address of the billing provider* |  |  | *Field 2* | *Item 33* |
| Billing Provider City | *City of the billing provider* |  |  | *Field 2* | *Item 33* |
| Billing Provider State | *State of the billing provider (2-character postal abbreviation)* |  |  | *Field 2* | *Item 33* |
| Billing Provider Zip | *Zip code of the billing provider* |  |  | *Field 2* | *Item 33* |
| UB04 Type of bill | *Only available for facility claims. TYPE OF BILL CODE is a four-digit alphanumeric code that gives three specific pieces of information after a leading zero. CMS will ignore the leading zero. CMS will continue to process three specific pieces of information. The second digit identifies the type of facility. The third classifies the type of care. The fourth indicates the sequence of this bill in this particular episode of care. It is referred to as a "frequency" code.* |  |  | *Field 4* |  |
| TIN | *Federal tax identification number (TIN)/employer identification number (EIN) of provider* | *Omit if the claim is a professional claim and the provider has indicated that the TIN is an SSN* |  | *Field 5* | *Item 25* |
| Statement covers period from date | *CLAIM STATEMENT FROM DATE represents the earliest date of service of the claim.* |  | *yes* | *Field 6* |  |
| Statement covers period through date | *CLAIM STATEMENT TO DATE represents the last date of service of the claim* |  | *yes* | *Field 6* |  |
| Pay-to ID | *PROVIDER IDENTIFIER assigned by claims processor* | *If claims processor has a billing provider ID (other than NPI or TIN), then please include here.* |  |  |  |
| Patient identifier (encrypted) | *PATIENT IDENTIFIER assigned by claims processor* |  |  |  |  |
| Medicare Eligibility Indicator | *Indicates if the member was eligible for Medicare at the time of service* | *Assigned by claims processor* |  |  |  |
| Patient birth date | *SOURCE MEMBER BIRTH DATE is the date the Member was born, as it exists in the system of record.* |  | *yes* | *Field 10* | *Item 3* |
| Patient sex | *SOURCE MEMBER GENDER CODE is a code which defines the gender / sex of an individual, as it exists in the System of Record.* |  |  | *Field 11* | *Item 3* |
| Admission date | *ADMIT DATE is the date the member was admitted to an inpatient facility.* |  | *yes* | *Field 12* |  |
| Discharge date | *DISCHARGE DATE is the date the member was released from an inpatient facility.* |  | *yes* |  |  |
| Start date of related hospitalization | *From date when a medical service is furnished as a result of, or subsequent to, a related hospitalization.* |  | *yes* |  | *Item 18* |
| End date of related hospitalization | *To date when a medical service is furnished as a result of, or subsequent to, a related hospitalization.* |  | *yes* |  | *Item 18* |
| Type of admission/visit | *ADMISSION TYPE CODE represents the priority of the admission, such as, emergency, urgent, elective or newborn.* |  |  | *Field 14* |  |
| Source of admission | *ADMISSION SOURCE CODE represents the point of patient origin for this admission or visit.* |  |  | *Field 15* |  |
| Patient Discharge Status | *DISCHARGE STATUS CODE represents the hospital discharge status code.* |  |  | *Field 17* |  |
| Line number | *The line item number for a service in a claim* |  |  |  |  |
| From date of service | *Date of service, from date* |  | *yes* |  | *Item 24A* |
| To date of service | *Date of service, to date* |  | *yes* |  | *Item 24A* |
| Place of service | *Identify the setting, using a place of service code, for each item used or service performed.* |  |  |  | *Item 24B* |
| Revenue code | *Industry Standard - Code used on the UB-92 (Form Locator 42) to identify a specific accommodation, ancillary service, or billing calculation related to the service being billed. The code can identify the cost center in the institution where inpatient care was provided, for example: physical therapy, surgery, room and board.* | *Four characters* |  | *Field 42* |  |
| HCPCS/CPT code | *Industry Standard - Medical procedure a patient received from a health care provider. Current coding methods include: CPT-4 and HCFA Common Procedure Coding System Level II - (HCPCS-II).* | *Five characters* |  | *Field 44* | *Item 24D* |
| HCPCS/CPT modifier 1 | *Indicates special circumstances related to the performance of the service. For example, the 5 digit HCPCS base code if followed by 80 would indicate that an assistant surgeon delivered that service* | *Two characters* |  | *Field 44* | *Item 24D* |
| HCPCS/CPT modifier 2 | *Indicates special circumstances related to the performance of the service. For example, the 5 digit HCPCS base code if followed by 80 would indicate that an assistant surgeon delivered that service* | *Two characters* |  | *Field 44* | *Item 24D* |
| HCPCS/CPT modifier 3 | *Indicates special circumstances related to the performance of the service. For example, the 5 digit HCPCS base code if followed by 80 would indicate that an assistant surgeon delivered that service* | *Two characters* |  | *Field 44* | *Item 24D* |
| HCPCS/CPT modifier 4 | *Indicates special circumstances related to the performance of the service. For example, the 5 digit HCPCS base code if followed by 80 would indicate that an assistant surgeon delivered that service* | *Two characters* |  | *Field 44* | *Item 24D* |
| Billed Service units | *Service count, as billed. Generally, the entries in this column quantify services by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.* |  |  | *Field 46* |  |
| Paid Service units | *Service count, paid, generated by claims processor* |  |  |  |  |
| Days or units | *This field is most commonly used for multiple visits, units of supplies, anesthesia minutes, or oxygen volume. If only one service is performed, the numeral 1 must be entered.* |  |  |  | *Item 24G* |
| Total charges | *Total charges* |  |  | *Field 47* | *Item 24F* |
| Noncovered charges | *The portion of the cost of this service that was deemed not eligible by the insurer because the service or member was not covered by the subscriber contract* |  |  | *Field 48* |  |
| Rendering NPI | *Industry Standard - The National Provider Identifier assigned to the Rendering Provider. This is the lowest level of provider available (for example, if both individual and group are available, then the individual should be provided).* |  |  | *Field 56* | *Item 24J* |
| Facility location NPI | *The NPI of the facility if the services were furnished in a hospital, clinic, laboratory, or facility other than the patient's home or physician's office.* |  |  |  | *Item 32A* |
| Billing NPI | *Industry Standard - The National Provider Identifier assigned to the Billing Provider. This may represent a facility (for facility claims), a physician, a rendering provider, a group, or a billing entity.* |  |  |  | *Item 33A* |
| ICD version flag | *Flags ICD diagnoses and procedure codes as ICD-9 or ICD-10* |  |  |  |  |
| Principal Diagnosis Code | *PRINCIPAL DIAGNOSIS CODE represents an ICD CM Diagnosis Code identifying a condition being treated. This was replicated to Claim Line for ease of reporting.* | *ICD-9 or ICD-10* |  | *Field 67* | *Item 21.1* |
| Other Diagnosis 1 | *OTHER 1 EXTERNAL CAUSE OF INJURY CODE represents an ICD CM Diagnosis Code identifying the External Cause of Injury usually found with other Diagnosis Codes.* | *ICD-9 or ICD-10* |  | *Field 67A* | *Item 21.2* |
| Other Diagnosis 2 | *OTHER 2 EXTERNAL CAUSE OF INJURY CODE represents an ICD CM Diagnosis Code identifying the External Cause of Injury usually found with other Diagnosis Codes.* | *ICD-9 or ICD-10* |  | *Field 67B* | *Item 21.3* |
| Other Diagnosis 3 | *OTHER 3 EXTERNAL CAUSE OF INJURY CODE represents an ICD CM Diagnosis Code identifying the External Cause of Injury usually found with other Diagnosis Codes.* | *ICD-9 or ICD-10* |  | *Field 67C* | *Item 21.4* |
| Other Diagnosis 4 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67D* | *Item 21.5* |
| Other Diagnosis 5 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67E* | *Item 21.6* |
| Other Diagnosis 6 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67F* | *Item 21.7* |
| Other Diagnosis 7 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67G* | *Item 21.8* |
| Other Diagnosis 8 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67H* | *Item 21.9* |
| Other Diagnosis 9 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67I* | *Item 21.10* |
| Other Diagnosis 10 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67J* | *Item 21.11* |
| Other Diagnosis 11 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67K* | *Item 21.12* |
| Other Diagnosis 12 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67L* |  |
| Other Diagnosis 13 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67M* |  |
| Other Diagnosis 14 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67N* |  |
| Other Diagnosis 15 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67O* |  |
| Other Diagnosis 16 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67P* |  |
| Other Diagnosis 17 | *Industry Standard - Additional diagnosis identified for this member. Decimals will be included.* | *ICD-9 or ICD-10* |  | *Field 67Q* |  |
| Present on Admission Indicator, Principal Diagnosis | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67* |  |
| Present on Admission Indicator, Other Diagnosis 1 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67A* |  |
| Present on Admission Indicator, Other Diagnosis 2 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67B* |  |
| Present on Admission Indicator, Other Diagnosis 3 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67C* |  |
| Present on Admission Indicator, Other Diagnosis 4 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67D* |  |
| Present on Admission Indicator, Other Diagnosis 5 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67E* |  |
| Present on Admission Indicator, Other Diagnosis 6 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67F* |  |
| Present on Admission Indicator, Other Diagnosis 7 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67G* |  |
| Present on Admission Indicator, Other Diagnosis 8 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67H* |  |
| Present on Admission Indicator, Other Diagnosis 9 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67I* |  |
| Present on Admission Indicator, Other Diagnosis 10 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67J* |  |
| Present on Admission Indicator, Other Diagnosis 11 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67K* |  |
| Present on Admission Indicator, Other Diagnosis 12 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67L* |  |
| Present on Admission Indicator, Other Diagnosis 13 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67M* |  |
| Present on Admission Indicator, Other Diagnosis 14 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67N* |  |
| Present on Admission Indicator, Other Diagnosis 15 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67O* |  |
| Present on Admission Indicator, Other Diagnosis 16 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67P* |  |
| Present on Admission Indicator, Other Diagnosis 17 | *POA indicator* | *Y=yes, N=no, U=unknown, W=undetermined, 1=exempt from POA reporting* |  | *Eighth digit of field 67Q* |  |
| Admitting Diagnosis Code | *ADMITTING DIAGNOSIS CODE represents an International Classification of Diseases (ICD) Diagnosis Code identifying a condition being treated, upon admission.* | *ICD-9 or ICD-10* |  | *Field 69* |  |
| Principal procedure code | *Industry Standard - Principal medical procedure a patient received during inpatient stay.* | *ICD-9 or ICD-10* |  | *Field 74* |  |
| Principal procedure date | *Represents the date that the corresponding procedure was performed.* |  | *yes* | *Field 74* |  |
| Other procedure code 1 | *Industry Standard - Other medical procedure a patient received during inpatient stay.* | *ICD-9 or ICD-10* |  | *Field 74A* |  |
| Other procedure date 1 | *Represents the date that the corresponding procedure was performed.* |  | *yes* | *Field 74A* |  |
| Other procedure code 2 | *Industry Standard - Other medical procedure a patient received during inpatient stay.* | *ICD-9 or ICD-10* |  | *Field 74B* |  |
| Other procedure date 2 | *Represents the date that the corresponding procedure was performed.* |  | *yes* | *Field 74B* |  |
| Other procedure code 3 | *Industry Standard - Other medical procedure a patient received during inpatient stay.* | *ICD-9 or ICD-10* |  | *Field 74C* |  |
| Other procedure date 3 | *Represents the date that the corresponding procedure was performed.* |  | *yes* | *Field 74C* |  |
| Other procedure code 4 | *Industry Standard - Other medical procedure a patient received during inpatient stay.* | *ICD-9 or ICD-10* |  | *Field 74D* |  |
| Other procedure date 4 | *Represents the date that the corresponding procedure was performed.* |  | *yes* | *Field 74D* |  |
| Other procedure code 5 | *Industry Standard - Other medical procedure a patient received during inpatient stay.* | *ICD-9 or ICD-10* |  | *Field 74E* |  |
| Other procedure date 5 | *Represents the date that the corresponding procedure was performed.* |  | *yes* | *Field 74E* |  |
| Claim status (paid as primary/paid as secondary/paid as tertiary/reversed/denied) | *CLAIM DISPOSITION CODE identifies the type of claim, whether an original, reversal, adjustment or void.* |  |  |  |  |
| In-network provider flag | *Flag for whether the health plan has a network contract with service provider* | *Yes/No* |  |  |  |
| In-network cost sharing flag | *Flag for whether the claim was paid applying in-network benefits to determine the patient's cost sharing* | *Yes/No* |  |  |  |
| MS-DRG code | *DIAGNOSIS RELATED GROUP CODE represents the specific 'Diagnosis Related Group' (DRG) associated with a Claim. A DRG is a national coding scheme which classifies an inpatient stay based on diagnosis, procedure, discharge status, age and sex.* |  |  |  |  |
| MS-DRG version | *DIAGNOSIS RELATED GROUP VERSION NUMBER represents the version of the vendor Diagnosis Related Group (DRG) table.* | *If available, please supply here the rate year corresponding to the MS-DRG code. If not available, ok to omit. If omitted, RAND will assume that MS-DRG codes are assigned applying appropriate MS-DRG grouper based on federal fiscal year of date of discharge.* |  |  |  |
| Allowed amount | *Measure - The contracted reimbursable amount for covered medical services or supplies or amount reflecting local methodology for non-contracted providers.* |  |  |  |  |
| Paid amount | *Measure - The amount sent to the payee from the health plan. This amount is to include withhold amounts (the portion of the claim that is deducted and withheld by the Plan from the provider's payment) and exclude any member cost sharing.* |  |  |  |  |
| Deductible amount | *Measure - The portion of this service that the member must pay which is applied to the total period deductible. Deductibles are usually applied over a specific time period, such as per calendar year, per benefit period, or per episode of illness. Amounts should include any sanction/penalty or deductible form of insured non-compliance such as lack of prior authorizations.* |  |  |  |  |
| Coinsurance amount | *Measure - The amount the insured individual pays, as a set percentage of the cost of covered medical services, as an out-of-pocket payment to the provider. Example: Insured pays 20% and the insurer pays 80%. This amount should include member sanctions/penalties for out of network or any coinsurance form of insured non-compliance such as lack of prior authorizations.* |  |  |  |  |
| Copay amount | *Measure - Amount an insured individual pays directly to a provider at the time the services or supplies are rendered. Usually, a copay will be a fixed amount per service, such as $15.00 per office visit. Amounts should include any sanction/penalty or copay form of insured non-compliance such as lack of prior authorizations.* |  |  |  |  |
| COB amount | *An amount paid through coordination of benefits* |  |  |  |  |
| Capitated payment flag (is this an information-only claim submitted by a provider who receives a capitated payment) | *CAPITATION GROUP INDICATOR CODE is a Yes / No code used to identify a paid claim for a group with a capitated arrangement* |  |  |  |  |
| Prepaid amount | *For capitated services, the fee for service equivalent amount.* |  |  |  |  |
| Self-insured employer account number | *Account number uniquely identifies the account ID of the self-insured employer* |  |  |  |  |
| Fully insured line of business | *Insurance product type (large group, small group, individual market)* |  |  |  |  |