# 

# MHS Data Repository (MDR) DEERS VSAM MDR 2006 (VM4) Extract

1. Source

|  |  |
| --- | --- |
| Source File | Source |
| Raw VM4 Data | Defense Manpower Data Center (DMDC) New DEERS VSAM Database |
| DMIS ID Index Table | EI/DS PO |
| PPS Table | DASD for HB&FP |
| OmniCAD | EI/DS PO |
| Navy UIC file | Navy BUPERS |
| Master Death File | HPA&E |
| MHS Enrollment Norms Table | HPA&E |
| Per Member Per Month Equivalent Lives | DASD for HB&FP |

1. Transmission (Format and Frequency)

VM4 files are provided monthly as flat files, generally within the first few days of the month, as described in the PITE Interface Control Document (PITE ICD Mod 022.doc, ICD 1300-7003-02). The VM4 is generally transmitted via Direct Connect. Each VM4 represents a snapshot of the DEERS VSAM database at the time the extract was cut. Each record in the VM4 represents a beneficiary relationship in DEERS. There can be more than one record per person, in that many people have more than one beneficiary relationship with the DoD.

1. Organization and batching

* VM4s are received and processed monthly.
* MDR VM4s are organized into monthly files.
* Monthly MDR VM4 files are not updated (except to correct errors when/if discovered).
* New monthly feeds create new MDR VM4 monthly files without affecting the previous file

1. Receiving Filters

The following records shall be transmitted to the MDR:

* All records with Medical Family Benefit Extract Indicator Code (MED\_FAM\_BNF\_EXT\_CD)=’Y’;
* All records with Member Category Code=’W’; and
* All records having Personnel Category Code in (N,V), if PNL\_BGN\_DT is valid and prior or equal to first day of extract month AND PNL\_END\_DT is either blank or greater than or equal to the first day of the extract month.

1. Field Transformations and Deletions for MDR Database

* A series of MHS Derived fields associated with legacy processing of DEERS data are added to the VM4. Refer to Appendix A1 for a field listing and business rules.
* A primary record flag (0 or 1) is added to each record. The primary record flag allows for the selection of the record with the richest MHS benefit, among all records for a given person. See Appendix A2 for further detail.
* The content of Medical Insured (MI) NED enrollment fields (all fields beginning with MI in the description column of the table in Section VII ) is replicated from the record having the “best” NED data among all records for an individual (i.e., all records having the same DOD\_EDI\_PN) onto the record selected as the primary record for the individual. An appended field (MDR\_NED\_DRV) indicates when Medical Insured NED data have been copied from a different record with the same DOD\_EDI\_PN: 1 indicates that the MI information has been obtained from a different record, 0 indicates that the enrollment data are unchanged from the input record. The algorithm for identifying the record with “best” NED information among all records with the same DOD\_EDI\_PN is as follows:

1. If there is just one record for a given DOD\_EDI\_PN, use that record.
2. If there are multiple records for a given DOD\_EDI\_PN, and just one record has non-blank fields in any of the MI fields, use that record.
3. If there are multiple records for a given DOD\_EDI\_PN having non-blank MI fields, use the following priority scheme to rank the records. Lower priorities are only used to break ties of all higher priorities.
4. If just one record indicates a current enrollment relationship (defined as MI\_PCM\_SLCT\_BGN\_DT equal to or prior to the snapshot date (assumed to be the 1st of the month), and MI\_PCM\_SLCT\_END\_DT either blank or equal to or later than the snapshot date), use that record.
5. If more than one record indicates a current enrollment relationship, use the record among those indicating a current enrollment relationship that has the most recent LST\_EXTRCT\_DT. If multiple records tie for the most recent LST\_EXTRCT\_DT, choose the last record encountered.
6. If no records indicate a current enrollment relationship, and just one record indicates a previous enrollment relationship (defined as having both MI\_PCM\_SLCT\_BGN\_DT and MI\_PCM\_SLCT\_END\_DT prior to the snapshot date), use that record.
7. If more than one record indicates a past enrollment relationship, use the record among those indicating a past enrollment relationship that has the most recent LST\_EXTRCT\_DT. If multiple records tie for the most recent LST\_EXTRCT\_DT, choose the last record encountered.
8. If no records indicate either a current or past enrollment relationship, and just one record indicates a future enrollment relationship (defined as MI\_PCM\_SLCT\_BGN\_DT after the snapshot date and MI\_PCM\_SLCT\_END\_DT either later than the snapshot date or blank), then use that record.
9. If more than one record indicates a future enrollment relationship, use the record among those indicating future relationship that has the most recent LST\_EXTRCT\_DT. If multiple records tie for the most recent LST\_EXTRCT\_DT, choose the last record encountered.
10. If MI\_PCM\_SLCT\_BGN\_DT and MI\_PCM\_SLCT\_END\_DT are both blank, then choose the last record encountered.

* A series of fields are added to describe a beneficiary’s enrollment status in DEERS. These fields are populated for enrollees in TRICARE Prime, TRICARE Plus, and the Uniformed Services Family Health Plan (USFHP). Several fields needed to support development of M2 data feeds are also referenced in this section. Refer to Appendix B for a field listing and business rules.

1. Updating the Master Tables

N/A

1. File Layout and Content

The table below reflects the fields as they exist in the monthly MDR PITE files following processing. The original names from DEERS are used for fields that come from native DEERS (e.g. No appendix referenced). The “appendix” column lists the appendices that contain the business rules used to derive all other fields.

MDR VM4 Format and Fields

| **Variable Name** | **Description** | **Length** | **Start** | **Appendix** |
| --- | --- | --- | --- | --- |
| LST\_EXT\_DT | Last Extract Date | 8 | 1 | N/A |
| SPN\_PN\_ID | Sponsor Person Identifier | 9 | 9 | N/A |
| SPN\_PN\_ID\_TYP\_CD | Sponsor Person Identifier Type Code | 1 | 18 | N/A |
| SPN\_DUP\_ID | Sponsor Duplicate Identifier | 1 | 19 | N/A |
| MLT\_MBR\_ID | Multiple Membership Identifier | 1 | 20 | N/A |
| DDS\_CD | DMDC Dependent Suffix Code | 2 | 21 | N/A |
| PN\_TYP\_CD | Person Type Code | 1 | 23 | N/A |
| PN\_ID | Person Identifier | 9 | 24 | N/A |
| PN\_ID\_TYP\_CD | Person Identifier Type Code | 1 | 33 | N/A |
| PN\_BRTH\_DT | Person Birth Date | 8 | 34 | N/A |
| MRTL\_STAT\_CD | Marital Status Code | 1 | 42 | N/A |
| PN\_SEX\_CD | Person Sex Code | 1 | 43 | N/A |
| RACE\_CD | Race Code | 1 | 44 | N/A |
| ETHNC\_NAT\_ORIG\_CD | Ethnicity National Origin Code | 1 | 45 | N/A |
| PN\_DTH\_DT | Person Death Date | 8 | 46 | N/A |
| PN\_DTH\_CD | Person Death Code | 1 | 54 | N/A |
| MD\_TST\_DGP\_DT | Medical Test Diagnostic Procedure Date | 8 | 55 | N/A |
| MDC\_A\_BRSN\_CD | Medicare A Begin Reason Code | 1 | 63 | N/A |
| MDC\_A\_EFF\_DT | Medicare A Effective Date | 8 | 64 | N/A |
| MDC\_A\_EXP\_DT | Medicare A Expiration Date | 8 | 72 | N/A |
| MDC\_B\_BRSN\_CD | Medicare B Begin Reason Code | 1 | 80 | N/A |
| MDC\_B\_EFF\_DT | Medicare B Effective Date | 8 | 81 | N/A |
| MDC\_B\_EXP\_DT | Medicare B Expiration Date | 8 | 89 | N/A |
| PHM\_CVG\_CD | Pharmacy Coverage Code | 3 | 97 | N/A |
| LEG\_DDS\_CD | Legacy DEERS Dependent Suffix (DDS) Code | 2 | 100 | N/A |
| PNL\_CAT\_CD | Personnel Category Code | 1 | 102 | N/A |
| SVC\_CD | Service Branch Classification Code | 1 | 103 | N/A |
| RET\_TYP\_CD | Retirement Type Code | 1 | 104 | N/A |
| PAY\_PLN\_CD | Pay Plan Code | 5 | 105 | N/A |
| PG\_CD | Pay Grade Code | 2 | 110 | N/A |
| DOD\_OCC\_CD | DoD Occupation Code | 4 | 112 | N/A |
| ATTCH\_UIC | Attached Unit Identification Code | 8 | 116 | N/A |
| ASSGN\_UIC | Assigned Unit Identification Code | 8 | 124 | N/A |
| PNLEC\_TYP\_CD | Personnel Entitlement Condition Type Code | 2 | 132 | N/A |
| PNLEC\_BGN\_DT | Personnel Entitlement Condition Begin Date | 8 | 134 | N/A |
| PNLEC\_END\_DT | Personnel Entitlement Condition End Date | 8 | 142 | N/A |
| MBR\_CAT\_CD | Member Category Code | 1 | 150 | N/A |
| MBR\_DSPN\_CD | Member Disposition Code | 1 | 151 | N/A |
| DC\_CD | Direct Care Benefit Type Code | 1 | 152 | N/A |
| DC\_BELIG\_DT | Direct Care Benefit Type Begin Eligibility Calendar Date | 8 | 153 | N/A |
| DC\_EELIG\_DT | Direct Care Benefit Type End Eligibility Calendar Date | 8 | 161 | N/A |
| CHC\_CD | Civilian Health Care Entitlement Type Code | 1 | 169 | N/A |
| CHC\_BELIG\_DT | Civilian Health Care Entitlement Type Begin Eligibility Calendar Date | 8 | 170 | N/A |
| CHC\_EELIG\_DT | Civilian Health Care Entitlement Type End Eligibility Calendar Date | 8 | 178 | N/A |
| MA\_ST\_CD | Mailing Address US Postal Region State Code | 2 | 186 | N/A |
| MA\_CTRY\_CD | Mailing Address Country Code | 2 | 188 | N/A |
| MA\_PR\_ZIP\_CD | Mailing Address US Postal Region ZIP Code | 5 | 190 | N/A |
| GEN\_LOC\_CD | General Location Code | 1 | 195 | N/A |
| ULOC\_PR\_ZIP\_CD | Unit Location US Postal Region Zip Code | 5 | 196 | N/A |
| PN\_LST\_NM | Person Last Name | 26 | 201 | N/A |
| PN\_1ST\_NM | Person First Name | 20 | 227 | N/A |
| PN\_CDNCY\_NM | Person Cadency Name | 4 | 247 | N/A |
| BLD\_TYP\_CD | Blood Type Code | 1 | 251 | N/A |
| RANK\_CD | Rank Code | 6 | 252 | N/A |
| MED\_FAM\_BNF\_EXT\_CD | Medical Family Benefit Extract Indicator Code | 1 | 258 | N/A |
| DRVD\_LOC\_DT | Derived Location Date | 8 | 259 | N/A |
| DRVD\_LOC\_ST\_CD | Derived Location State Alpha Code | 2 | 267 | N/A |
| DRVD\_LOC\_CTRY\_CD | Derived Location Country Code | 2 | 269 | N/A |
| DRVD\_LOC\_PR\_ZIP\_CD | Derived Location US Postal Region ZIP Code | 5 | 271 | N/A |
| DRVD\_LOC\_MHS\_RGN\_CD | Derived Location Medical Health Service Region Code | 2 | 276 | N/A |
| RACE\_ETHNC\_CD | Race Ethnic Code | 1 | 278 | N/A |
| D\_CATCH\_AREA\_CD | Catchment Area ID | 4 | 279 | A1 |
| D\_ELG\_CD | Medical Privilege Code | 1 | 283 | A1 |
| D\_DEP\_QY | Dependent Quantity | 2 | 284 | A1 |
| D\_AGE\_GROUP\_CD | Age Group Code | 1 | 286 | A1 |
| D\_AGE\_QY | Derived Age Quantity | 3 | 287 | A1 |
| R\_BEN\_CAT\_CD | Beneficiary Category | 3 | 290 | A1 |
| D\_PRISM\_CD | PRISM Area ID | 4 | 293 | A1 |
| D\_MHS\_ELIG\_INDIC | MHS Eligibility Indicator | 1 | 297 | A1 |
| D\_MHS\_POP\_SECTOR\_CD | Population Sector | 1 | 298 | A1 |
| D\_REGION\_CD | MHS-Derived Region | 2 | 299 | A1 |
| D\_ZIP\_CD | MHS-Derived ZIP Code | 5 | 301 | A1 |
| D\_SPON\_BR\_SVC\_CD | Sponsor Service Aggregated | 1 | 306 | A1 |
| D\_PRIMARY\_RECORD\_FLAG | Primary Record Flag | 1 | 307 | A2 |
| MBR\_REL\_CD | Member Relationship Code | 1 | 308 | N/A |
| D\_COM\_BEN\_CAT\_CD | Common Beneficiary Category | 1 | 309 | A1 |
| D\_MDC\_ELIG\_CD | Medicare Eligibility Code | 1 | 310 | A1 |
| PNL\_VER\_STAT\_CD | Personnel Verification Status Code | 1 | 311 | N/A |
| PNLEC\_VER\_STAT\_CD | Personnel Entitlement Condition Verification Status Code | 1 | 312 | N/A |
| DI\_HCDP\_PLN\_CVG\_CD | Dental Insured Health Care Delivery Program Plan Coverage Code | 3 | 313 | N/A |
| DI\_HCDP\_CD | Dental Insured Health Care Delivery Program Code | 3 | 316 | N/A |
| DI\_HCDP\_BGN\_DT | Dental Insured Health Care Delivery Program Begin Calendar Date | 8 | 319 | N/A |
| DI\_HCDP\_PEP\_BGN\_DT | Dental Insured Health Care Delivery Program Policy Enrollment Period Begin Calendar Date | 8 | 327 | N/A |
| DI\_HCDP\_PEP\_END\_DT | Dental Insured Health Care Delivery Program Policy Enrollment Period End Calendar Date | 8 | 335 | N/A |
| DI\_HCDP\_PEP\_ERSN\_CD | Dental Insured Health Care Delivery Program Policy Enrollment Period End Reason Code | 1 | 343 | N/A |
| DI\_EMC\_ENRL\_BGN\_DT | Dental Insured Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 344 | N/A |
| DI\_EMC\_ENRL\_END\_DT | Dental Insured Enrollment Management Contractor Enrollment End Calendar Date | 8 | 352 | N/A |
| DI\_EMC\_ENRL\_ERSN\_CD | Dental Insured Enrollment Management Contractor Enrollment End Reason Code | 1 | 360 | N/A |
| D\_MI\_HCDP\_PLN\_CVG\_CD | Derived Medical Insured Health Care Delivery Program Plan Coverage Code | 3 | 361 | B |
| D\_MI\_HCDP\_CD | Derived Medical Insured Health Care Delivery Program Code | 3 | 364 | B |
| D\_MI\_HCDP\_BGN\_DT | Derived Medical Insured Health Care Delivery Program Benefits Begin Calendar Date | 8 | 367 | B |
| D\_MI\_HCDP\_PEP\_BGN\_DT | Derived Medical Insured Health Care Delivery Program Policy Enrollment Period Begin Calendar Date | 8 | 375 | B |
| D\_MI\_HCDP\_PEP\_END\_DT | Derived Medical Insured Health Care Delivery Program Policy Enrollment Period End Calendar Date | 8 | 383 | B |
| D\_MI\_HCDP\_PEP\_ERSN\_CD | Derived Medical Insured Health Care Delivery Program Policy Enrollment Period End Reason Code | 1 | 391 | B |
| D\_MI\_PLCY\_HCDP\_CNTC\_CD | Derived Medical Insured Health Care Delivery Program Contractor Code | 2 | 392 | B |
| D\_MI\_EMC\_ENRL\_BGN\_DT | Derived Medical Insured Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 394 | B |
| D\_MI\_EMC\_ENRL\_END\_DT | Derived Medical Insured Enrollment Management Contractor Enrollment End Calendar Calendar Date | 8 | 402 | B |
| D\_MI\_EMC\_ENRL\_ERSN\_CD | Derived Medical Insured Enrollment Management Contractor Enrollment End Reason Code | 1 | 410 | B |
| D\_MI\_HCDP\_EMC\_CD | Derived Medical Insured Health Care Delivery Program Enrollment Management Contractor Code | 2 | 411 | B |
| D\_MI\_PCM\_PROV\_TYP\_CD | Derived Medical Insured Primary Care Manager Identifier Type Code | 1 | 413 | B |
| D\_MI\_PCM\_ID | Derived Medical Insured Primary Care Manager Identifier | 32 | 414 | B |
| D\_MI\_PCM\_ID\_TYP\_CD | Derived Medical Insured Primary Care Manager Identifier Type Code | 1 | 446 | B |
| D\_MI\_PCM\_EDVSN\_DMIS\_ID | Derived Medical Insured Primary Care Manager Enrolling Division DMIS Code | 4 | 447 | B |
| D\_MI\_PCM\_RGN\_CD | Derived Medical Insured Primary Care Manager Region Code | 2 | 451 | B |
| D\_MI\_PCM\_SLCT\_BGN\_DT | Derived Medical Insured Primary Care Manager Selection Begin Calender Date | 8 | 453 | B |
| D\_MI\_PCM\_SLCT\_END\_DT | Derived Medical Insured Primary Care Manager Selection End Calender Date | 8 | 461 | B |
| D\_MI\_PCM\_SLCT\_ERSN\_CD | Derived Medical Insured Primary Care Manager Selection End Reason Code | 1 | 469 | B |
| D\_SI\_HCDP\_PLN\_CVG\_CD | Derived Special Program Insured Health Care Delivery Program Plan Coverage Code | 3 | 470 | H |
| D\_SI\_HCDP\_CD | Derived Special Program Insured Health Care Delivery Program Code | 3 | 473 | H |
| D\_SI\_EMC\_ENRL\_BGN\_DT | Derived Special Program Insured Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 476 | H |
| D\_SI\_EMC\_ENRL\_END\_DT | Derived Special Program Insured Enrollment Management Contractor Enrollment End Calendar Date | 8 | 484 | H |
| D\_SI\_EMC\_ENRL\_ERSN\_CD | Derived Special Program Insured Enrollment Management Contractor Enrollment End Reason Code | 1 | 492 | H |
| D\_SI\_HCDP\_CNTC\_CD | Derived Special Program Insured Health Care Delivery Program Contractor Code | 2 | 493 | H |
| DOD\_EDI\_PN\_ID | DoD Electronic Data Interchange Person Identifier | 10 | 495 | N/A |
| MDC\_A\_VER\_STAT\_CD | Medicare A Verification Status Code | 1 | 505 | N/A |
| MDC\_B\_VER\_STAT\_CD | Medicare B Verification Status Code | 1 | 506 | N/A |
| MDC\_HI\_CLM\_ID | Medicare Health Insurance Claim Identifier | 12 | 507 | N/A |
| RSVCC\_CD | Reserve Component Category Code | 2 | 519 | N/A |
| CRD\_END\_DT | Identification Card End Calendar Date | 8 | 521 | N/A |
| CRD\_ERSN\_CD | Identification Card End Reason Code | 1 | 529 | N/A |
| PNA\_NXT\_VER\_DT | Person Association Next Verification Date | 8 | 530 | N/A |
| MDR\_AGEGRP\_CD | MDR Age Group | 1 | 538 | B |
| MDR\_ACV | Alternative Care Value (ACV) | 1 | 539 | B |
| MDR\_EL\_AGECAT | Equivalent Lives Age Category | 1 | 540 | B |
| MDR\_EL\_BENGRP | Equivalent Lives Beneficiary Group | 6 | 541 | B |
| MDR\_ENROLL | Enrollment Indicator | 1 | 547 | B |
| MDR\_TFL | TFL Indicator | 1 | 548 | B |
| MDR\_MARITAL\_AGG | Marital Status Aggregaqed (MCFAS) | 1 | 549 | B |
| MDR\_MARKET | MDR Market Area ID | 3 | 550 | B |
| MDR\_M2\_DEP\_QY | M2 Dependent Quantity | 2 | 553 | B |
| MDR\_M2\_SUM\_PRIVCD | M2 Summary Privilege Code | 1 | 555 | B |
| MDR\_NED\_DRV | Derived NED Fields Flag | 1 | 556 | B |
| SPCL\_OPER\_CD | Special Operation Code | 2 | 557 | N/A |
| D\_ENR\_RGN\_CD | Derived Enrollment Region Code | 2 | 559 | B |
| D\_HSSC\_RES\_RGN\_CD | HSSC Residence Region Code | 1 | 561 | A1 |
| D\_HSSC\_ENR\_RGN\_CD | HSSC Enrollment Region Code | 1 | 562 | B |
| D\_MI\_PCM\_SPCL\_CD | Medical Insured PCM Speciaty Code | 3 | 563 | B |
| D\_MI\_PCM\_MA\_ZIP\_CD | Medical Insured PCM Mailing Address ZIP Code | 5 | 566 | B |
| D\_FDE\_EXT\_MONTH | VM4 Extract Month | 4 | 571 | A1 |
| AD\_STR\_ACCT\_CD | Active Duty Strength Accounting Code | 3 | 575 | N/A |
| DEERS\_FAM\_ID | DEERS Family ID | 9 | 578 | N/A |
| DEERS\_BNFRY\_ID | DEERS Beneficiary ID | 2 | 587 | N/A |
| DOD\_RACE\_CD | DoD Race Code | 3 | 589 | N/A |
| PNL\_BGN\_DT | Personnel Begin Calendar Date | 8 | 592 | N/A |
| PNL\_END\_DT | Personnel End Date | 8 | 600 | N/A |
| PNL\_ERSN\_CD | Personnel End Reason Code | 1 | 608 | N/A |
| AGR\_SVC\_LGL\_AUTH\_CD | AGR Service Legal Authority Code | 1 | 609 | N/A |
| PNLEC\_ERSN\_CD | Personnel Entitlement Condition End Reason Code | 1 | 610 | N/A |
| DOD\_BNFRY\_TYP\_CD | DoD Beneficiary Type Code | 2 | 611 | N/A |
| OHI\_MED\_IND\_CD | OHI Medical Coverage Indicator Code | 1 | 613 | N/A |
| OHI\_DNT\_IND\_CD | OHI Dental Coverage Indicator Code | 1 | 614 | N/A |
| OHI\_INP\_IND\_CD | OHI Inpatient Coverage Indicator Code | 1 | 615 | N/A |
| OHI\_OUTP\_IND\_CD | OHI Outpatient Coverage Indicator Code | 1 | 616 | N/A |
| OHI\_LTC\_IND\_CD | OHI Long Term Care Coverage Indicator Code | 1 | 617 | N/A |
| OHI\_PHM\_IND\_CD | OHI Pharmacy Coverage Indicator Code | 1 | 618 | N/A |
| OHI\_MH\_IND\_CD | OHI Mental Health Coverage Indicator Code | 1 | 619 | N/A |
| OHI\_VSN\_IND\_CD | OHI Vision Coverage Indicator Code | 1 | 620 | N/A |
| OHI\_PART\_HOSP\_IND\_CD | OHI Partial Hospitalization Coverage Indicator Code | 1 | 621 | N/A |
| OHI\_SNC\_IND\_CD | OHI Skilled Nursing Care Coverage Indicator Code | 1 | 622 | N/A |
| D\_DTH\_CD | Derived Death Code | 1 | 623 | A |
| D\_DTH\_DT | Derived Death Date | 8 | 624 | A |

1. Refresh Frequency

MDR PITE Files are not refreshed unless a data quality problem is found.

1. Special Outputs

The MDR PITE file is used to prepare many other MDR files. These are:

* MDR PITE Aggregate File (PITEAGG): This file is created by counting primary records (D\_PRIMARY\_RECORD\_FLAG=1) for eligible beneficiaries (D\_MHS\_ELIG\_INDIC=1) and then tabulating. The format for the PITEAGG is provided in Appendix C.
* MDR PITE Address File: This file is created simultaneously with the MDR PITE by extracting the address fields in the source PITE together with a subset of fields from the MDR PITE. Only primary records are retained (D\_PRIMARY\_RECORD\_FLAG=1.) The format for the PITE Address file is in Appendix D.
* MDR TRICARE Enrollment File (TEF). This file is created by keeping a subset of the fields of the primary records of only those eligibles who are enrollees in TRICARE Prime, TRICARE Plus or the Uniformed Services Federal Health Plan (MDR\_ENROLL=1). The format for the TEF, with associated business rules is provided in Appendix E.
* “M2” Datamart Extracts (the DEERS Person Detail, DEERS Enrollment Summary, Pop Sum , DEERS Enrollment Detail and DEERS Longitudinal Enrollment): The “M2” Datamart extracts are described in separate M2 Functional Specification Documents.

**APPENDIX A: INITIAL PITE APPENDED FIELDS[[1]](#footnote-1)**

**A.1 Appended Field Requirements**

This section documents the requirements for the fields appended by the PITE processor during the Append Field process. These requirements were identified by the TRICARE Management Activity (TMA) Health Program Analysis and Evaluation (HPA&E). An overview of the appended fields and their requirement identification numbers are presented in Table A-1. The specific requirements for each field are discussed in a separate subsection.

Table A-1: Appended Field Requirements and Associated Field

|  |  |  |
| --- | --- | --- |
| Requirement ID | Element | Name |
| 1 | R\_BEN\_CAT\_CD | Beneficiary Category |
| 2 | D\_SPON\_BR\_SVC\_CD | Sponsor Service Aggregated |
| 3 | D\_ELG\_CD | Medical Privilege Code |
| 4 | D\_MHS\_ELIG\_INDIC | MHS Eligibility Indicator |
| 5 | D\_ZIP\_CD | MHS-Derived ZIP Code |
| 6 | D\_CATCH\_AREA\_CD | Catchment Area ID |
| 7 | D\_PRISM\_CD | PRISM Area ID |
| 8 | D\_REGION\_CD | MHS-Derived Region |
| 9 | D\_AGE\_QY | Derived Age Quantity |
| 10 | D\_AGE\_GROUP\_CD | Age Group Code |
| 11 | D\_MHS\_POP\_SECTOR\_CD | Population Sector |
| 12 | D\_COM\_BEN\_CAT\_CD | Common Beneficiary Category |
| 13 | D\_MDC\_ELIG\_CD | Medicare Eligibility Code |
| 14 | D\_DEP\_QY | Dependent Quantity |
| 15 | D\_HSSC\_RES\_RGN | HSSC Residence Region |
| 16 | D\_DEATH\_CD | Derived Death Code |
| 17 | D\_DEATH\_DT | Derived Death Date |
| 18 | D\_FDE\_MONTH | Extract Month |
| 19 | D\_PROC\_VER | Processor Version |

A.1.1 Requirement 1: Beneficiary Category (R\_BEN\_CAT\_CD

The list of valid values for the field shall be:

* ACT (Active Duty);
* DA (Dependent of Active Duty);
* GRD (Guard/Reserve);
* DGR (Dependent of Guard/Reserve);
* IGR (Inactive Guard/Reserve);
* IDG (Inactive Dependent of Guard/Reserve);
* RET (Retiree);
* DR (Dependent of Retiree);
* DS (Survivor);
* OTH (Other); and
* Z (Unknown).

The logic for assigning the beneficiary category is as follows:

* First, the beneficiary category for sponsor records is determined. (Sponsor records are those with Person Type not equal to “D”.) If the sponsor has a Person Death Code of “Y,” and his/her beneficiary category will be set to OTH – Other. Otherwise, the processor will look at the personnel category code to assign the beneficiary category. The assignment logic is shown in Table A-2.

Table A-2: Logic for Assigning Beneficiary Category to Sponsor Records

| Personnel Category Code | Personnel Begin Calendar Date (PNL\_BGN\_DT),  Personnel End Calendar Date (PNL\_END\_DT) | Personnel Entitlement Condition Type Code | Beneficiary Category |
| --- | --- | --- | --- |
| A – Active duty member | PNL\_BGN\_DT valid and less than or equal to snapshot date (first date of extract month)  AND  PNL\_END\_DT either blank or greater than or equal to snapshot date | Any | ACT |
| J – Academy student | Any | ACT |
| N – National Guard member,  V – Reserve member | 01 AND snapshot date within PNLEC\_BGN\_DT and PNLEC\_END\_DT window:  (PNLEC\_BGN\_DT valid and less than or equal to snapshot date) AND (PNLEC\_END\_DT greater than or equal to snapshot date or blank) | GRD |
| Not 01, or snapshot date outside of PNLEC\_BGN\_DT and PNLEC\_END\_DT window | IGR |
| Q – Reserve retiree not yet eligible for retired pay (‘Grey Area Retiree’) | Any | RET |
| R – Retired military eligible for retired pay | Any | RET |
| B – Presidential Appointee | Any | OTH |
| C – DoD Civil Service | Any | OTH |
| D – Disabled American Veteran | Any | OTH |
| E – DoD contractor | Any | OTH |
| F – Former member (Reserve service, discharged from RR or SR following notification of retirement eligibility) | Any | OTH |
| H – Medal of Honor | Any | OTH |
| I – Non-DoD civil service employee, except Presidential appointee | Any | OTH |
| K – Non-appropriated fund DoD employee (NAF) | Any | OTH |
| L – Lighthouse Service | Any | OTH |
| M – Non-government agency personnel | Any | OTH |
| O – Non-DoD Contractor | Any | OTH |
| T – Foreign military | Any | OTH |
| U – Foreign national employee | Any | OTH |
| Y – Service affiliates (including ROTC and Merchant Marine) | Any | OTH |
| W – DoD Beneficiary, a person who receives benefits from the DoD based on prior association, condition or authorization, an example is a former spouse | Any | DR |
| Any of the above | Snapshot date outside of PNL\_BGN\_DT and PNL\_END\_DT window | Any | OTH |
| Other | Any | Any | Z |

Personnel Begin Calendar Date (PNL\_BGN\_DT),

Personnel Begin Calendar Date (PNL\_BGN\_DT),

Next, the beneficiary category of the dependent records (Person Type = “D”) is determined. If the dependent has a death code of “Y,” his/her beneficiary category will be set to OTH – Other. Otherwise, the processor will look at the dependent’s Family Sponsor Record’s beneficiary category to assign the dependent’s beneficiary category.

A “family” is defined as all records having the same Sponsor Person ID and Sponsor Duplicate ID. The Family’s Sponsor Record shall be the record having Person Type not equal to “D” (Dependent).

In cases where there is more than one potential sponsor record for a given family (meaning more than one record having the same Sponsor Person ID, Sponsor Duplicate ID, and non-“D” Person Type), the processor shall select the last sponsor record with Primary Record Identifier = 1 as the Family Sponsor Record. (See Section A.2 for a discussion of the Primary Record Identifier).

The assignment logic for dependent records is shown in Table A-3.

**Table A-3: Logic for Assigning Beneficiary Category to Dependent Records**

|  |  |
| --- | --- |
| Family Sponsor Record’s Beneficiary Category | Dependent Beneficiary Category |
| ACT | DA |
| GRD | DGR |
| IGR | IDG |
| RET | DR |
| DR | DR |
| OTH (Sponsor is alive)\* | OTH |
| OTH (Sponsor is dead)\* | DS |
| Z | Z |

\* The sponsor record’s Beneficiary Category does not indicate whether the sponsor is dead. In this case, the processor also needs to know the value assigned to the sponsor’s Person Death Code.

A.1.2 Requirement 2: Sponsor Service Aggregated (D\_SPON\_BR\_SVC\_CD)

The logic for assigning Sponsor Service Aggregated follows:

* First, the processor shall assign Sponsor Service Aggregated to sponsor records using the Service Branch, General Location Code, and derived Beneficiary Category. (See requirement 1 for Beneficiary Category.) General Location Code and Beneficiary Category are used to differentiate Navy and Navy Afloat. For all other categories, those two fields are irrelevant. Table A-4 presents the logic that will be used for sponsor records.

Table A-4: Logic for Assigning Sponsor Service Aggregated to Sponsor Records

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor Service Branch | Derived Beneficiary Category | General Location Code | Sponsor Service Aggregated |
| A – Army | - | - | A – Army |
| C – Coast Guard | - | - | C – Coast Guard |
| F – Air Force | - | - | F – Air Force |
| M – Marine Corps | - | - | M – Marine Corps |
| N – Navy | - | Not 2 or 4 | N – Navy |
| not ACT | 2 or 4 | N – Navy |
| ACT | 2 or 4 | V – Navy Afloat |
| D – Office of the Secretary of Defense | - | - | X – Other |
| H – The Commissioned Corps of the Public Health Service | - | - | X – Other |
| O – The Commissioned Corps of the National Oceanic and Atmospheric Administration | - | - | X – Other |
| 1 – Foreign Army | - | - | X – Other |
| 2 – Foreign Navy | - | - | X – Other |
| 3 – Foreign Marine Corps | - | - | X – Other |
| 4 – Foreign Air Force | - | - | X – Other |
| X – Not applicable | - | - | X – Other |
| Any other value | - | - | Z – Unknown |

Sponsor Service Aggregated for dependent records shall be set equal to the Sponsor Service Aggregated for the Family Sponsor Record. (See requirement 1 for a discussion of the Family Sponsor Record.)

A.1.3 Requirement 3: Medical Privilege Code (D\_ELG\_CD)

This variable describes the beneficiary’s entitlement to receive MHS benefits. It is derived based on the following fields:

* Direct Care Code;
* Direct Care Begin Calendar Date;
* Direct Care End Calendar Date;
* Medical Insured Health Care Delivery Program Plan Coverage Code;
* Medical Insured Primary Care Manager Selection Begin Date;
* Medical Insured Primary Care Manager Selection End Date;
* Medical Insured Enrollment Management Contractor Enrollment Begin Date;
* Medical Insured Enrollment Management Contractor Enrollment End Date;
* Medical Insured Primary Care Manager Provider Type Code;
* Civilian Health Care Entitlement Type Code;
* Civilian Health Care Entitlement Begin Calendar Date;
* Civilian Health Care Entitlement End Calendar Date;
* Medicare A Begin Reason Code;
* Medicare A Effective Date;
* Medicare A Expiration Date; and
* Personnel Entitlement Condition Type Code.

The combinations of values in each of these fields that result in a particular Medical Privilege Code value are presented in Table A-5.

Table A-5: Logic for Determining Medical Privilege Code

| **Case** | **Person Death Code** | **Direct Care Code** | **MI\_HCDP\_PLN\_CVG\_CD**  **MI\_PCM\_PROV\_TYP\_CD** | **Civilian Health Care Entitle Type** | **Medicare A Begin Reason** | **Personnel Entitle Cond Type** | **Person Type Code** | **Dependent Quantity** | **Medical Privilege Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1a** | Y | Any | Any | Any | Any | Any | not D | >0 | 3 (Ineligible, some dependents  eligible) |
| **1b** | All other combinations | | 0 (Ineligible) |
| **2** | Not Y | Any | (MI\_HCDP\_PLN\_CVG\_CD in (109, 114, 115, 118, 119, 133, 138, 139) or (MI\_HCDP\_PLN\_CVG\_CD in (107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137) and D\_MI\_PCM\_PROV\_TYP\_CD=U))3 | Any | Any | Any | Any | Any | U (USFHP Enrollee) |
| **3** | Any | MI\_HCDP\_PLN\_CVG\_CD in (401, 402, 405, 406, 407, 408, 409, 410, 411, 412)10 | Any | Not A,D,E, P, or R7 | Any | Any | Any | 2 (Direct Care And MHS Purchased Care Only) |
| **4** | A,D,E,P, or R6 | A (Direct Care, MHS Purchased Care, and Medicare) |
| **5** | S1 | All other combinations not identified for case 2 | Not M5 | Not A, D, E, P, or R7 | Not 20, 21, 22, 23,24,25,26,31, 34,35,36, 37,39,40,419 | Any | Any | 1 (Direct Care Only) |
| **6** | S1 | M4 | Not A,D,E, P, or R7 | Any | Any | 2 (Direct Care And MHS Purchased Care Only) |
| **7** | S1 | M4 | A,D,E,P, or R6 | Any | Any | A (Direct Care, MHS Purchased Care, and Medicare) |
| **8** | S1 | Not M5 | A, D, E, P, or R6 | Any | Any | 7 (Direct Care and Medicare) |
| **9** | N2 | M4 | Any | Any | Any | C (CHAMPUS Only) |
| **10** | N2 | T4 | Any | Any | Any | M (TFL Only) |
| **11** | S1 | Not M5 | Not A, D, E, P, or R7 | 20,21,22,23,24, 25, 26, 31, 34, 35, 36, or 37,39,40,418 | Any | Any | 4 (Transitional Direct Care Only) |
| **12** | S1, N2 | M4 | Not A, D, E, P, or R7 | Any | Any | 5 (Transitional Direct Care And  MHS Purchased Care) |
| **13** | S1, N2 | M4 | A,D,E,P,R6 | Any | Any | B (Transitional Direc Care, MHS Purchased Care, and Medicare) |
| **14** | S1 | Not M5 | A, D, E, P, or R6 | Any | Any | 6 (Transitional Direct Care and  Medicare) |
| **15a** | Blank, N2, R1 | not M5 | Any | Any | not D | >0 | 3 (Ineligible, some dependents  eligible) |
| **15b** | All other combinations | | 0 (Ineligible) |
| **16** | Other | Any | Any | Any | Any | Any | 8 (Other) |

1 And DC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and DC\_EELIG\_DT either blank or after or equal to first day of extract month.

2 Or DC\_BELIG\_DT not prior or equal to first day of extract month or DC\_EELIG\_DT prior to first day of extract month.

3 and MI\_PCM\_SLCT\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_PCM\_SLCT\_END\_DT either blank or after or equal to first day of extract month.

4 And CHC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and CHC\_EELIG\_DT either blank or after or equal to first day of extract month

5 or CHC\_BELIG\_DT not prior or equal to first day of extract month or CHC\_EELIG\_DT prior to first day of extract month

6 and MDC\_A\_EFF\_DT is not blank and is prior or equal to first day of extract month and MDC\_A\_EXP\_DT either blank or after or equal to first day of extract month

7 Or MDC\_A\_EFF\_DT not prior or equal to first day of extract month or MDC\_A\_EXP\_DT prior to first day of extract month

8 and PNLEC\_BGN\_DT is not blank and is prior or equal to first day of extract month and PNLEC\_END\_DT either blank or after or equal to first day of extract month

9 Or PNLEC\_BGN\_DT not prior or equal to first day of extract month or PNLEC\_END\_DT prior to first day of extract month

10 and MI\_EMC\_ENRL\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_EMC\_ENRL\_END\_DT either blank or after or equal to first day of extract month.

**A.1.4 Requirement 4: MHS Eligibility Indicator (D\_MHS\_ELIG\_INDIC)**

If the Medical Privilege Code (Requirement 3) is equal to 0, 3, or 8, the Eligibility Indicator shall be set to 0 (Ineligible). If the Medical Privilege Code is equal to 1, 2, 4, 5, 6, 7, A, B, C, M, or U the Eligibility Indicator shall be set to 1 (Eligible). If neither of those conditions is satisfied, the Eligibility Indicator shall be set to Z (Unknown).

**A.1.5 Requirement 5: MHS-Derived ZIP Code (D\_ZIP\_CD)**

The MHS-derived ZIP Code will be set to the Derived LocationUS Postal Region ZIP Code from the input PITE record with two exceptions.

The first exception is when the Derived LocationUS Postal Region ZIP Code from the input PITE record contains less than five characters. In this case, the MHS-Derived ZIP Code shall be blank.

The second exception concerns any records that belong to active duty Navy or Navy Afloat personnel AND that have an invalid Derived Location US PostalRegion ZIP Code. These records will be processed through special ZIP Code logic. ZIP Codes will be considered invalid if the ZIP Code is not found in the OmniCAD corresponding to the VM4 extract month or the ZIP Code is found in the OmniCAD but is either assigned to a blank catchment/noncatchment area or the assigned catchment/noncatchment ID is a non-specific geographic location (DMISIDs 0982, 0983, 0998, or 0999). Records for which the processor needs to employ the special ZIP Code logic will be processed as follows:

* The Navy BUPERS file is searched for a record matching the sponsor’s UIC (Assigned Unit Identification Code).
* If the UIC is found in the Navy BUPERS file, the processor shall use the geolocation from the Navy BUPERS file to search the geolocation file.
* If the processor cannot locate the UIC in the Navy BUPERS file, it shall set the MHS-Derived ZIP Code to the Derived Location US Postal Region ZIP Code found on the input PITE record.
* Otherwise, the processor will search the OmniCAD for the zip code from the geolocation file.
* If the zip code is found in the OmniCAD and assigned to a nonblank catchment/ noncatchment area that is also not a non-specific geographic location DMISID, the processor will set the MHS-derived ZIP Code to the ZIP Code from the geolocation file.
* If the ZIP Code from the geolocation file is not found in the OmniCAD, or is assigned to a blank catchment/noncatchment area or a non-specific geographic location DMISID, the processor shall set the MHS-Derived ZIP Code to the Derived Location US Postal Region ZIP Code found on the input PITE record.

**A.1.6 Requirement 6: Catchment Area ID (D\_CATCH\_AREA\_CD)**

Using the MHS-derived ZIP Code field (requirement 5) and the Sponsor Service Aggregate, the processor will assign the Catchment/NoncatchmentArea ID to the record based on the “World” catchment/ noncatchment fields of the OmniCAD that is in effect at the time of the extract. If the processor is unable to assign a catchment/noncatchment area to the record because the MHS-derived ZIP Code is not in the OmniCAD or is assigned to a blank catchment/noncatchment area, it will set the Catchment/ Noncatchment Area ID to 0999 – Unknown Catchment Area.

**A.1.7 Requirement 7: PRISM Area ID (D\_PRISM\_CD)**

The processor will assign the PRISM Catchment/Noncatchment Area ID using the same logic as that described for the assignment of the Catchment/Noncatchment Area ID (requirement 6) except it will use the PRISM fields of the OmniCAD in effect at the time of the extract instead of the catchment/noncatchment portion of the OmniCAD. The PRISM CAD is only updated once or twice a year, so the same PRISM CAD will be in effect for multiple population processing cycles. If the ZIP Code used to merge with the PRISM CAD is not found in the PRISM CAD, the PRISM Catchment/Noncatchment Area Id will be set to 0999 – Unknown Catchment Area.

**A.1.8 Requirement 8: MHS-Derived Region (D\_REGION\_CD)**

The processor will assign the MHS-Derived Region using the “World” Region field from the OmniCAD. In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of 16 – Unknown Region.

**A.1.9 Requirement 9: Derived Age Quantity (D\_AGE\_QY)**

Valid age values range from zero to 130. If the Person Death Code <> “Y”, calculate the person’s age using the Extract Date and the Person Birth Date. (If in this case, the Person Death Code is something other than “N”, write an error message to a log file.) If the Person Death Code = “Y”, calculate the person’s age using the Person Death Date and the Person Birth Date. If the Person Birth Date is blank or after the extract date, or the calculated age is greater than 130, set the Derived Age Quantity to blank.

**A.1.10 Requirement 10: Age Group Code (D\_AGE\_GROUP\_CD)**

Assign the person’s Age Group Code using the Derived Age Quantity (requirement 8) and the age group ranges in Table A-6.

Table A-6: Mapping of Derived Age Quantity Range to Age Group Code

|  |  |
| --- | --- |
| Age Range (years) | Age Group Code |
| 0 to 4 | A |
| 5 to 14 | B |
| 15 to 17 | C |
| 18 to 24 | D |
| 25 to 34 | E |
| 35 to 44 | F |
| 45 to 64 | G |
| 65 and over | H |

If the Derived Age Quantity is blank, set the age group code to Z – Unknown.

**A.1.11 Requirement 11: Population Sector (D\_MHS\_POP\_SECTOR\_CD)**

This field represents the broad population class to which the person belongs. Assign the person’s Population Sector using the Beneficiary Category and Age Group mappings in Table A-7.

Table A-7: Mapping of Beneficiary Category and Age Group Code to Population Sector

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Beneficiary Category | Personnel Entitlement Condition Type Code\* | Age Group | CHC\_CD\*\* | Population Sector |
| ACT, GRD | Any | Any | Any | 1 |
| DA, DGR | Any | A, B, C, D, E, F, G | Any | 2 |
| RET, DR, DS, OTH | Any | A, B, C, D, E, F, G | Any | 3 |
| DA, DGR, RET, DR, DS, OTH, | Any | H | Any | 4 |
| DA, DGR, RET, DR, DS, OTH, IDG | Any | Z | Any | Z |
| Z | Any | Any | Any | Z |
| IGR | 33 | Any | Any | 1 |
| 20-26, 31, 34-37, 39-41 | A, B, C, D, E, F, G | Any | 3 |
| H | Any | 4 |
| Z | Any | Z |
| Other | A, B, C, D, E, F, G | M \*\* | 3 |
| H | 4 |
| Z | Z |
| Any | Not M (or extract date outside of CHC\_BGN\_ DT, CHC\_END\_DT window) | Z |
| IDG | 33 | A, B, C, D, E, F, G | Any | 2 |
| Any Other | A, B, C, D, E, F, G | Any | 3 |
| Any | H | Any | 4 |
| Z | Any | Z |

\* and Personnel Entitlement Condition Begin Date is not blank and is prior or equal to first day of extract month and Personnel Entitlement Condition End Date is blank or after or equal to first day of extract month.

\*\* and CHC\_BGN\_DT is not blank and is prior or equal to first day of extract month and CHC\_END\_DT is blank or after or equal to first day of extract month.

**A.1.12 Requirement 12: Common Beneficiary Category (D\_COM\_BEN\_CAT\_CD)**

This field represents another broad stratification of population class. The mapping of Beneficiary Category to Common Beneficiary Category is presented in Table A-8.

**Table A-8: Mapping of Beneficiary Category to Common Beneficiary Category**

|  |  |
| --- | --- |
| Beneficiary Category | Common Beneficiary Category |
| ACT | 4 |
| DA | 1 |
| GRD | 4 |
| IGR | 3 |
| DGR | 1 |
| IDG | 3 |
| RET | 2 |
| DR | 3 |
| DS | 3 |
| OTH | 3 |
| Z | 3 |

A.1.13 Requirement 13: Medicare Eligibility Code (D\_MDC\_ELIG\_CD)

The Medicare eligibility field will have the following values, based on eligibility for Medicare at the time of the PITE extract;

* A: Medicare A Only
* B: Medicare B Only
* C: Medicare A and Medicare B
* N: No Medicare eligibility.

The logic for deriving Medicare eligibility is described below:

Exhibit A-9: Medicare Eligibility Derivation Logic

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Case | Medicare A Begin Reason Code | Medicare A Effective Calendar Date | Medicare A End Calendar Date | Medicare B Begin Reason Code | Medicare B Effective Calendar Date | Medicare B End Calendar Date | Medicare Eligibility Code |
| 1. | A, D,E,P, or R | Prior or equal to extract date | After extract date or blank | B,D, or R | Prior or equal to extract date | After extract date or blank | C |
| 2. | A, D,E,P, or R | Prior or equal to extract date | After extract date or blank | Medicare B Begin Reason Code not in {B,D,R} OR Medicare B Effective Calendar Date in {blank, after extract date} OR Medicare B End Calendar Date prior to extract date. | | | A |
| 3. | Medicare A Begin Reason Code not in {A,D,E,P,R} OR Medicare A Effective Calendar Date in {blank, after extract date} OR Medicare A End Calendar Date prior to extract date. | | | B,D, or R | Prior or equal to extract date | After extract date or blank | B |
| 4. | Medicare A Begin Reason Code not in {A,D,E,P,R} OR Medicare A Effective Calendar Date in {blank, after extract date} OR Medicare A End Calendar Date prior to extract date. | | | Medicare B Begin Reason Code not in {B,D,R} OR Medicare B Effective Calendar Date in {blank, after extract date} OR Medicare B End Calendar Date prior to extract date. | | | N |

A.1.14 Requirement 14: Dependent Quantity (D\_DEP\_QY)

This field shall contain the number of dependents, per sponsor, who are eligible for DoD-sponsored medical benefits. This number shall be the same on the record of every member of the same family. (Recall that a family is defined as all records having the same Sponsor Person ID and the same Sponsor Duplicate ID.) For example, if a given family consists of a sponsor and four dependents, three of whom are eligible, the dependent quantity on all five records (sponsor and four dependents) will be three. However, one must also note that the dependent quantity will reflect the results of both the Primary Record Indicator and the MHS Eligibility Indicator process (see Section A.1.4). For example, suppose that a sponsor has five dependent records but only four have Primary Record flags = 1. Only those four records are considered. Of these, one is ineligible and three eligible according to the MHS Eligibility Indicator. In this case, the sponsor has only three eligible dependents, because one of the eligible records represents an individual who is already accounted for elsewhere in the data (either among this sponsor’s dependents, another sponsor’s dependents, or as a sponsor in his or her own right). Therefore, the dependent quantity on all six records will be three.

If a sponsor record’s Member Category Code=W (Unremarried Former Spouse), then the sponsor record shall also be counted in the dependent quantity, otherwise, the sponsor record shall not be counted in the dependent quantity.

A.1.15 Requirement 15: HSSC Residence Region (D\_HSSC\_RES\_RGN\_CD)

The processor will assign the HSSC Residence Region using the HSSC Region field from the OmniCAD. In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of blank – Unknown HSSC Residence Region.

A.1.16 Requirement 16: Derived Death Code (D\_DEATH\_CD)

For sponsors, the processor will look up DOD EDI Person ID in the Master Death File. If the DOD EDI Person ID is in the Master Death File, then Derived Death Code will be set to ‘Y’. Otherwise, Derived Death Code will be set equal to the PITE Person Death Code.

A.1.17 Requirement 17: Derived Death Date (D\_DEATH\_DT)

For sponsors, the processor will look up DOD EDI Person ID in the Master Death File. If the DOD EDI Person ID is in the Master Death File, then Derived Death Date will be set to the date in the Casualty File. Otherwise, Derived Death Date will be set equal to the PITE Person Death Date.

A.1.18 Requirement 18: VM4 Extract Month (D\_FDE\_EXT\_MONTH)

The processor will assign the VM4 Extract Month as the last two digits of the calendar year and two digits representing calendar month, in *yymm* format. For instance, June 2004 would be 0406. This will help identify the original source of the record when records from different extracts are combined.

A.1.19: Requirement 19: Processor Version (D\_PROC\_VER)

The processor will assign a field indicating what version of the processor was used to process the data. This will help interpret data across extracts when different versions of the processor have been used to process the data.

A.2 Primary Record Flag (D\_Primary\_Record\_ Identifier) Requirements

This field shall identify whether the record should be considered the primary record for the individual. In most cases, each individual is represented by one record in the extract: for these individuals, the Primary Record Identifier will be set equal to one (1). In a few cases, multiple records exist with the same DOD\_EDI\_PN. A de-duping (duplicate record removal) process has been developed for determining which record should be used to represent the individual in the MDR. The primary record will have a Primary Record Identifier of 1; all other (nonprimary) records will have a Primary Record Identifier of 0. The prioritization logic relies upon assigning five priority values, based upon the contents of each record. The logic for assigning the five priority values is presented in Table A-11. After assigning these priority values, an overall priority index is computed by summing the five priority values for each record. Within each group of records having the same DOD\_EDI\_PN, the record having the highest priority index shall have Primary Record Identifier=1; all other records in the group shall have Primary Record Identifier=0. If multiple records within a DOD\_EDI\_PN group tie for the highest priority index, the record having the most recent Last Extract Date among those tying shall have Primary Record Identifier=1; all other records in the group shall have Primary Record Identifier=0. If multiple records among those tying for highest priority value have the same most recent Last Extract Date, the last record encountered in the raw file among those tied for most recent Last Extract Date shall have Primary Record Identifier=1; all other records in the group shall have Primary Record Identifier=0.

Table A-11: Record Prioritization Logic for Primary Record Identifier.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Value 1 | Priority Value 2 | Priority Value 3 | | Priority Value 4 | | Priority Value 5 | | Priority Value 6 | |
| MHS Eligibility | Beneficiary Category | Medical Privilege | PV3 Value | Medicare Eligibility Code | PV4 Value | Beneficiary Category | PV5 Value | Enrollment Status | PV6 Value |
| If MHS Eligibility=1, then PV1 = 10,000,000;  else PV1 = 0 | If ACT then PV2 = 2,000,000;  Else if GRD then PV2=1,000,000;  Else PV2 = 0. | U (Designated Provider Enrollee) | 130,000 | C | 9,000 | ACT | 100 | Current | 3 |
| A (MHS Purchased Care plus Medicare plus Direct Care | 120,000 | A,B | 8,000 | GRD | 90 | Past | 2 |
| B (Transitional MHS Purchased Care plus Medicare plus Direct Care) | 110,000 | D | 7,000 | DA | 80 | Future | 1 |
| 2 (MHS Purchased Care plus Direct Care) | 100,000 |  | | DGR | 70 | None | 0 |
| 5 (Transitional MHS Purchased Care plus Direct Care) | 90,000 | RET | 60 |  | |
| 7 (Medicare plus Direct Care) | 80,000 | DR | 50 |
| 6 (Transitional Medicare plus Direct Care) | 70,000 | DS | 40 |
| 1 (Direct Care Only) | 60,000 | IGR | 30 |
| 4 (Transitional Direct Care Only) | 50,000 | IDG | 20 |
| C (MHS Purchased Care Only) | 40,000 | OTH | 10 |
| M (Tricare for Life Only) | 30,000 | Z | 0 |
| 8 (Other) | 20,000 |  | |
| 3 (Sponsor Ineligible, some dependents may be eligible) | 10,000 |
| 0 (Not eligible) | 0 |

### APPENDIX B: Appended Fields

This appendix describes fields primarily created to support the development of an MDR TRICARE Enrollment File (TEF). Most of the fields in this section are enrollment related, however a few represent new, more detailed fields to support TRICARE for Life (MDR\_AGEGRP\_EXP and MDR\_TFL)

|  |  |  |
| --- | --- | --- |
| Requirement ID | Element | Name |
| 1 | MDR\_ACV | Alternate Care Value |
| 2 | MDR\_EL\_AGECAT | Equivalent Lives Age Group |
| 3 | MDR\_EL\_BENGRP | Equivalent Lives Beneficiary Group |
| 4 | MDR\_ENROLL | Enrollment Indicator |
| 5 | MDR\_TFL | TFL Indicator |
| 6 | MDR\_AGEGRP\_EXP | Expanded Age Group Code |
| 7 | MDR\_MARITAL\_AGG | Marital Status Aggregated (MCFAS) |
| 8 | MDR\_MARKET | MDR Market Area ID |
| 9 | MDR\_M2\_DEP-QY | M2 Dependent Quantity |
| 10 | MDR\_M2\_SUM\_PRIVCD | M2 Summary Privilege Code |
| 11 | D\_ENR\_RGN\_CD | Enrollment Region |
| 12 | D\_HSSC\_ENR\_RGN\_CD | HSSC Enrollment Region |
| 13 | D\_PPS\_LIVES\_QY | PPS Equivalent Lives |
| 14 | D\_PMPM\_LIVES\_QY | Per Member Per Month Equivalent Lives |

**B.1.1 Requirement 1: Alternate Care Value (MDR\_ACV)**

The list of valid values for the field shall now be:

* A: TRICARE Prime Active Duty
* B: TRICARE Global Remote Overseas Prime Active Duty
* C: Standard CHAMPUS
* D: TRICARE Senior Prime
* E: TRICARE Prime, CHAMPUS Eligible
* F: TRICARE Global Remote Overseas Prime, CHAMPUS Eligible
* G: TRICARE Plus, with Standard CHAMPUS
* H: TRICARE Overseas Prime Active Duty
* I: FEHBP Demonstration
* J: TRICARE Overseas Prime, CHAMPUS Eligible
* K: Med Excel
* L: TRICARE Plus, w/o Standard CHAMPUS
* M: Active Duty not reported as enrolled
* N: Not eligible for TRICARE benefits
* P: CHAMPUS Reform Initiative
* Q: Active Duty enrolled to OP Forces
* R: TRS
* S: Continued Health Care Benefits Program (CHCBP)
* U: Uniformed Services Federal Health Plan (USFHP)
* W: TRICARE Senior Supplement

The logic used to derive the MDR Alternate Care Value is detailed in Table B-1.

**Table B-1: MDR Alternate Care Value Derivation Logic**

| D\_MI\_HCDP\_PLN\_CVG\_CD | Begin Date Window Field | End Date Window Field | D\_MI\_PCM\_PROV\_TYP\_CD | R\_BEN\_CAT\_CD, D\_MI\_PCM\_ EDVSN\_DMIS\_ID | MDR\_ACV |
| --- | --- | --- | --- | --- | --- |
| 106, 128, 155, 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023, 120, 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 156,157, 140, 142, 144, 146, 147, 149, 152, 123, 124, 125, 126, 153,154, 105, 141, 143, 145, 148, 150, 151, 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024, 101, 121, 122, 109, 114, 115, 118, 119, 133, 138, 139, 127 | D\_MI\_PCM\_SLCT\_BGN\_DT prior to or equal to first day of month of extract | D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of month of extract or blank | Any | R\_BEN\_CAT\_CD in (ACT, GRD) and D\_MI\_PCM\_ EDVSN\_DMIS\_ID in (3000-4000, 6301-6323) | Q |
| 106, 128 | D\_MI\_PCM\_SLCT\_BGN\_DT prior to or equal to first day of month of extract | D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of month of extract or blank | Any | Not (R\_BEN\_CAT\_Cdin (ACT,GRD) and D\_MI\_PCM\_ EDVSN\_DMIS\_ID not in (3000-4000, 6301-6323) | A |
| 155 | Any | B |
| 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023 | Any | C |
| 120 | Any | D |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | Not U | E |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | U | U |
| 156,157 | Any | F |
| 140, 142, 144, 146, 147, 149 | Any | G |
| 152 | Any | H |
| 123, 124, 125, 126 | Any | I |
| 153,154 | Any | J |
| 105 | Any | K |
| 141, 143, 145, 148, 150, 151 | Any | L |
| 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024 | Any | N |
| 101 | Any | P |
| 127 | Any | W |
| 121, 122 | Any | S |
| 109, 114, 115, 118, 119, 133, 138, 139 | Any | U |
| 401, 402, 405, 406, 407, 408, 409, 410, 411, 412 | D\_MI\_EMC\_ENRL\_BGN\_DT prior to or equal to first day of month of extract | D\_MI\_EMC\_ENRL\_END\_DT equal to or after first day of month of extract or blank | Any | Any | R |
| Any | Any | Any | Any | R\_BEN\_CAT\_CD in (ACT,GRD) and D\_MI\_PCM\_EDVSN\_DMIS\_ID blank | M |
| Any | Assumed extract date outside of date window | | Any | R\_BEN\_CAT\_CD in (ACT,GRD) | M |
| Any Other | Any Other | Any Other | Any | Any Other | Z |

**B.1.2 Requirement 2: Equivalent Lives Age Group (MDR\_EL\_AGECAT)**

This field is used to classify beneficiaries into homogeneous groups in terms of costliness and demand for primary care. The list of valid values for the field shall be:

* 1: Age 0-1
* 2: Age 2-11
* 3: Age 12-17
* 4: Age 18-44 Single Female, or Age 18-37 Single Male
* 5: Age 18-44 Married Female, or Age 18-37 Married Male
* 6: Age 45-54 Female, or Age 38-54 Male
* 7: Age 55-64
* 8: Age 65-74
* 9: Age 75+

The business rules for preparing the Equivalent Lives Age Category field are detailed in the table below (Closed brackets indicate inclusive ranges).

Table B-2: Equivalent Lives Age Category Derivation Logic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| D\_AGE\_QY | PN\_SEX\_CD | MRTL\_STAT\_CD | R\_BEN\_CAT\_CD | D\_ELG\_CD | MBR\_REL\_CD | MDR\_EL\_AGECAT |
| [0,1] | Any | Any | Any | Any | Any | 1 |
| [2-11] | Any | Any | 2 |
| [12-17] | Any | Any | 3 |
| [18-44] | F | <>M | 4 |
| [18-37] | <>F | <>M | 4 |
| [18-44] | F | M | 5 |
| [18-37] | <>F | M | 5 |
| [45-54] | F | Any | 6 |
| [38-54] | <>F | Any | 6 |
| [55-64] | Any | Any | 7 |
| [65-74] | Any | Any | 8 |
| [75+ | Any | Any | 9 |
| <missing> | Any | <>M | ACT,GRD, IGR | Any | Any | 4 |
| Any | M | ACT,GRD, IGR | Any | Any | 5 |
| Any | Any | DA,DGR, IDG | Any | B,H,I,J,K | 5 |
| Any | Any | DA,DGR, IDG | Any | C | 1 |
| Any | Any | DA, DGR, IDG | 6,7 | not B,C,H,I,J,K | 8 |
| Any | Any | DA,DGR, IDG | not 6,7 | not B,C,H,I,J,K | 7 |
| Any | Any | not ACT, GRD, IGR, DA, DGR, IDG | 6,7 | Any | 8 |
|  | Any | Any | not ACT, GRD, IGR, DA, DGR, IDG | not 6,7 | Any | 7 |

**B.1.3 Requirement 3: Equivalent Lives Beneficiary Group (MDR\_EL\_BENGRP)**

This field is used to classify beneficiaries into homogeneous groups in terms of costliness and primary care utilization.. The list of valid values for the field shall be:

* ADA: Active Duty Army
* ADF: Active Duty Air Force
* ADN: Active Duty, all other services
* RTA: Retired Army
* RTF: Retired Air Force
* RTN: Retired All Other
* ADFMLY: Active Duty Family Members
* RTFMLY: Retiree Family Members/Others

The assignment logic is reflected in the table below.

Table B-3: Equivalent Lives Beneficiary Group Derivation Logic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member Category Code  (MBR\_CAT\_CT) | Alternate Care Value  (MDR\_ACV) | Sponsor Branch of Service  (SVC\_CD) | Person Type Code  (PN\_TYP\_CD) | Equivalent Lives Beneficiary Group  (MDR\_EL\_BENGRP) |
| A, B, C, F, G, J, N, P, S, V | Any | A, 1 | Not D | ADA |
| A, B, C, F, G, J, N, P, S, V | Any | F, 4 | Not D | ADF |
| A, B, C, F, G, J, N, P, S, V | Any | Not A, 1, F, 4 | Not D | ADN |
| Q,R | Not A | A, 1 | Not D | RTA |
| Q,R | Not A | F, 4 | Not D | RTF |
| Q,R | Not A | Not A, 1, F, 4 | Not D | RTN |
| Q,R | A, B, H | A, 1 | Not D | ADA |
| Q,R | A, B, H | F, 4 | Not D | ADF |
| Q,R | A, B, H | Not A, 1, F, 4 | Not D | ADN |
| A, B, C, F, G, J, N, P, S, V | Any | Any | D | ADFMLY |
| Not A, B, J, E, N, V, C, F, P, Q, R | E, F, J | Any | D | ADFMLY |
| All Other Values | All other combinations | | | RTFMLY |

**B.1.4 Requirement 4: Enrollment Indicator (MDR\_ENROLL)**

This variable describes whether a beneficiary is enrolled in one of the three programs: TRICARE Prime, TRICARE Plus or the USFHP Program. Records with alternate care values of A, B, D, E, F, G, H, J, L, M, Q, R, or U receive an MDR\_ENROLL value of 1. All other records are assigned the value 0.

**B.1.5 Requirement 5: TFL Indicator (MDR\_TFL)**

This indicator variable holds (0,1) values, where a 1 indicates that a beneficiary is TFL eligible for network care, and a 0 indicates that the beneficiary is not TFL eligible for network care. The business rules for deriving this variable are detailed below.

Table B-4: TFL Indicator Derivation Logic

|  |  |  |  |
| --- | --- | --- | --- |
| CHC\_CD | CHC\_BELIG\_DT | CHC\_EELIG\_DT | MDR\_TFL |
| T | Prior to or equal to extract date | Equal to or after extract date or blank | 1 |
| Any Other | Any Other | Any Other | 0 |

**B.1.6 Requirement 6: Expanded Age Group (MDR\_AGEGRP\_EXP)**

This variable holds values that indicate beneficiary age group, to include expanded categories for beneficiaries of Medicare age. The business rules for deriving this variable are detailed below.

Table B-5: Expanded Age Group Derivation Logic

|  |  |
| --- | --- |
| D\_AGE\_QY | MDR\_AGEGRP\_  EXP |
| 0 to 4 | A |
| 5 to 14 | B |
| 15 to 17 | C |
| 18 to 24 | D |
| 25 to 34 | E |
| 35 to 44 | F |
| 45 to 64 | G |
| 65 to 69 | H |
| 70 to 74 | I |
| 75-79 | J |
| 80-84 | K |
| 85+ | L |

If the Derived Age Quantity is blank, set the age group code to Z – Unknown.

**B.1.7 Requirement 7: Marital Status Aggregated (MDR\_MARITAL\_AGG)**

This variable holds values that indicate a beneficiary’s marital status. The business rules for deriving this variable are detailed below.

Table B-5: Marital Status Aggregated Logic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Case | Person Type Code (PN\_TYP\_CD) | Marital Status Code (MRTL\_STAT\_CD ) | Member Relationship Code (MBR\_REL\_CD) | Beneficiary Category Code (R\_BEN\_CAT\_CD) | Member Category Code | Marital Status Aggregated (MDR\_MARITAL\_  AGG) |
| 1 | S | I or M | Any | Any | Not W | M |
| 2 | S | Any | Any | Any | W | S |
| 3 | Any | Any | B | not DS | Not W | M |
| 4 | Any | Any | Any | DS | Any | S |

Records that are not assigned an MDR Marital Status Aggregate Code in Case 1, 2 or 3 are assigned a code of “S”.

**B.1.8 Requirement 8: Market Area ID (MDR\_Market)**

Using the MHS-derived ZIP Code field (requirement 5), the processor will assign the Market Area ID to each record based on the Market Area ID (also known as LAMARKET) column in the MDR Omni CAD that is in effect at the time of the extract (using a simple look-up, returning the value of the Lead Agent Market Area. Each zip code can be assigned to only one market area ID in the MDR Omni-CAD look-up table). If the processor is unable to assign a market area to the record (because the MHS-derized ZIP Code is either blank or not in the CAD, or because it is mapped to a blank, missing, or null Market Area ID), the processor will assign a value of ‘999’.

**B.1.9 Requirement 9: M2 Dependent Quantity (MDR\_M2\_DEP\_QY)**

Set the MDR\_M2\_DEP\_QY = D\_DEP\_QY if common beneficiary category code (D\_COM\_BEN\_CAT\_CD) has a value of 2 or 4. If common beneficiary code is not 2 or 4, set the MDR\_M2\_DEP\_QY value to 0.

**B.1.10 Requirement 10: M2 Summary Privilege Code (MDR\_M2\_SUM\_PRIVCD)**

Table B-6: M2 Summary Privilege Code Logic Table

|  |  |  |
| --- | --- | --- |
| Medical Privilege Code  (D\_ELG\_CD) | M2 Summary Privilege Code Description | M2 Summary Privilege Code  (MDR\_M2\_SUM\_PRIVCD) |
| U | USTF | U |
| 1, 4 | Direct Care Only | D |
| 2, 5, A, B, C | CHAMPUS Eligible | C |
| 6, 7, M | Medicare Eligible, not CHAMPUS eligible | M |
| Any other | Other | O |

**B.1.11 Requirement 11: Enrollment Region (D\_ENR\_RGN\_CD)**

Find the D\_MI\_PCM\_EDVSN\_DMIS\_ID on the DMIS ID Index table and populate D\_ENR\_RGN\_CD with the enrollment region (MOD\_REG) from the DMIS ID Index table.

**B.1.12 Requirement 13: HSSC Enrollment Region (D\_HSSC\_ENR\_RGN\_CD)**

Find the D\_MI\_PCM\_EDVSN\_DMIS\_ID on the DMIS ID Index table and populate D\_HSSC\_ENR\_RGN\_CD with the HSSC enrollment region (HSSC\_REG) from the DMIS ID Index table.

**B.1.13 Requirement 12: PPS Equivalent Lives (D\_PPS\_LIVES\_QY)**

Merge each record with the PPS Equivalent Lives table most recently obtained from OASD/HA (HB&FP), by Common Beneficiary Category, PN\_SEX\_CD, and Age Group. Populate PPS\_LIVES\_QY with the quantity in the PPS Equivalent Lives table. If Age Group=Z on the population record, then use the quantity for Age Group=E. If PN\_SEX\_CD is not M or F, then use M if PN\_TYP\_CD is ‘S’, F otherwise. For the purpose of populating this field, treat R\_BEN\_CAT\_CD=’IGR’ as Common Beneficiary Category ‘4’, and R\_BEN\_CAT\_CD=’IDG’ as Common Beneficiary Category ‘1’.

**B.1.14 Requirement 14: Per Member Per Month (PMPM) Equivalent Lives (D\_PMPM\_LIVES\_QY)**

Merge records having MDR\_ACV in (A, B, E, F, H, J, M, Q) with the PMPM Equivalent Lives table most recently obtained from OASD/HA (HB&FP), by Beneficiary Category, PN\_SEX\_CD, and Derive Age Quantity. Populate D\_PMPM\_LIVES\_QY with the “Adj\_Eq” quantity in the PMPM Equivalent Lives table. Use the mapping presented in table B-7 to map VM4 Beneficiary Category to PMPM table Beneficiary Category.

Table B-6: VM4-to-PMPM Lives Beneficiary Category Mapping

|  |  |
| --- | --- |
| VM4 Beneficiary Category  (R\_BEN\_CAT\_CD) | PMPM Lives Beneficiary Category |
| ACT, GRD, IGR | ACT |
| DA, DGR, IDG | ADFM |
| RET, DR, DS, OTH | OTHER |
| Z | Assign D\_PMPM\_LIVES\_QY=zero |

If the VM4 record MDR\_ACV is not among those listed above, or if the VM4 Derived Age Quantity does not have a match in the PMPM Equivalent Lives table, or if the VM4 Beneficiary Category is Z, then assign D\_PMPM\_LIVES\_QY of zero.

**Appendix C: Extraction rules and file format for the MDR “PITEAGG” file**

Frequency: The PITEAGG file is prepared each time an MDR PITE is processed (monthly), as a summary of a subset of records from the MDR PITE. The variable Popqy is simply the sum of the number of records in each row of the aggregate table. The PITE AGG files are monthly SAS datasets, with one member per month.

Extraction Rules: Only include primary records (D\_PRIMARY\_RECORD\_FLAG=1) where beneficiary is eligible for MHS Health Care (D\_MHS\_ELIG\_INDIC=1)

File Format:

|  |  |  |  |
| --- | --- | --- | --- |
| PITEAGG Field | SAS Name | MDR PITE Field | Format |
| Catchment Area ID | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| Assigned UIC | ASSGNUIC | ASSGN\_UIC | Char(8) |
| Sponsor Service Aggregated | DSPONSVC | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Gender | PNSEXCD | PN\_SEX\_CD | Char(1) |
| Race/Ethnicity | RACEETHN | RACE\_ETHNC\_CD | Char(1) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Age | DAGEQY | D\_AGE\_QY | Numeric(3) |
| Medical Privilege Code | DMEDELG | D\_ELG\_CD | Char(1) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| MHS-Derived Zip Code | DZIPCD | D\_ZIP\_CD | Char(5) |
| PRISM Area ID | DPRISM | D\_PRISM\_CD | Char(4) |
| Population Sector | DPOPSECT | D\_MHS\_POP\_SECTOR\_CD | Char(1) |
| Health Service Region | DHSREG | D\_REGION\_CD | Char(2) |
| Country Code | CNTRY | DRVD\_LOC\_CTRY\_CD | Char(2) |
| Population Count | POPQY | \*\* Sum of records in each row \*\* | Numeric |

**Appendix D: Extraction rules and file format for the MDR DEERS Address file**

Frequency: The PITE Address file is prepared each time an MDR PITE is processed (monthly).This file is created simultaneously with the MDR PITE by extracting the address fields in the source PITE together with a subset of fields from the MDR PITE. The PITE Address files are monthly SAS datasets

Extraction Rules: Include one record for each DOD\_EDI\_PN\_ID that appears in the data. If any DOD\_EDI\_PN\_ID appears on more than one record, select the record containing populated (i.e., nonblank) Mailing Address, Line1 and City. If more than one record has populated Mailing Address, Line1 and City, select the record that has the most recent Last Extract Date.

File Format:

|  |  |  |  |
| --- | --- | --- | --- |
| PITE Address Field | SAS Name | MDR PITE Field | Format |
| Unique Person ID | PATUNIQ | DOD\_EDI\_PN\_ID | Char(10) |
| Mailing Address, Line 1 | ADDLN1 | MA\_LN1\_TX | Char(40) |
| Mailing Address, Line 2 | ADDLN2 | MA\_LN2\_TX | Char(40) |
| City | CITY | MA\_CITY\_NM | Char(20) |
| Country | CTRY | MA\_CTRY\_CD | Char(2) |
| State | STATE | MA\_ST\_CD | Char(2) |
| Zip Code | ZIP | MA\_PR\_ZIP\_CD | Char(5) |
| Zip Code Extender | ZIPX | MA\_PR\_ZIPX\_CD | Char(4) |
| Last Name | LSTNAME | PN\_LST\_NM | Char(26) |
| First Name | FRSTNAME | PN\_1ST\_NM | Char(20) |
| Cadency | CADENCY | PN\_CDNCY\_NM | Char(4) |
| Work Telephone Number | WKTNUM | WK\_TNUM\_CD | Char(20) |
| Home Telephone Number | HMTNUM | HM\_TNUM\_CD | Char(20) |
| Last Extract Date | LSTEXTDT | LST\_EXT\_DT | Char(8) |

Appendix E: Extraction rules and file format for the TRICARE Relationship File (TRF)

Frequency: The TRF is prepared each time an MDR VM4 is processed (monthly), as a simple extraction of selected fields from the processed VM4.

Extraction Rules: Only include records that meet all of the following conditions:

* Primary records (D\_PRIMARY\_RECORD\_FLAG=1).
* Beneficiary is eligible for MHS Health Care (D\_MHS\_ELIG\_INDIC=1).
* Beneficiary is enrolled in any of the following programs: (MDR\_ENROLL=1):
* Enrolled in TRICARE
* Enrolled in TRICARE Plus
* Enrolled in the USFHP Program
* Purchased TRICARE Reserve Select

File Format:

| TRICARE Relationship Field | SAS Name | VM4 Field/Transformation | Format |
| --- | --- | --- | --- |
| Enrollee Name | NAME | PN\_LST\_NM (1st 19), PN\_1ST\_NAME (10) | Char(29) |
| Sponsor Person ID | SPONSSN | SPN\_PN\_ID | Char(9) |
| DEERS Dependent Suffix | DDS | LEG\_DDS\_CD | Char(2) |
| Sponsor Service Aggregated | SERVICE | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Unique Person ID | PATUNIQ | DOD\_EDI\_PN\_ID | Char(10) |
| Date of Birth | DOB | PN\_BRTH\_DT | Char(8) |
| ACV Start Date | ACVBEG | If MDR\_ACV not equal R: D\_MI \_PCM\_SLCT\_BGN\_DT, where extract date within D\_MI\_PCM\_ SLCT\_BGN\_DT and D\_MI\_ PCM\_SLCT\_END\_DT window as described in table B-1;  else if MDR\_ACV equals R: D\_ MI\_EMC\_ENRL\_BGN\_DT, where extract date within D\_MI\_ EMC\_ENRL\_BGN\_DT and D\_ MI\_EMC\_ENRL\_END\_DT window as described in table B-1;  else blank fill | Char(8) |
| Alternate Care Value (ACV) | ACV | MDR\_ACV; | Char(1) |
| Enrollment DMISID | DMISID | D\_MI\_PCM\_EDVSN\_DMIS\_ID; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(4) |
| ACV End Date | ACVEND | If MDR\_ACV not equal R: D\_MI \_PCM\_SLCT\_END\_DT, where extract date within D\_MI\_PCM\_ SLCT\_BGN\_DT and D\_MI\_ PCM\_SLCT\_END\_DT window as described in table B-1;  else if MDR\_ACV equals R: D\_ MI\_EMC\_ENRL\_END\_DT, where extract date within D\_MI\_ EMC\_ENRL\_BGN\_DT and D\_ MI\_EMC\_ENRL\_END\_DT window as described in table B-1; else blank fill | Char(8) |
| Member Category Code | SPONSTAT | MBR\_CAT\_CD | Char(1) |
| Enrollment Region | REGION | D\_ENR\_RGN\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(2) |
| Gender | GENDER | PN\_SEX\_CD | Char(1) |
| Marital Status | MARITAL | MDR\_MARITAL\_AGG | Char(1) |
| Age | AGE | D\_AGE\_QY | Numeric(3) |
| Equivalent Lives Ben Group | BENCAT | MDR\_EL\_BENGRP | Char(6) |
| Equivalent Lives Age Group | ELAGE | MDR\_EL\_AGECAT | Char(1) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Pay Grade | PAYGRD | PG\_CD | Char(2) |
| Pay Plan | PAYPLAN | PAY\_PLN\_CD | Char(5) |
| Population Sector | DPOPSECT | D\_MHS\_POP\_SECTOR\_CD | Char(1) |
| MHS-Derived Zip Code | DZIPCD | D\_ZIP\_CD | Char(5) |
| Catchment Area ID | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| PRISM Area ID | DPRISM | D\_PRISM\_CD | Char(4) |
| Medical Privilege Code | DMEDELG | D\_ELG\_CD | Char(1) |
| Medicare Eligibility Code | DMEDCARE | D\_MDC\_ELIG\_CD | Char(1) |
| PCM ID | PCMID | D\_MI\_PCM\_ID; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(32) |
| PCM ID Type | PCMIDTP | D\_MI\_PCM\_ID\_TYP\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(1) |
| Common Beneficiary Category | COMBEN | D\_COM\_BEN\_CAT\_CD | Char(1) |
| Filler | N/A – Drop from SAS file | Obsolete Field (FMP), Blank-fill | Char(2) |
| PRIME | PRIME | Derived. If ACV in (A, B, D, E, F, H, J, M, Q) then PRIME=1, else PRIME=0 | Char(1) |
| Fiscal Month | FM | Derived from MDR PITE file name | Char(2) |
| Fiscal Year | FY | Derived from MDR PITE file name | Char(4) |
| Calendar Month | CM | Derived from MDR PITE file name | Char(2) |
| Calendar Year | CY | Derived from MDR PITE file name | Char(4) |
| Beneficiary SSN | BENSSN | PN\_ID | Char(9) |
| Person ID Type Code | PNIDTP | PN\_ID\_TYP\_CD | Char(1) |
| Family Sequence ID | FSN | SPN\_DUP\_ID | Char(1) |
| Summary Privilege Code | SUMPRIV | MDR\_M2\_SUM\_PRIVCD | Char(1) |
| Market Area | MARKET | MDR\_MARKET | Char(3) |
| PPS Equivalent Lives | PPSLIVES | D\_PPS\_LIVES\_QY | Numeric(4) |
| HSSC Enrollment Region | DHSSCENR | D\_HSSC\_ENR\_RGN\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT; window as described in table B-1; else blank fill. | Char(1) |
| PCM Provider Type | PCMPRVTP | D\_MI\_PCM\_PROV\_TYP\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill | Char(1) |
| PCM Specialty | PCMSPCLY | D\_MI\_PCM\_SPCL\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill | Char(3) |
| Bed Days MHS Norm | DAYSPER | D\_NORM\_MHS\_DAYS | N(8.6) |
| Admissions MHS Norm | DISPPER | D\_NORM\_MHS\_ADM | N(8.6) |
| Full Cost MHS Norm | FCOSPER | D\_NORM\_MHS\_FULL\_COST | N(6.2) |
| Variable Cost MHS Norm | VCOSPER | D\_NORM\_MHS\_VAR\_COST | N(6.2) |
| RVUs MHS Norm | RVUSPER | D\_NORM\_MHS\_RVU | N(8.4) |
| Bed Days MHS Peer Norm | PDAYSPER | D\_NORM\_MHS\_PEER\_DAYS | N(8.6) |
| Admissions MHS Peer Norm | PDISPPER | D\_NORM\_MHS\_PEER\_ADM | N(8.6) |
| Full Cost MHS Peer Norm | PFCOSPER | D\_NORM\_MHS\_PEER\_FULL\_COST | N(6.2) |
| Variable Cost MHS Peer Norm | PVCOSPER | D\_NORM\_MHS\_PEER\_VAR\_COST | N(6.2) |
| RVUs MHS Peer Norm | PRVUSPER | D\_NORM\_MHS\_PEER\_RVU | N(8.4) |
| PMPM Equivalent Lives | PMPMLVES | D\_PMPM\_LIVES\_QY | N(5,3) |

Appendix F: Extraction rules and file format for the Master Person Index (MPI) files

Frequency: The MPI files are extracted from the raw FDE file every time that a new raw FDE file is received.

Extraction Rules: Include all records from the raw FDE.

File layout: Bar delimited flat file. Table F-1 displays the contents and layout of the MPI. Two files should be created:

* one sorted in DOD\_EDI\_PN\_ID order; and
* one sorted in SPN\_PN\_ID, LEG\_DDS, PN\_SEX\_CD, and PN\_BRTH\_DT order.

Table F-1: MDR MPI Format and Fields

|  |  |  |
| --- | --- | --- |
| Variable Name | Description | Length |
| DOD\_EDI\_PN\_ID | DOD Electronic Data Interchange Person ID | Char(10) |
| SPN\_PN\_ID | Sponsor Person Identifier | Char(9) |
| LEG\_DDS\_CD | Legacy DEERS Dependent Suffix Code | Char(2) |
| PN\_SEX\_CD | Person Sex Code | Char(1) |
| PN\_BRTH\_DT | Person Birth Date | Char(8) |
| D\_MPI\_REL\_CD | MPI Relationship Code | Char(1) – Derived based on first character of LEG\_DDS\_CD:   |  |  |  | | --- | --- | --- | | Member Relationship Code | 1st char of LEG\_DDS\_CD | D\_MPI\_REL\_CD | | B,G,H,I,J,K | Any | 3 | | C,D,E,L | 1 | | F | 4 | | Other not blank | 2 | | Blank | 0,1 | 1 | | 3 | 3 | | 4,5,6 | 4 | | Other | 2 | |
| MBR\_REL\_CD | Member Relationship Code | Char(1) |
| PN\_LST\_NM | Person Last Name | Char(26) |
| PN\_1ST\_NM | Person First Name | Char(20) |

Appendix G: Extraction rules and file format for the Longitudinal VM4 (LVM4)

**G.1 File Content**

The Longitudinal VM4 (LVM4) files are fiscal year text files, based on the content of the MDR DEERS VM4 file and its predecessors (MDR DEERS FDE and MDR DEERS Point in Time Extract). Each fiscal year file contains one record for each beneficiary (defined as DoD EDIPN) that has any MHS Eligibility (Direct Care, MHS sponsored civilian health care) within the fiscal year. The LVM4 is updated every time that a new raw FDE file is received.

**G.2 Initial File Creation**

The initial file will contain one record per DoD EDIPN with up to two Sponsor SSNs, two DEERS Dependent Suffixes, and two Member Relationship fields per record. The Sponsor SSN in the first Sponsor SSN field will always be the Sponsor SSN of the “current” Sponsor[[2]](#footnote-2).

**G.3 Update Process:**

Each month, the current VM4 is merged to the current LVM4. Records found in both files will be analyzed to determine if new segments need to be added or dates in the current history segments need to be changed. For records not found in the current LVM4, the stable demographics and the first set of changeable demographic segments are created. The first set of changeable demographics may contain four or six segments depending upon the specific enrollment status of the beneficiary. For records not eligible in the current VM4, the end date of the most recent history segment for each type of changeable demographic is changed to equal the end of the previous month. For these records, the end date is only changed if it hasn’t already been changed (i.e. only change those records where eligibility segment end dates are greater than last date of previous month). The output of the update process contains all records found in both files, records found in the current LVM4 only, and records found in the current VM4 only, sorted by EDIPN.

The October VM4 data are used to create the initial LVM4 file for the start of the fiscal year, and to update the enrollment information in the previous fiscal year’s LVM4. The November and December VM4 data are used to update the current fiscal year and the previous fiscal year’s LVM4 files. The first three months’ extracts for any fiscal year are used to update the enrollment segments for both the current and previous fiscal years’ LVM4 files. The non-enrollment segments for any given LVM4 are not updated using VM4 data from after the fiscal year.

**G.4 File Format**

The LVM4 file layout is presented in exhibit G-1. The Longitudinal VM4 file is a variable length text file; however, the first 47 characters of the file are always fixed. These first 47 characters represent the beneficiary identifiers (DoD EDIPN and Sponsor SSNs, DDSs, and Relationship flags), a record header containing stable demographics associated with the primary record, and an occurrence count, which indicates the number of changeable demographic segments that are included in the record. Each record will always have at least 4 occurrences; one representing each of the non-enrollment-based changeable demographic fields below. Those beneficiaries who are enrolled at the start of the fiscal year will always have at least 6 occurrences. Additional occurrences are present whenever one of the demographics changes within the fiscal year. Therefore, the minimum file length is 135 characters, and the maximum file length is 1631 characters (key+header+occurrence count +(length of repeating segment\*maximum number of segments in FY). File will be sorted by EDIPN.

Exhibit G-1: Layout for MDR Longitudinal VM4 file

| Record Portion | Longitudinal VM4 Field | Position | Format | SAS Name | Notes |
| --- | --- | --- | --- | --- | --- |
| **Person Identifier/Stable Demographics** | EDIPN | 1 | $10. | EDI\_PN |  |
| Sponssn 1 | 11 | $9. | LSSN1 | See SPONSSN Derivation Rules. This is the first of two Sponsor SSNs that will be held in the LVM4. |
| Relationship 1 | 20 | $1. | LREL1 | See SPONSSN Derivation Rules. Beneficiary’s relationship to sponsor with SSN 1. Using Member Relationship Code, recode the following way: If A then ‘1’ (Self); Else if B, G, H, I , J, K then ‘2’(Spouse); else if C or D then ‘3’ (Child); else ‘4’ (Other); |
| DDS 1 | 21 | $2. | LDDS1 | See SPONSSN Derivation Rules. DEERS specific code indicating the relationship of the beneficiary to the sponsor with SSN1. |
| Sponssn 2 | 23 | $9. | LSSN2 | See SPONSSN Derivation Rules.This is the second of two Sponsor SSNs that will be held in the LVM4. See SPONSSN Derivation Rules. |
| Relationship 2 | 32 | $1. | LREL2 | See SPONSSN Derivation Rules. Beneficiary’s relationship to sponsor with SSN 2. Using Member Relationship Code, recode the following way: If A then ‘1’ (Self); Else if B, G, H, I , J, K then ‘2’(Spouse); else if C or D then ‘3’ (Child); else ‘4’ (Other); |
| DDS 2 | 33 | $2. | LDDS2 | See SPONSSN Derivation Rules. DEERS specific code indicating the relationship of the beneficiary to the sponsor with SSN2. |
| Gender | 35 | $1. | LSEX | From Primary Record |
| DOB | 36 | $8. | LDOB | From Primary Record |
| Race | 44 | $1. | LRACE | From Primary Record |
| Ethnicity | 45 | $1 | LETHNIC | From Primary Record |
| Occurrence Count | 46 | 2 | LOCCT | Indicates the number of field segments contained on the record. The field will always have a value of at least 4 and will always be less than or equal to 72 (6 segments per month) |
| The following segments are repeated for each occurrence, as noted in section G-4 text | | | | | |
| **Changeable Demographics** | Changeable Demographic Segment Code | x | $1. | LCHGFLD{i} | A=Bencat  B=Zip Code  C=Sponsor Service Aggregated||Sponsor Service||Marital Status  D=Privilege Code||Medicare Flag  E=ACV||Enrollment DMISID  F=HCDP||PCMID |
| Changeable Demographic Value | x+1 | $5. | If LCHGFLD{i}=A then LBENCAT  If LCHGFLD{i}=B then LZIP  If LCHGFLD{i}=C then:   * position 1 = LSVCAGG * position 2 = LSPONSVC * position 3 = LMARITAL   If LCHGFLD{i}=D then:   * position 1= LPRIVCD * position 2 = LMEDCARE   If LCHGFLD{i}=E then   * position 1 = LACV * positions 2-5 = LENRMTF   If LCHGFLD{i}=F then   * position 1-3 = LHCDP * positions 4-5 = first two characters of LPCMID | See description below |
| Begin Date  (or PCM\_ID continued) | x+6 | YYYYMMDD  (or $8.) | If LCHGFLD{i} in {A,B,C,D,E} then LBGNDT;  Else if LCHGFLD{i}=F then characters 3-10 of LPCMID | Begin date associated with field number and value. If LCHGFLD=”E”, this is the date for both this and the next (“F”) segment. |
| End Date  (or PCM\_ID continued) | x+14 | YYYYMMDD  (or $8.) | If LCHGFLD{i} in {A,B,C,D,E} then LENDDT;  Else if LCHGFLD{i}=F then characters 11-18 of LPCMID | End date associated with field number and value.. If LCHGFLD=”E”, this is the date for both this and the next (“F”) segment. |

**G.5 Appended Fields for LVM4**

**G.5.1 Modified End Dates**

The raw VM4 data often use blanks for end dates, in conjunction with definite begin dates, to indicate an indeterminate end date. LVM4 processing shall replace blank end dates with defined end dates for selected fields. For the initial round of processing (FY 2004, FY 2005), this defined end date shall be December 31, 2020 (represented as 20201231). **Future processing should advance the date farther into the future**. The logic for creating the modified date fields is presented in exhibit G-2:

Exhibit G-2: Modified End Date Logic for Selected Fields

| Appended field | Condition | Appended field value |
| --- | --- | --- |
| D\_MOD\_DC\_EELIG\_DT | DC\_BELIG\_DT not blank and  DC\_EELIG\_DT blank | Predefined date (currently 20201231) |
| All other | DC\_EELIG\_DT |
| D\_MOD\_CHC\_EELIG\_DT | CHC\_BELIG\_DT not blank and  CHC\_EELIG\_DT blank | Predefined date (currently 20201231) |
| All other | CHC\_EELIG\_DT |
| D\_MOD\_MDC\_A\_EXP\_DT | MDC\_A\_EFF\_DT not blank and  MDC\_A\_EXP\_DT blank | Predefined date (currently 20201231) |
| All other | MDC\_A\_EXP\_DT |
| D\_MOD\_PNL\_END\_DT | PNL\_BGN\_DT not blank and  PNL\_END\_DT blank | Predefined date (currently 20201231) |
| All other | PNL\_END\_DT |
| D\_MOD\_PNLEC\_END\_DT | PNLEC\_BGN\_DT not blank and  PNLEC\_END\_DT blank | Predefined date (currently 20201231) |
| All other | PNLEC\_END\_DT |
| D\_MOD\_PCM\_SLCT\_END\_DT | D\_MI\_PCM\_SLCT\_BGN\_DT not blank and  D\_MI\_PCM\_SLCT\_END\_DT blank | Predefined date (currently 20201231) |
| All other | D\_MI\_PCM\_SLCT\_END\_DT |
| D\_MOD\_EMC\_ENRL\_END\_DT | D\_MI\_EMC\_ENRL\_BGN\_DT not blank and  D\_MI\_EMC\_ENRL\_END\_DT blank | Predefined date (currently) 20201231 |
| All other | D\_MI\_EMC\_ENRL\_END\_DT |
| D\_MOD\_DRVD\_LOC\_END\_DT | All | Predefined date (currently) 20201231 |

**G.5.2 HCDP Begin and End Date**

Assigning records to Alternate Care Values requires checking different date fields, depending upon the valued of the Derived Medical Insured Health Care Plan Coverage Code (D\_MI\_HCDP\_PLN\_CVG\_CD). In order to streamline the logic presented in this spec, two new begin date fields, HCDP Begin Date (D\_HCDP\_BGN\_DT) nand HCDP End Date (D\_HCDP\_END\_DT) have been developed, with derivations as shown in exhibit G-3.

Exhibit G-3: Logic for Deriving D\_HCDP\_BGN\_DT and D\_HCDP\_END\_DT

|  |  |  |
| --- | --- | --- |
| Appended field | Condition | Appended field value |
| D\_HCDP\_BGN\_DT | D\_MI\_HCDP\_PLN\_CVG\_CD in Tricare Reserve Select (TRS): 401,402, 405, 406, 407, 408, 409, 410, 411, 412 | D\_MI\_EMC\_ENRL\_BGN\_DT |
| All other | D\_MI\_PCM\_SLCT\_BGN\_DT |
| D\_HCDP\_END\_DT | D\_MI\_HCDP\_PLN\_CVG\_CD in TRS: 401,402, 405, 406, 407, 408, 409, 410, 411, 412 | D\_MOD\_MI\_EMC\_ENRL\_END\_DT |
| All other | D\_MOD\_MI\_PCM\_SLCT\_END\_DT |

**G.5.3 Fiscal Year ACV (MDR\_FY\_ACV)**

MDR\_FY\_ACV shall be used in setting ACV values for the initial Enrollment 1 values for each LVM4 record. MDR\_FY\_ACV shall be calculated similarly to MDR\_ACV, except that ACVs indicating enrollment shall be based upon whether the beneficiary was enrolled any time during the fiscal year, instead of whether the beneficiary was enrolled at the time the extract snapshot date. The list of valid values for the field shall be:

* A: TRICARE Prime Active Duty
* B: TRICARE Global Remote Overseas Prime Active Duty
* C: Standard CHAMPUS
* D: TRICARE Senior Prime
* E: TRICARE Prime, CHAMPUS Eligible
* F: TRICARE Global Remote Overseas Prime, CHAMPUS Eligible
* G: TRICARE Plus, with Standard CHAMPUS
* H: TRICARE Overseas Prime Active Duty
* I: FEHBP Demonstration
* J: TRICARE Overseas Prime, CHAMPUS Eligible
* K: Med Excel
* L: TRICARE Plus, w/o Standard CHAMPUS
* M: Active Duty not reported as enrolled
* N: Not eligible for TRICARE benefits
* P: CHAMPUS Reform Initiative
* Q: Active Duty enrolled to OP Forces
* R: TRS
* S: Continued Health Care Benefits Program (CHCBP)
* U: Uniformed Services Federal Health Plan (USFHP)
* W: TRICARE Senior Supplement

The logic used to derive the MDR FY Alternate Care Value is detailed in Exhibit G-4.

Exhibit G-4: MDR FY Alternate Care Value Derivation Logic

| D\_MI\_HCDP\_PLN\_CVG\_CD | D\_MI\_PCM\_PROV\_TYP\_CD | R\_BEN\_CAT\_CD, D\_MI\_PCM\_ EDVSN\_DMIS\_ID | Begin and End Date Window | MDR\_FY\_ACV |
| --- | --- | --- | --- | --- |
| 106, 128, 155, 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023, 120, 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 156,157, 140, 142, 144, 146, 147, 149, 152, 123, 124, 125, 126, 153,154, 105, 141, 143, 145, 148, 150, 151, 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024, 101, 121, 122, 109, 114, 115, 118, 119, 133, 138, 139, 127 | Any | R\_BEN\_CAT\_CD in (ACT, GRD) and D\_MI\_PCM\_ EDVSN\_DMIS\_ID in (3000-4000, 6301-6323) | D\_MI\_PCM\_SLCT\_BGN\_DT valid and prior to or equal to last day of fiscal year and D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of fiscal year or blank | Q |
| 106, 128 | Any | Not (R\_BEN\_CAT\_CD in (ACT,GRD) and D\_MI\_PCM\_ EDVSN\_DMIS\_ID not in (3000-4000, 6301-6323)) | D\_MI\_PCM\_SLCT\_BGN\_DT valid and prior to or equal to last day of fiscal year and D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of fiscal year or blank | A |
| 155 | Any | B |
| 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023 | Any | C |
| 120 | Any | D |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | Not U | E |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | U | U |
| 156,157 | Any | F |
| 140, 142, 144, 146, 147, 149 | Any | G |
| 152 | Any | H |
| 123, 124, 125, 126 | Any | I |
| 153,154 | Any | J |
| 105 | Any | K |
| 141, 143, 145, 148, 150, 151 | Any | L |
| 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024 | Any | N |
| 101 | Any | P |
| 127 | Any | W |
| 121, 122 | Any | S |
| 109, 114, 115, 118, 119, 133, 138, 139 | Any | U |
| 401, 402, 405, 406, 407, 408, 409, 410, 411, 412 | Any | Any | D\_MI\_EMC\_ENRL\_BGN\_DT valid and prior to or equal to last day of fiscal year and D\_MI\_EMC\_ENRL\_END\_DT equal to or after first day of fiscal year or blank | R |
| Any | Any | R\_BEN\_CAT\_CD in (ACT,GRD) and D\_MI\_PCM\_EDVSN\_DMIS\_ID blank | Any | M |
| Any | Any | R\_BEN\_CAT\_CD in (ACT,GRD) | NOT (D\_MI\_PCM\_SLCT\_BGN\_DT valid and prior to or equal to last day of fiscal year and D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of fiscal year or blank) | M |
| Any Other | Any | Any Other | Any Other | Z |

G.5.4 Fiscal Year End ACV

Fiscal Year End ACV shall be used when updating the LVM4 for a given FY using VM4 snapshot data extracted after the end of the FY. The logic for calculating FY End ACV is presented in exhibit G-5.

Exhibit G-5: MDR FY End ACV Derivation Logic

|  |  |  |  |
| --- | --- | --- | --- |
| VM4 MDR\_ ACV | Begin and End Date Window | R\_BEN\_CAT\_CD | MDR\_FY\_END\_ACV |
| Any | D\_HCDP\_END\_DT prior to last day of LVM4 fiscal year | ACT, GRD | M |
| Any | D\_HCDP\_END\_DT prior to last day of LVM4 fiscal year | Not ACT. GRD | Z |
| Any | D\_HCDP\_BGN\_DT after last day of LVM4 fiscal year | Any | 0 (Zero) |
| Not M,Z | D\_HCDP\_BGN\_DT prior to or equal to last day of LVM4 fiscal year; and D\_HCDP\_END\_DT equal to or after last day of LVM4 fiscal year | Any | equal VM4 MDR\_ACV |
| M,Z | D\_HCDP\_BGN\_DT prior to or equal to last day of LVM4 fiscal year; and D\_HCDP\_END\_DT equal to or after last day of LVM4 fiscal year | Any | See rules for MDR\_FY\_ACV, replacing Begin and End Date criteria in table G-4 with those presented in this table at left. |

G.6 Business Rules for Creating Sponsor SSN and Relationship Fields

The processed MDR VM4 Detail file is read in each month. Candidate records for the LVM4 are identified, extracted and sorted by EDIPN, descending Primary Record, and descending MHS Eligibility so that the record with the best benefit (Primary Record=1 and MHS Eligibility=1) is always the first record for each EDIPN. The VM4 is reformatted so that there is one record per EDIPN that contains up to 5 Sponsor SSNs, 5 recoded Member relationship values, and 5 DDS’s. Only 2 of the possible 5 values for each field are kept. Sponsor SSN1, Relation 1, and DDS1 are always populated with the values contained in the record with the highest benefit. Sponsor SSN2, Relation2, and DDs2, if applicable, are populated in the following manner:

* If the second Sponsor SSN is not equal to the first Sponsor SSN, then Sponsor SSN2 is equal to the second Sponsor SSN, Relation 2 is equal to the second Relationship value, and DDS2 is equal to the second DDS.
* If the third Sponsor SSN is not equal to the first Sponsor SSN and is also not equal to the second Sponsor SSN and the third DDS is equal to ‘20’ and the second DDS is not equal to ‘20’ then the Sponsor SSN2 is equal to the third Sponsor SSN, Relation 2 is equal to the third Relationship value, and DDS2 is equal to the third DDS.
* If the fourth Sponsor SSN is not equal to the first Sponsor SSN and is also not equal to the second Sponsor SSN and the fourth DDS is equal to ‘20’ and the second DDS is not equal to ‘20’ then the Sponsor SSN2 is equal to the forth Sponsor SSN, Relation 2 is equal to the forth Relationship value, and DDS2 is equal to the forth DDS.
* If the fifth Sponsor SSN is not equal to the first Sponsor SSN and is also not equal to the second Sponsor SSN and the fifth DDS is equal to ‘20’ and the second DDS is not equal to ‘20’ then the Sponsor SSN2 is equal to the fifth Sponsor SSN, Relation 2 is equal to the fifth Relationship value, and DDS2 is equal to the fifth DDS.
* When updating the LVM4 with the current VM4, records found in both files will retain the values in the current VM4.

G.7 Business Rules for Creating Initial “Changeable Demographic Segments “

The first four of the longitudinal VM4’s changeable demographic segments is always present and should represent the beneficiary’s status as of the first month in which he or she is reported in the fiscal year. The enrollment-based segments, those with Changeable Demographic Code=E and F, may or may not be present. If a beneficiary is not enrolled, enrollment segments will not be created. Thus, each record will always have at least 4 segments with 22 characters (1 (changeable demographic code) +5 (changeable demographic value) +8 (begin date) +8 (end date)) per changeable demographics segment. The logic for creating these segments is presented in exhibit G-6.

Exhibit G-6: Business Rules for Creating Initial Segments for each Record

| Changeable Demographic Field | Changeable Demographic Field Value | Begin Date | End Date |
| --- | --- | --- | --- |
| Beneficiary Category | R\_BEN\_CAT\_CD | See Date Rules | See Date Rules |
| Zip Code | D\_ZIP\_CD | Start of FY | End of FY |
| Sponsor Service||Marital Status Combination | D\_SPON\_BR\_SVC\_CD  ||SVC\_CD  || MRTL\_STAT\_CD | Start of FY | End of FY |
| Privilege Code | D\_ELG\_CD|| D\_MDC\_ELIG\_CD | See “Date Rules” | See “Date Rules” |
| Enrollment 1 | If MDR\_FY\_ACV in (M,Z) then no segment; else if MDR\_FY\_ACV=R then MDR\_FY\_ACV, else concatenation of MDR\_FY\_ACV||D\_MI\_  PCM\_EDVSN\_DMIS\_ID | If MDR\_FY\_ACV in (M,Z) then no segment; else use D\_HCDP\_BGN\_DT | If MDR\_FY\_ACV in (M,Z) then no segment; else use D\_HCDP\_END\_DT  Note that this value may be changed by subsequent months’ processing (see “Conditions for creation of segment or identification of change in segment for Enrollment fields”). |
| Enrollment\_2 | If MDR\_FY\_ACV in (M,Z) then no segment;, else if ACV=’R then D\_MI\_HCDP\_PLN\_CVG\_CD; else concatenation of D\_MI\_HCDP\_PLN\_CVG\_CD|| first 2 digits of D\_MI\_PCM\_ID | Next 8 digits of D\_MI\_PCM\_ID | Next 8 digits of D\_MI\_PCM\_ID |

G.7.1 Date Rules for Creating Beneficiary Category and Privilege Code Segments

The following rules are to be used in deriving and populating the Beneficiary Category and Privilege Code Segments

1. Beneficiary Category Segments
   1. If Guard/Reserve (and family), or IGR (and family) and not enrolled in TRICARE Reserve Select (MDR\_FY\_ACV=R) and D\_MOD\_PNLEC\_END\_DT is after the first day of the VM4 snapshop month, or Bencat=”Other” and Member Category Code is equal to TAMP (P), then use PNLEC\_BGN\_DT and D\_MOD\_PNLEC\_END\_DT, unless the PNLEC\_BGN\_DT is blank. If the PNLEC\_BEG\_DT is blank, then use the DC\_BELIG\_DT and D\_MOD\_DC\_EELIG\_DT. If those dates are also blank, then use the CHC\_BELIG\_DT and the D\_MOD\_CHC\_EELIG\_DT.
   2. If Guard/Reserve (and family), or IGR (and family) and not enrolled in TRICARE Reserve Select and D\_MOD\_PNLEC\_END\_DT is blank or before the first day of the VM4 snapshot month, then use DC\_BELIG\_DT and D\_MOD\_DC\_EELIG\_DT. If those dates are blank, then use CHC\_BELIG\_DT and D\_MOD\_CHC\_EELIG\_DT. If those dates are also blank and D\_ELG\_CD=U then use D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MOD\_PCM\_END\_DT.
   3. If bencat is IGR (or family) and person is enrolled in TRS, then use the D\_MI\_EMC\_ENRL\_BGN\_DT and D\_MOD\_EMC\_ENRL\_END\_DT
   4. If Bencat=”Other” and Member Category Code is not equal to TAMP, then use the DC\_BELIG\_DT and D\_MOD\_DC\_EELIG\_DT. If those dates are blank, then use the CHC\_BELIG\_DT and the D\_MOD\_CHC\_EELIG\_DT. If those dates are also blank and D\_ELG\_CD=U, then use D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MOD\_PCM\_END\_DT.
   5. If Bencat=DS then the begin date equals the PNL\_END\_DT+1 and the end date equals the D\_MOD\_CHC\_EELIG\_DT, unless D\_MOD\_CHC\_EELIG\_DT is blank. If D\_MOD\_CHC\_EELIG\_DT is blank, then use D\_MOD\_DC\_EELIG\_DT. If both of these dates are blank, use the defined end date mentioned in section G.5.1 (i.e. December 31, 2020).
   6. Otherwise, use the PNL\_BGN\_DT and PNL\_END\_DT
2. Privilege Code Segments
   1. If Privilege Code=1 or 4 and Member Category Code not equal to TAMP (P) then use DC\_BELIG\_DT and D\_MOD\_DC\_EELIG\_DT
   2. If Privilege Code=1, 4, 2, 5 and Member Category Code=TAMP (P) then use PNLEC\_BGN\_DT and D\_MOD\_PNLEC\_END\_DT, unless the PNLEC\_BGN\_DT is blank. If the PNLEC\_BEG\_DT is blank, then use the DC\_BELIG\_DT and D\_MOD\_DC\_EELIG\_DT. If those dates are also blank, then use the CHC\_BELIG\_DT and the D\_MOD\_CHC\_EELIG\_DT
   3. If Privilege Code=2 and MDR\_ACV=R, then use D\_MI\_EMC\_ENRL\_BGN\_DT and D\_MOD\_EMC\_ENRL\_END\_DT.
   4. If Privilege Code=2/5/M and Member Category Code not equal to TAMP (P) (and MDR\_ACV is not equal to R for Privilege Code=2) or Privilege Code = C then use CHC\_BELIG\_DT and D\_MOD\_CHC\_EELIG\_DT.
   5. If Privilege Code=6, 7, A, B then use MDC\_A\_EFF\_DT and D\_MOD\_MDC\_A\_EXP\_DT
   6. If Privilege Code=U then use D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MOD\_MI\_PCM\_SLCT\_END\_DT

**G.8 Business Rules for Updating “Changeable Demographic Segments”**

The logic for updating each LVM4 record’s changeable demographic segments is presented in exhibit G-7.

Exhibit G-7: Business Rules for Updating Longitudinal VM4

| **Changeable Demographic Field** | **Condition for creation of new segment or identification of change in segment** | **Changeable Demographic Field Value** | **Begin Date** | **End Date** |
| --- | --- | --- | --- | --- |
| Beneficiary Category | See section G.8.1 “Beneficiary Category/Privilege Code Update Rules” | R\_BEN\_CAT\_CD | See section G.8.1 “Beneficiary Category/Privilege Code Update Rules” | See section G.8.1 “Beneficiary Category/Privilege Code Update Rules” |
| Zip Code | If value of D\_ZIP\_CD field in current VM4 is different from value contained in most recent segment, create a new segment. | D\_ZIP\_CD | First day of VM4 snapshot month | End of FY. When creating new segment, must also change end date of previous LVM4 history segment to equal last day of previous month. Note that this value may be changed by subsequent months’ processing |
| If value of D\_ZIP\_CD field in current VM4 is same as value contained in most recent segment and segment end date is prior to first day of current VM4 extract month | No change | Change end date for most recent segment to End of FY |
| Sponsor Service||Marital Status | If any value of D\_SPON\_BR\_SVC\_CD, SVC\_CD, MRTL\_STAT\_CD fields in current VM4 is different from values contained in most recent segment, create a new segment.. | D\_SPON\_BR\_SVC\_CD||SVC\_CD|| MRTL\_STAT\_CD | First day of VM4 snapshot month | End of FY When creating new segment, must also change end date of previous LVM4 history segment to equal last day of previous month. Note that this value may be changed by subsequent months’ processing. |
| If value of D\_SPON\_BR\_SVC\_CD, SVC\_CD, MRTL\_STAT\_CD fields in current VM4 are all equal to the values contained in most recent segment and segment end date is prior to first day of current VM4 extract month | No change | Change end date for most recent segment to End of FY |
| Privilege Code | See section G.8.1 “Beneficiary Category/Privilege Code Update Rules” | D\_ELG\_CD|| D\_MDC\_ELIG\_CD | See “Date Rules” | See “Date Rules” |
| Enrollment 1 | See section G.8.2, “Enrollment Segment Update Rules” | If MDR\_FY\_ACV in (M,Z) then no segment; else if MDR\_FY\_ACV=R then MDR\_FY\_ACV, else concatenation of MDR\_FY\_ACV||D\_MI\_PCM\_  EDVSN\_DMIS\_  ID | If MDR\_FY\_ACV in (M,Z) then no segment; else use D\_HCDP\_BGN\_DT | If MDR\_FY\_ACV in (M,Z) then no segment; else use D\_HCDP\_END\_DT  Note that this value may be changed by subsequent months’ processing (see section G.8.2, “Enrollment Segment Update Rules.). |
| Enrollment 2 | See section G.8.2, “Enrollment Segment Update Rules” | If MDR\_FY\_ACV in (M,Z) then no segment; else if MDR\_FY\_ACV=R then D\_MI\_HCDP\_PLN\_CVG\_CD, else concatenation of D\_MI\_HCDP\_PLN\_CVG\_CD|| first 2 digits of D\_MI\_PCM\_ID | Next 8 digits of D\_MI\_PCM\_ID | Next 8 digits of D\_MI\_PCM\_ID |

**G.8.1 Beneficiary Category/Privilege Code Update Rules**

1. If the value changes, create a new segment. Set the begin date for the new segment equal to the first day of the VM4 snapshot month and set the end date of the previous segment equal to the last day of the previous month. For the new segment, use the VM4 end date applicable for the given beneficiary category or privilege code, unless the VM4 end date is prior to the first day of the VM4 snapshot month. If the end date is prior to the first day of the snapshot month, then use D\_MOD\_DC\_EELIG\_DT, unless D\_MOD\_DC\_EELIG is blank. If D\_MOD\_DC\_EELIG\_DT is blank, then use D\_MOD\_CHC\_EELIG\_DT.
2. If the value does not change and there is no overlap in the date fields, create a new segment unless the dates are contiguous. If they are contiguous, then extend current history segment.
3. If the value does not change and there is an overlap in the date fields, then replace dates in current history segment with dates in the current VM4, unless the begin date is earlier than the LVM4 begin date. If the begin date is earlier than the LVM4 begin date, then do not change the LVM4 begin date.

\*\*Special Rules for Inactive Guard/Reserve

* + If the beneficiary category in the most recent history segment is IGR (or family) and the beneficiary is enrolled in TRICARE Reserve Select (ACV=R in most recent ACV history segment) and the beneficiary category in the current VM4 is also IGR, you need to check the current ACV to determine if there has been a change in status from TRS to Alert (ACV is no longer R). If so, and there is a gap in the date windows (between the latest LVM4 Enrollment 1 segment End Date and the VM4 Personnel Entitlement Condition Begin Date) , then a new segment must be created using the Personnel Entitlement Condition Begin and End Dates. If there is no gap, then extend the beneficiary category segment using the Personnel Entitlement Condition End Date (PNLEC\_END\_DT)
  + If the beneficiary category in the most recent history segment is IGR (or family) and the beneficiary is not enrolled in TRICARE Reserve Select (ACV=R in most recent ACV history segment) and the beneficiary category in the current VM4 is also IGR, you need to check the current ACV to determine if there has been a change in status from Alert/TAMP to TRS (ACV is now R). If so, and there is a gap in the date windows (between the latest LVM4 Beneficiary Category segment End Date and the VM4 Derived Medical Insured Enrollment Management Contractor Enrollment Begin Date), then a new segment must be created using the Enrollment Management Contractor Begin and End Dates. If there is no gap, then extend the beneficiary category segment using the Enrollment Management Contractor End Date (D\_MI\_EMC\_ENRL\_END\_DT)

G.8.2 Enrollment Segment Update Rules

Exhibit G-8 presents the logic and actions for updating the Enrollment 1 and Enrollment 2 segments.

#### Exhibit G-8: Logic for Updating Enrollment Information Segments of LVM4

| **Case** | **VM4 MDR\_ACV\*** | **ACV Test** | **DMISID, HCDP, PCMID Test** | **ACV Date Test** | **Action** |
| --- | --- | --- | --- | --- | --- |
| 0 | 0 (Zero) | None (only applicable when updating LVM4 with VM4 snapshot extract from months after FY End | | | **Enrollment after close of FY.** No change |
| 1a | M,Z | No enrollment segment in LVM4, VM4 D\_HCDP\_END\_DT either blank or < first date of fiscal year | | | **Not enrolled, not enrolling.** No change |
| 1b | No enrollment segment in LVM4, but VM4 D\_HCDP\_END\_DT >= first date of fiscal year | | | **Not enrolled, previous enrollment reported retroactively.** Add segment  - LVM4 ACV=**VM4 MDR\_FY\_ACV** - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT  - Enrollment 1 End=VM4 D\_HCDP\_END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID |
| 2 | LVM4 ACV not (M,Z) | - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD=LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 Enrollment DMISID ; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin; and VM4 D\_HCDP\_END\_DT = LVM4 Enrollment 1End | **Old enrollment expired; no new enrollment.** No change |
| 3 | LVM4 ACV not in (M,Z) | VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin; and VM4 D\_HCDP\_END\_DT < LVM4 Enrollment 1 End | **Enrollment ended early.** Do NOT Add Segments. Change latest LVM4 segments: - Enrollment 1 End=VM4 D\_HCDP\_END\_DT |

\* Use MDR\_FY\_END\_ACV when updating LVM4 with VM4 snapshot extracts from months after FY End

| **Case** | **VM4 MDR\_ACV\*** | **ACV Test** | **DMISID, HCDP, PCMID Test** | **ACV Date Test** | **Action** |
| --- | --- | --- | --- | --- | --- |
| 4a | M,Z | LVM4 ACV not in (M,Z) | None | (VM4 D\_HCDP\_BGN\_DT not blank and prior to LVM4 Enrollment 1 Begin  OR  (VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin and VM4 D\_HCDP\_END\_DT > LVM4 Enrollment 1 End date) | **Retroactive Disenrollment or Other Miscellaneous Changes.** Do NOT Add Segments. Change latest LVM4 segments: - LVM4 ACV=**VM4 MDR\_FY\_ACV** - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD  - Enrollment 1 Begin=D\_HCDP\_BGN\_DT  - Enrollment 1 End=D\_HCDP\_END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID |
| 4b | LVM4 ACV not in (M,Z) | None | VM4 D\_HCDP\_BGN\_DT and D\_HCDP\_END\_DT blank | **Blank Enrollment Info**  Do NOT add segments.  If LVM4 Enrollment 1 End < VM4 snapshot date, do nothing.  If LVM4 Enrollment 1 End >= VM4 snapshot date, set LVM4 Enrollment 1 End equal to last date of previous month |
| 4c | LVM4 ACV not in (M,Z) | - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not equal LVM4 HCDP; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID not equal LVM4 Enrollment DMISID; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID not equal LVM4 PCM ID | VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin AND  VM4 D\_HCDP\_END\_DT <= LVM4 Enrollment 1 End | **Retroactive Disenrollment with Enrollment Data Change:**  **.** Do NOT Add Segments. Change latest LVM4 segments: - LVM4 ACV= **VM4 MDR\_FY\_ACV4 MDR\_FY\_ACV** - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD  - Enrollment 1 Begin=D\_HCDP\_BGN\_DT  - Enrollment 1 End=D\_HCDP\_END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID |

\* Use MDR\_FY\_END\_ACV when updating LVM4 with VM4 snapshot extracts from months after FY End

#### Exhibit G-8: Logic for Updating Enrollment Information Segments of LVM4

| **Case** | **VM4 MDR\_ACV\*** | | **ACV Test** | | **DMISID, HCDP, PCMID Test** | | **ACV Date Test** | | **Action** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5 | M,Z | LVM4 ACV not in (M,,Z) | | None | | (VM4 D\_HCDP\_BGN\_DT after LVM4 Enrollment 1 Begin; | | **Subsequent, but terminated, enrollment** Change latest LVM4 segments:  - Enrollment 1 End=VM4 D\_HCDP\_BGN\_DT – 1 day  Add segment  - LVM4 ACV=**VM4 MDR\_FY\_ACV** - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT  - Enrollment 1 End=VM4 D\_HCDP\_END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID | |
| 6 | Not in (M,Z,0) | - VM4 MDR\_ACV not equal LVM4 ACV; or  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not equal LVM4 HCDP; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID not equal LVM4 Enrollment DMISID; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID not equal LVM4 PCM ID | | | | VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin; VM4 D\_HCDP\_END\_DT = LVM4 Enrollment 1 End | | **Correction of Enrollment Information.** Do NOT Add Segments. Change latest LVM4 segments: - LVM4 ACV=VM4 MDR\_ACV - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID | |
| 7 | - VM4 MDR\_ACV=LVM4 ACV; and  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD = LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 DMISID; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | | | | **Contiguous Dates:** VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 End Date, or LVM4 Enrollment 1 End date + 1 day | | **New enrollment following on previous enrollment.** Do NOT Add Segments. Extend latest LVM4 segments: - LVM4 Enrollment 1 End=VM4 D\_HCDP\_END\_DT | |
| 8 | - VM4 MDR\_ACV=LVM4 ACV; and  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD = LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 DMISID; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | | | | VM4 D\_HCDP\_BGN\_DT < LVM4 Enrollment 1 Begin Date | | **Earlier Enrollment Begin Date:** Do NOT Add Segment. Change latest LVM4 segments:  - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT  - LVM4 Enrollment 1 End=VM4 D\_HCDP\_END\_DT | |

\* Use MDR\_FY\_END\_ACV when updating LVM4 with VM4 snapshot extracts from months after FY End

#### Exhibit G-8: Logic for Updating Enrollment Information Segments of LVM4

| **Case** | **VM4 MDR\_ACV\*** | | **ACV Test** | **DMISID, HCDP, PCMID Test** | | **ACV Date Test** | | **Action** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9 |  | - VM4 MDR\_ACV=LVM4 ACV; and  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD = LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 DMISID; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | | | Not (VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin; and VM4 D\_HCDP\_END\_DT = LVM4 Enrollment 1 End VM4); and  D\_HCDP\_BGN\_DT <= LVM4 Enrollment 1 Begin Date **plus 92 days; and**  **D\_HCDP\_BGN\_DT < LVM4 Enrollment 1 End Date** | | **Corrected enrollment dates:** Do NOT Add Segment. Change latest LVM4 segments:  - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT  - LVM4 Enrollment 1 End=VM4 D\_HCDP\_END\_DT | |
| 10 | Not in (M,Z,0) | - VM4 MDR\_ACV=LVM4 ACV; and  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD = LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 DMISID; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | | | LVM4 End Date + 1 day => VM4 D\_HCDP\_BGN\_DT > LVM4 Enrollment 1 Begin Date **plus 92 days** | | **Extended enrollment:** Do NOT Add Segment. Change latest LVM4 segments:  - LVM4 Enrollment 1 End=VM4 D\_HCDP\_END\_DT | |
| 11 | Not in (M,Z,0) | No enrollment segment in LVM4 | | | | | **New enrollment.** Add segment  - LVM4 ACV=VM4 MDR\_ACV - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT - LVM4 Enrollment 1End=VM4 D\_HCDP\_END\_DT    If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - PCMID=VM4 D\_MI\_PCM\_ID | |
| 12 | Not in (M,Z,0) | - VM4 ACV not equal LVM4 ACV; or  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not equal LVM4 HCDP; or  - (if LVM4 ACV not R) VM4 D\_MI\_ PCM\_EDVSN\_DMIS\_ID not equal LVM4 DMISID; or  -(if LVM4 ACV not R) VM4 - D\_MI\_PCM\_ID not equal LVM4 PCMID | | | **No Overlap:** VM4 D\_HCDP\_BGN\_DT > LVM4 Enrollment 1 End Date | | **New enrollment, not overlapping date windows** Add segments - LVM4 ACV=VM4 MDR\_ACV - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT - LVM4 Enrollment 1End=VM4 D\_HCDP\_END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID | |

\* Use MDR\_FY\_END\_ACV when updating LVM4 with VM4 snapshot extracts from months after FY End

#### Exhibit G-8: Logic for Updating Enrollment Information Segments of LVM4

| **Case** | **VM4 MDR\_ACV\*** | **ACV Test** | **DMISID, HCDP, PCMID Test** | **ACV Date Test** | | **Action** |
| --- | --- | --- | --- | --- | --- | --- |
| 13 | Not in (M,Z,0) | - VM4 ACV not equal LVM4 ACV; or  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not equal LVM4 HCDP; or  - (if LVM4 ACV not R) VM4 D\_MI\_ PCM\_EDVSN\_DMIS\_ID not equal LVM4 DMISID; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID not equal LVM4 PCMID | | **Overlap:** LVM4 Enrollment 1 Begin Date < VM4 D\_HCDP\_BGN\_DT<= LVM4 Enrollment 1 End Date; and  VM4 D\_HCDP\_END\_DT>= LVM4 Enrollment 1 Begin Date | **New enrollment, with overlapping date windows** Change latest segments - LVM4 Enrollment 1 End=VM4 D\_HCDP\_BGN\_DT – 1 day  Add segments - LVM4 ACV=VM4 MDR\_ACV - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT - LVM4 Enrollment 1 End=VM4 D\_HCDP\_ END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID | |
| 14 | Not in (M,Z,0) | - VM4 MDR\_ACV=LVM4 ACV; and  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD = LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 DMISID; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | | VM4 D\_HCDP\_BGN\_DT = LVM4 Enrollment 1 Begin; and VM4 D\_HCDP\_END\_DT = LVM4 Enrollment 1 End | **No change.** No change | |
| 15 | Not in (M,Z,0) | - VM4 MDR\_ACV not equal LVM4 ACV; or  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not equal LVM4 HCDP; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID not equal LVM4 Enrollment DMISID; or  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID not equal LVM4 PCM ID | | VM4 D\_HCDP\_BGN\_DT <= LVM4 Enrollment 1 Begin; | **Correction of enrollment information with earlier begin date.** Do NOT Add Segments. Change latest LVM4 segments:  - LVM4 ACV=VM4 MDR\_ACV - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT - LVM4 Enrollment 1 End=VM4 D\_HCDP\_ END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID | |
| 16 | Not in (M,Z,0) | - VM4 MDR\_ACV=LVM4 ACV; and  - VM4 D\_MI\_HCDP\_PLN\_CVG\_CD = LVM4 HCDP; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_EDVSN\_ DMIS\_ID = LVM4 DMISID; and  - (if LVM4 ACV not R) VM4 D\_MI\_PCM\_ID = LVM4 PCM ID | | VM4 D\_HCDP\_BGN\_DT > LVM4 End Date + 1 day | **New Enrollment at same location** Add segments - LVM4 ACV=VM4 MDR\_ACV - LVM4 HCDP=VM4 D\_MI\_HCDP\_PLN\_CVG\_CD - LVM4 Enrollment 1 Begin=VM4 D\_HCDP\_BGN\_DT - LVM4 Enrollment 1End=VM4 D\_HCDP\_END\_DT  If VM4 D\_MI\_HCDP\_PLN\_CVG\_CD not in TRS:  - LVM4 DMISID=VM4 D\_MI\_PCM\_EDVSN\_DMIS\_ID  - LVM4 PCMID=VM4 D\_MI\_PCM\_ID | |

\* Use MDR\_FY\_END\_ACV when updating LVM4 with VM4 snapshot extracts from months after FY End

**G.8.3 Updating LVM4 with post-FY VM4 Snapshot months**

VM4 extracts from after the end of the FY may be used to update the LVM4 for a given FY. For existing LVM4 records, only enrollment segments change: other changeable demographic segments and stable demographic fields are not changed in this case. New records shall be added, but only for VM4 records reporting enrollment prior to the end of the fiscal year.

1. Appendix 1 written by EI/DS and subsequently modified by HPA&E (July 02 modification) [↑](#footnote-ref-1)
2. Each beneficiary may be in the VM4 multiple times with different Sponsor SSNs. The intent here is to ensure that at least one of the Sponsor SSNs contained in the L-VM4 is the actual sponsor at the time of eligibility where the Primary Record=1. The possibility exists for these fields to change within the fiscal year. [↑](#footnote-ref-2)