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Comprehensive Ancillary Data Record Extract (CADRE) Pharmacy – Basic for the

MHS Data Repository (MDR)

(Version 1.00.00)

Current Specification

**Revision History**

| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| --- | --- | --- | --- | --- |
| 1.00.00 | 08/15/2012 | S. Keane | Entire document | * Initial document. |

# Comprehensive Ancillary Data Record Extract (CADRE) Pharmacy – Basic for MDR

1. Source

Data capture system: Composite Health Care System (CHCS).

1. Transmission (Format and Frequency)

Transmission of the feeds occurs daily from the CHCS to the EI/DS Feed Node, where they are batched and submitted weekly for MDR processing. The feed is sent in ASCII format with caret (^) delimiter between fields.

1. Organization and Batching

* CADRE Pharmacy data in the MDR are organized into fiscal year files. The fiscal year is determined by Date of Service.
* CADRE Pharmacy feeds are processed weekly. Raw data batches are harvested, processed, and appended/updated to/in the master file. If a feed is received from a fiscal year not being processed that month, they will be held to batch with all other data received prior to that year’s next update batch.
* Frequency of updates:
  + Current FY: weekly
  + Prior FY: TBD.
  + All years prior to prior FY: TBD.
* Archiving (APUB): Use routine archiving rules and procedures of the MDR.

1. Receiving Filters

Each submission to the Pharmacy Basic file contains three types of records (based on Process Flag): New, Updated, or Cancellation of records previously sent. Appendix A specifies the user events or system initiated events that result in a data record being included in a file transmission to the MDR. Keep only the most recent record that is a) complete and b) non-duplicate of a current or previously transmitted record.

A filter should be constructed to remove incomplete records to an error file in case investigation is required. That is, remove from further processing records in which required fields are missing, incomplete, or unusable. Required fields, for Pharmacy Basic file include: CHCS Host DMIS ID, Record Type= “P”, Process Flag, Prescription Number, Fill Number, Date of Service, Performing DMIS ID, Extract File Date.

1. Update Process

Each prescription record will include a unique identifier. This unique identifier or key is defined as the combination of CHCS Host DMIS ID, Prescription Number, Fill Number, and Extract File Date (extracted from the File Name). Duplicate records, defined as those with the same key are deleted.

In general, the update process involves appending the most recent transaction (based on Extract File Date) of a given record to the existing data file(s).

To apply the update: append newly received records onto the existing Basic Pharmacy file. If a record exists in both the Basic Pharmacy file and new feed, retain the record that has the most recent transaction date (based on Extract File Date).

1. Field Transformations and Deletions for MDR Core Database

Not applicable.

1. MDR CADRE Basic Pharmacy File Layout and Content

| **MDR Name** | **SAS Format** | **Source Position** | **SAS Name** | **Derivation** |
| --- | --- | --- | --- | --- |
| Record Number | $6. | 1 | recno | No Derivation. |
| CHCS Host DMIS ID | $4. | 2 | chcsdmis | No Derivation. |
| Record Type | $1. | 3 | rectype | No Derivation. |
| Process Flag | $1. | 4 | procflg | No Derivation. |
| Patient IEN | $20. | 5 | patein | No Derivation. |
| Patient Age | $3. | 6 | patage | No Derivation. If "0Y" then change to 0. Else leave as is. |
| Patient Category Code | $3. | 7 | patcat1 | No Derivation. |
| Patient HCDP Code | $3. | 8 | pathcdp | No Derivation. |
| Register Number | $12. | 9 | regno | No Derivation. |
| Appointment IEN | $20. | 10 | apptien | No Derivation. |
| Appointment Match Indicator | $3. | 11 | apptmatch | No Derivation. |
| Order ID | $12. | 12 | orderid | No Derivation. |
| Order Date/Time | yymmdd8. | 13 | orddate | Change MMDDYYYYHHMM to YYYYMMDD. |
| Prescribing Provider IEN | $20. | 14 | provein | No Derivation. |
| Order Requesting Location DMIS ID | $4. | 15 | orddmis | No Derivation. |
| Order Requesting Location MEPRS Code | $4. | 16 | ordmeprs | No Derivation. |
| Prescription Number | $13. | 17 | rxno | No Derivation. |
| Fill Number | $2. | 18 | fillno | No Derivation. |
| Quantity Dispensed | 10.2 | 19 | qty | Divide by 100 as value has implied decimal point. Example 10.00 will be transmitted as 1000 and 22.35 will be transmitted as 2235. |
| Number of Days supplied | comma. | 20 | days | No Derivation. |
| NDC Number | $11. | 21 | ndcno | No Derivation. |
| NCPDP Compound Code Indicator | $1. | 22 | ncpdpcd | No Derivation. |
| NDC Number Status | $1. | 23 | ndcstat | No Derivation. |
| NDC Rate | 7.2 | 24 | ndcrate | Divide by 100 as value has implied decimal point. Example 10.00 will be transmitted as 1000 and 10222.35 will be transmitted as 1022235. |
| Date Of Service | yymmdd8. | 25 | servdate | Change MMDDYYYY to YYYYMMDD. |
| Date of Cancellation | yymmdd8. | 26 | cancdate | Change MMDDYYYY to YYYYMMDD. |
| Date Returned to Stock | yymmdd8. | 27 | stckdate | Change MMDDYYYY to YYYYMMDD. |
| Performing DMIS ID | $4. | 28 | perfdmis | No Derivation. |
| Performing Group DMIS ID | $4. | 29 | pgrpdmis | No Derivation. |
| NCPDP Pharmacy ID Number | $7. | 30 | ncpdp | No Derivation. |
| Pharmacy Dispensing Location NPI | $10. | 31 | rxnpi | No Derivation. |
| Pharmacy Dispensing Location NPI Type | $1. | 32 | rxnpicd | No Derivation. |
| Number of Refills Authorized | comma. | 33 | refills | No Derivation. |
| Patient FMP | $2. | 34 | patfmp | No Derivation. |
| Sponsor SSN | $9. | 35 | sponssn | No Derivation. |
| Patient Identifier | $10. | 36 | patid | No Derivation. |
| OHI Indicator | $1. | 37 | ohi | No Derivation. |
| PATCAT subcategory | $1. | 38 | patcat2 | No Derivation. |
| Patient SSN | $9. | 39 | patssn | No Derivation. |
| Prescribing Provider NPI type 1 | $10. | 40 | provnpi | No Derivation. |
| Prescribing Provider SSAN | $9. | 41 | provssn | No Derivation. |
| Prescribing Provider EDI-PN | $10. | 42 | provid | No Derivation. |
| Prescribing Provider HIPAA taxonomy | $10. | 43 | provhip | No Derivation. |
| PDTS Prescription Number | $12. | 44 | rxno2 | No Derivation. |
| Extract File Date | yymmdd8. |  | filedate | Extract Creation Date/Time from the Pharmacy File Name used by CHCS. Position 21-32 from left of 50 character field. For example, given CADRE\_1070\_0124\_PHR\_201203121054.20120312\_20120312, extract “201203121054”. Store as numeric (SAS date). Will keep the most recent record using this date. |
| Initial Processing Date | yymmdd8. |  | procdate | Set to the initial date that this record was processed for the MDR. Store as numeric (SAS date). |
| Master Change Date | yymmdd8. |  | chgdate | Set to the most recent date that **any data element** was changed. For records that never change, this will be equal to the initial processing date. Store as numeric (SAS date). |
| Master Change Code | $1 |  | chgcode | Record type after processing. N = a newly-added record; U= a record that was modified/updated since the last processing cycle; X= a new cancellation record; blank = a record that was not modified since the last processing cycle, e.g. record already exists. |
| CBER Change Code Date | yymmdd8. |  | cberdate | Set to the most recent date that any **CBER required** data element was changed. Value should equal either Initial Processing date or Master Change Date (if different). Store as numeric (SAS date). A list of CBER Required Fields appears in Appendix B of this document. |
| CBER Change Code Flag | $1 |  | cbercode | Tracks record status through process and relative to the last record. Values are: Blank = Record exists in Master U=Record changed and represents update to Master N=Record is new, not before seen in Master. |
| Calendar Month | $2 |  | cm | Derived from Date of Service. CM of Date of Service. |
| Calendar Year | $4 |  | cy | Derived from Date of Service. CY of Date of Service. |
| Fiscal Month | $2 |  | fm | Derived from CM of Date of Service. If CM is 10, 11, 12 then FM=CM-9. Else FM=CM+3. |
| Fiscal Year | $4 |  | fy | Derived from CY of Date of Service. If CM is 10, 11, 12 then FY=CY+1. Else FY=CY. |

1. Data Marts

M2: This data will not be visible in M2.

1. Quality Assurance

The processor should conduct weekly quality assurance checks to ensure input and output data are valid, complete, and reliable. At a minimum, the processor should:

* Compare weekly raw data row counts to ensure data are consistent with previous weekly raw data feeds.
* Ensure pre-processing data subtotals equal post-processing data subtotals.
* Evaluate post-processing values for data that appear out of the ordinary, or not consistent with SME expected values (face validity).

**Appendix A: Pharmacy Record Triggering Events**

The following table specifies the user events or system initiated events that will result in a data record being included in a file transmission to MDR.

| **Process Flag[[1]](#footnote-1)** | **Triggering Event** |
| --- | --- |
| N | A new or refill prescription label is printed. |
| N | A prescription order is manually entered. |
| U | A label is printed for an edited prescription, after one or more of the following parameters has been edited: ***quantity, days supply, drug, or provider.*** |
| U | When it is known that a partial prescription will NOT be completed, a message is sent with just the quantity that was dispensed. This is an update to the N record that reported the full quantity prescribed. |
| C | When a prescription is cancelled. |
| C | When a prescription order is marked ‘non compliant’. |
| C | When a prescription is discontinued after a label has been printed, but before the prescription has been dispensed to the patient. |
| C | When a label has been printed for a prescription, and subsequently, the prescription is forwarded to another pharmacy within the MTF. |

**Appendix B: CBER Required Fields**

The following table lists "CBER Required Fields". CBER Required Fields are pharmacy elements needed for NCPDP Billing. When adding new records or updating/modifying existing records to the Pharmacy Basic file that involve CBER Required Flags, use the "CBER Change Code Flag" field to indicate the change. "CBER Change Code Flag" has three values: Blank = Record exists in Master U=Record changed and represents update to Master N=Record is new, not before seen in Master. In addition, the "CBER Change Code Date" field should be set to the most recent date that any CBER required data element was changed.

| **MDR Name** | **Source Position** |
| --- | --- |
| CHCS Host DMIS ID | 2 |
| Patient Category Code | 7 |
| Appointment IEN | 10 |
| Appointment Match Indicator | 11 |
| Order Date/Time | 13 |
| Prescription Number | 17 |
| Fill Number | 18 |
| Quantity Dispensed | 19 |
| Number of Days supplied | 20 |
| NDC Number | 21 |
| NCPDP Compound Code Indicator | 22 |
| Date Of Service | 25 |
| Date of Cancellation | 26 |
| Date Returned to Stock | 27 |
| Performing DMIS ID | 28 |
| NCPDP Pharmacy ID Number | 30 |
| Pharmacy Dispensing Location NPI | 31 |
| Number of Refills | 33 |
| Patient FMP | 34 |
| Sponsor SSN | 35 |
| Patient Identifier | 36 |
| OHI Indicator | 37 |
| PATCAT subcategory | 38 |
| Patient SSN | 39 |
| Prescribing Provider NPI type 1 | 40 |
| Prescribing Provider SSAN | 41 |
| Prescribing Provider EDI-PN | 42 |

1. N = New Record, C = Cancelled Record, U = Updated Record [↑](#footnote-ref-1)