**20 June 2014**

CHCS Other Health Insurance (OHI) Table

for the

Centralized Billing Event Repository

In the MHS Data Repository (MDR)

(Version 1.08.00)

 Future Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| 1.01.00 | 5/25/2011 | W. Funk | * Initial publication
 | * Initial version
 |
| 1.02.00 | 12/19/2011 | W. Funk | * Section 6 and Table 3
 | * Added update rules.
* Added “file date”
 |
| 1.03.00 | 3/16/2012 | W. Funk | * All
 | * Added DMDC feeds as initial source.
 |
| 1.04.00 | 4/18/2012 | W. Funk | * Section 4
* Section 6
* Appendix
 | * Modified file names.
* Added update rules (still draft)
* Added appendix to describe pre-processing of the DMDC feed to shape it like the CHCS feed.
 |
| 1.05.00 | 5/31/2012 | W. Funk | * Section 4, 6 and 10
* Table 2
 | * Modified update logic.
* Added three new data elements.
* Added quality review requirements.
* Added a requirement to remove unprintable characters from the feed.
 |
| 1.06.00 | 9/26/2012 | V. Badurova, K. Hofmann | * Section 6
* Table 2
* Appendix A
* Section 7
* Section 8
 | * Updated field unprocurable through MPI macro
* Modified number of repeated loops
* Updated incoming filters
* Updated Business Rules
 |
| 1.07.00 | 10/15/2012 | K. Hofmann | * Section 6
 | * Change update process, specifically concerning Demographic Records
 |
| 1.07.01 | 9/21/2013 | W. Funk | * Section 3
* Section 12
 | * Added reference to the Service text output
* Described the Service text output
 |
| 1.08.00 | 6/20/2014 | K. Hofmann | * Section 6
* Section 7
* Table 2
* Table3
* Section 12
 | * Removed Transaction Date and Time as a part of the record key, and instead use it as a tie-breaker
* Added detail on how to use 800 SSN fields in demographic records
* Added rule to filter out bad coverage dates
* Added 800 SSN fields
* Added initial processing date
* Added detail about delimiter and update process for Service text file
 |

**CHCS Other Health Insurance (OHI) Processing for the CBER**

1. Background:

The Centralized Billing Event Repository (CBER) is intended to assist the Services in billing other payors for services provided in Military Treatment Facilities (MTFs). The OHI table includes information about insurance policies that MHS beneficiaries have. The initial “seed” file to prepare this data set was provided by the Defense Manpower Data Center (DMDC), but updates are provided from the CHCS Hosts.

1. Source:

The primary data feeds for the OHI file are:

* The DMDC OHI feed is described in Appendix A.
* CHCS OHI data are feeds described in ICD XX.
1. Transmission (Format and Frequency):

The DMDC seed file was provided via secure FTP on XXX. The CHCS data feeds are transmitted daily to the MDR feed node, according to the rules specified in interface control document (ICD) XX. The transfer shall occur via secure ftp. The OHI feeds must be named so that the CHCS Host that sends the feed can be identified as well as the file date. Details of file transfer must be coordinated with the DHSS program office. An attempt should be made when developing the initial OHI database to ensure that all CHCS updates have been received since two days before (to allow for timing differences) the transmission of the DMDC Seed File.

1. Organization and Batching

Source Data: The first step in MDR processing is to store the raw files in

*mdr/raw/cber/filename from ICD*

CBER processing will occur on a weekly basis. Records will be batched and made available for processing each *pick-a-day DHSS*. The initial batch will contain the first week of feed data. Thereafter, batches will include all feeds that have been sent since the previous batching. Unprintable characters should be removed from data prior to submission for processing.

Output Products: The CBER OHI processor produces the data file stored in: mdr/pub/cber/ohi.sds. The CBER OHI processor will also produce a text file for the Services. This file is described in Section XII.

Archival of files is also required, so that corresponding “apub” and other files (e.g., log, aprod, etc) are also loaded into the CBER according to routine operating procedures (as with MDR).

1. Receiving Filters

No filters were applied to the DMDC seed data. Filters are applied to the CHCS data as specified in ICD XX.

1. Update Process

The initial DMDC OHI file requires pre-processing to initialize the MDR CBER OHI file. This pre-processing involves the use of the MDR Master Person Index (MPI) Macro to append person identifying information for both the subscriber and the patient, as noted in Table 1. Also, the MDR Address file must be applied, using the merge rules specified in Table 1. Once the initial file has been prepared, updates from CHCS will be applied each week, beginning with the day after the initial DMDC feed was provided.

Each week, daily OHI records from each CHCS host are batched *in the order that they arrive[[1]](#footnote-1)*. The key to the OHI File is a combination of Patient SSN, Carrier (HIC) ID, Policy ID, Policy Effective Date, and Policy End Date~~, Transaction Date, and Transaction Time~~. CHCS Feed data should be deduplicated prior to application to the master dataset by the record key noted above, keeping only the most recently reported record (using Transaction Date and Time as the first tie-breaker, and then File Date as the second tie-breaker). If there are still duplicates, then the record with the lowest CHCS Host ID is retained.

There are two types of CHCS OHI records (based on field #3, “Record Type”), and these are handled differently in the update process. Demographic records are always updates to existing records, and only ‘demographic’ data elements are populated in these records (Fields 1-29, and sometimes 73-76). OHI records contain the complete set of fields.

Application of Demographic Record Updates:

Demographic records are matched to existing CBER records by CHCS Host DMISID and Patient IEN. Demographic records should only be matched to records that have come from CHCS (Current Record Source = “C”). If a match is found, the information in fields 1-29 and 73-76 of the matched master records are replaced with what is reported on the feed record~~, with the exception of field 4 (Transaction Date and Transaction Time)~~. If fields 73-76 are blank on the feed record, and non-blank on the master record, the non-blank values from the master records should be retained. If no match is found, the feed record is not incorporated into the master database.

Application of OHI Records (New Records and Update Records)

Feed records are sorted in order of record key, as is the master database. If Patient SSN is blank, merge the record to the MPI (by Sponsor SSN, FMP, Patient DOB) to obtain Patient SSN. OHI feed records are appended to the master database and only the most recently reported record (based on the record ID) is retained.

Once the master data set has been updated with the CHCS feed, only CHCS records (Current Record Source = “C”) should be merged to the MPI or DEERS by Patient SSN to get Patient EDI\_PN. DMDC records (Current Record Source = “D”) should not be merged.

1. Field Transformations and Deletions for MDR Core Database

Eight records in the DMDC data that were fully duplicate were removed.

Every coverage must have a valid OHI Coverage Effective Date (i.e., one that can be converted to a SAS date without generating a missing value), or that coverage is removed. Coverages with no OHI Coverage End Date are assumed to be open-ended. If both the Effective Date and End Date are populated, the Effective Date must be less than or equal to the End Date, or that coverage is removed. This rule applies to data from both CHCS and DMDC.

Per direction of DHCAPE, any coverage that had an OHI Coverage End Date before FY09 (October 1, 2008) was deleted. Then, any record that had no remaining coverages was removed. The total number of coverages per record was limited to 5, but the variable “Num Coverage Types Total” contains the number of coverages (since FY09) before this step. The first five reported coverages for each record are kept.

The following fields from the DMDC feed were deleted, per direction of DHCAPE: OHI\_TXN\_SYS\_ID, OHI\_TXN\_SYS\_NM, HIC\_NM, OHI\_ERSN\_CD, OHI\_PH\_FLNM\_TX, OHI\_PH\_SRNM\_TX, OHI\_PH\_FRNM\_TX, and OHI\_PH\_MDNM\_TXT.

Business rules for appended fields are contained in the table in Appendix A.

1. Record Layout and Content

The table below describes the content of the CBER Other Health Insurance SAS dataset.

**Table 2: CBER OHI Dataset Structure and Business Rules**

| **Data Element** | **SAS Name** | **Format** | **Order in Delimited CHCS**  | **Business Rule** |
| --- | --- | --- | --- | --- |
| Record Number | rec\_id | $10 | 1 | No transformation. |
| CHCS Host DMISID | Dmisid | $4  | 2 | Use CHCS Host DMISID from CHCS feed. (unless this is found to not be padded w/ leading zeroes, then pad). |
| Record Type | Rectype | $1  | 3 | No transformation  |
| Transaction Date | tx\_date | CCYYMMDD | 4 | Format first 8 characters as: CCYYMMDD |
| Transaction Time | tx\_time | HHMMSS | 4 | Format last 6 characters as: HHMMSS |
| Patient IEN | Patien | $20  | 5 | No transformation. |
| ~~Patient EDI\_PN~~ | ~~edi\_pn~~ | ~~$10~~  |  | ~~Merge via DEERS or MPI if possible.~~ |
| Patient Name | Patname | $70 | 6 |  Format to $70 |
| Patient FMP | Fmp | $2  | 7 | No transformation. |
| Sponsor SSN | Sponssn | $9  | 8 | No transformation. |
| Patient SSN | Patssn | $9 | 9 | No transformation. |
| Patient DOB | Patdob | CCYYMMDD | 10 | Format as CCYYMMDD. |
| Patient Address, Line 1 | address1 | $36  | 11 | No transformation. |
| Patient Address, Line 2 | address2 | $36  | 12 | No transformation. |
| Patient City | City | $20  | 13 | No transformation. |
| Patient State | State | $2  | 14 | No transformation. |
| Patient Country | Country | $2  | 15 | No transformation. |
| Patient Zip Code | Zip | $5  | 16 | No transformation. |
| Patient Home Phone | phone\_home | $14  | 17 | No transformation. |
| Patient Work Phone | phone\_work | $18  | 18 | No transformation. |
| Patient Sex | Sex | $1  | 19 | No transformation. |
| Marital Status | Marital | $1  | 20 | No transformation. |
| Patient Category Code | Patcat | $3  | 21 | No transformation. |
| HCDP Code | Hcdp | $3  | 22 | No transformation. |
| Enrollment DMISID | enroll\_mtf | $4  | 23 | No transformation. |
| PCM Code | pcm\_code | $2  | 24 | No transformation. |
| PCM ID (Placeholder) | pcm\_id | $18  | 25 | No transformation. |
| PCM ID Type | pcm\_id\_type | $1  | 26 | No transformation. |
| Enrollment Status (Placeholder) | Enrstat | $1  | 27 | No transformation. |
| Medicare Eligibility Status (Placeholder) | med\_elg | $1  | 28 | No transformation. |
| Medicare Coverage | Medicare | $1  | 29 | No transformation. |
| Policy IEN | policy\_ien | N | 30 | No transformation. |
| Policy Identifier | policy\_id | $20  | 31 | No transformation. |
| Carrier Identifier | Carrier | $9  | 32 | No transformation. |
| Policy Effective Date | policy\_beg | CCYYMMDD | 33 | Reformat as CCYYMMDD. |
| Policy End Date | policy\_end | CCYYMMDD | 34 | Reformat as CCYYMMDD. |
| Insurance Type Code | ins\_type | $2  | 35 | No transformation. |
| Claim Filing Code | claim\_type | $2  | 36 | No transformation. |
| Card Holder Identifier | card\_id | $20  | 37 | No transformation. |
| Person Association Code | Parc | $2  | 38 | No transformation. |
| Subscriber Name | sub\_name | $70  | 39 | No transformation. |
| Subscriber FMP | sub\_fmp | $2  | 40 | No transformation. |
| Subscriber SSN | sub\_ssn | $9  | 41 | No transformation. |
| Subscriber DOB | sub\_dob | $8  | 42 | No transformation. |
| Subscriber Gender | sub\_sex | $1  | 43 | No transformation. |
| Subscriber Address, Line 1 | sub\_address1 | $36  | 44 | No transformation. |
| Subscriber Address, Line 2 | sub\_address2 | $36  | 45 | No transformation. |
| Subscriber City | sub\_city | $30  | 46 | No transformation. |
| Subscriber State | sub\_state | $2  | 47 | No transformation. |
| Subscriber Country | sub\_country | $2  | 48 | No transformation. |
| Subscriber Zip Code | sub\_zip | $5  | 49 | No transformation. |
| Subscriber Telephone | sub\_phone | $20  | 40 | No transformation. |
| Group Plan Name | grp\_name | $35  | 51 | No transformation. |
| Group Policy ID | grp\_policy | $17  | 52 | No transformation. |
| Group Employer Name | grp\_emp | $35  | 53 | No transformation. |
| Group Employer Address, Line 1 | emp\_address1 | $50  | 54 | No transformation. |
| Group Employer Address, Line 2 | emp\_address2 | $50  | 55 | No transformation. |
| Group Employer City | emp\_city | $30  | 56 | No transformation. |
| Group Employer State | emp\_state | $2  | 57 | No transformation. |
| Group Employer Country | emp\_country | $2  | 58 | No transformation. |
| Group Employer Zip | emp\_zip | $5  | 59 | No transformation. |
| Group Employer Zip Ext | emp\_zip\_ext | $4  | 60 | No transformation. |
| Group Employer Phone | emp\_phone | $20  | 61 | No transformation. |
| Group Employer Phone Ext | emp\_phone\_ext | $5  | 62 | No transformation. |
| Num Coverage Types | numcvg | N | 63 | Limit to 5 or fewer. |
| Num Coverage Types total | numcvg\_t | N | 63 | No transformation. Total number of coverages (after FY09) |
| OHI Cvg Type *n* (n=1 to 5) | ohi\_type*n* | $2  | 64 | No transformation. |
| OHI Cvg Effective Date *n* (n=1 to 5) | ohi\_begin*n* | YYYYMMDD | 65 | Reformat. MMDDYYYY in feed |
| OHI Coverage End Date *n* (n=1 to 5) | ohi\_end*n* | YYYYMMDD | 66 | Reformat. MMDDYYYY in feed |
| OHI Coverage Precedence Code *n* (n=1 to 5) | ohi\_prec*n* | $1  | 67 | No transformation. |
| OHI Coverage Payer Type *n* (n=1 to 5) | ohi\_paytype*n* | $1  | 68 | No transformation. |
| HIC Coverage Type Code *n* (n=1 to 5) | hic\_type*n* | $2  | 69 | No transformation. |
| HIC Payer Type *n* (n=1 to 5) | hic\_paytype*n* | $1  | 70 | No transformation. |
| Payor Number (PCN) | payor\_num | $10  | 71 | No transformation. |
| BIN Number | bin\_num | $6 | 72 | No transformation. |
| Sponsor Person ID Type Code | sponssn\_typ | $1 | 73 | No transformation. |
| Patient Person ID Type Code | patssn\_typ | $1 | 74 | No transformation. |
| Patient DoD ID Number (EDI\_PN) | edi\_pn | $10 | 75 | No transformation. If not available in raw data, merge from DEERS or MPI if possible. |
| Sponsor DoD ID Number (EDI\_PN) | spon\_edi\_pn | $10 | 76 | No transformation. |
| File Date | file\_dt | From Header | N/A | Date taken from header in feed record. |
| Original Record Source | Orec | $1 | N/A | Set to “D” if the original record comes from DMDC, set to “C” if from “CHCS”. |
| Current Record Source | Crec | $1 | N/A | If the record has never been updated in CBER, set to orec. Else set to “D” if the most recent record source (based on update process) is from DMDC, else set to “C” |
| Last CBER Update Date | Last\_updt | CCYYMMDD | N/A | Set to the most recent date that this record was affected in CBER processing. |
| Initial CBER Processing Date | initdate | CCYYMMDD | N/A | Set to the date that this record was first affected or introduced in CBER processing. |

1. Refresh Frequency

Weekly

1. Quality Review Requirements

In order to ensure processing is done correctly, several basic quality review requirements are presented in this section.

1. The first 10 rows of output should be manually inspected with each process to ensure that expected values are appearing in the data.
2. A spreadsheet will be maintained to track record flows through the process. This spreadsheet will include, but not be limited to, the number of records in the master dataset before processing, the number of records in the feed, the number of records after deduplicating the feeds, the number of new records, the number of update records, and the number of records in the final dataset.
3. When developing the processor, frequency distributions should be reviewed for each element, based on whether the data came from DMDC or CHCS. Any differences in formatting should be reported to the functional specification author, prior to release of data.
4. Data feeds shall be tracked to ensure that feeds are received from each CHCS host each day. Feeds that are not received should be investigated in the same manner as other CHCS-based feed data.
5. Data Marts

N/A

1. Special Outputs

The CBER OHI SAS dataset is written as a ^-delimited ~~to~~ text ~~format~~ file, for provision to the Services. This file is prepared every time the CBER OHI processor is run. The format of the table is described in table 3.

The Service text file will only include newly updated or added records, based on LAST\_UPDT. Although demographic updates only update part of each record, any record that is updated in any way will have the full record included in the Service text file. Each time the Service text file is produced, it will include all records with a value of LAST\_UPDT more recent than the previous Service text file's latest value for LAST\_UPDT.

Table 3: Format of Service text file output

| **Domain** | **Data Element Name** | **Output Position** | **Format** | **Rule** |
| --- | --- | --- | --- | --- |
| Person Information | Patient DoD ID Number (EDI\_PN) | 1 | $10  | edi\_pn |
| Person Information | Patient Name | 2 | $70  | patname |
| Person Information | Patient FMP | 3 | $2  | fmp |
| Person Information | Sponsor SSN | 4 | $9  | sponssn |
| Person Information | Patient SSN | 5 | $9  | patssn |
| Person Information | Patient DOB | 6 | CCYYMMDD | patdpb |
| Person Information | Patient Address, Line 1 | 7 | $36  | address1 |
| Person Information | Patient Address, Line 2 | 8 | $36  | address2 |
| Person Information | Patient City | 9 | $20  | city |
| Person Information | Patient State | 10 | $2  | state |
| Person Information | Patient Country | 11 | $2  | country |
| Person Information | Patient Zip Code | 12 | $5  | Zip |
| Person Information | Patient Home Phone | 13 | $14  | phone\_home |
| Person Information | Patient Work Phone | 14 | $18  | phone\_work |
| Person Information | Patient Sex | 15 | $1  | sex |
| Person Information | Marital Status | 16 | $1  | marital |
| Person Information | Patient Category Code | 17 | $3  | patcat |
| Medicare | Medicare Coverage | 18 | $1  | medicare |
| Policy Information | Policy IEN | 19 | N | policy\_ien |
| Policy Information | Policy Identifier | 20 | $20  | policy\_id |
| Policy Information | Carrier Identifier | 21 | $9  | Carrier |
| Policy Information | Policy Effective Date | 22 | CCYYMMDD | policy\_beg |
| Policy Information | Policy End Date | 23 | CCYYMMDD | policy\_end |
| Policy Information | Insurance Type Code | 24 | $2  | ins\_type |
| Policy Information | Claim Filing Code | 25 | $2  | claim\_type |
| Policy Information | Card Holder Identifier | 26 | $20  | card\_id |
| Subscriber Information | Person Association Reason Code | 27 | $2  | parc |
| Subscriber Information | Subscriber Name | 28 | $70  | sub\_name |
| Subscriber Information | Subscriber FMP | 29 | $2  | sub\_fmp |
| Subscriber Information | Subscriber SSN | 30 | $9  | sub\_ssn |
| Subscriber Information | Subscriber DOB | 31 | $8  | sub\_dob |
| Subscriber Information | Subscriber Gender | 32 | $1  | sub\_sex |
| Subscriber Information | Subscriber Address, Line 1 | 33 | $36  | sub\_address1 |
| Subscriber Information | Subscriber Address, Line 2 | 34 | $36  | sub\_address2 |
| Subscriber Information | Subscriber City | 35 | $30  | sub\_city |
| Subscriber Information | Subscriber State | 36 | $2  | sub\_state |
| Subscriber Information | Subscriber Country | 37 | $2  | sub\_country |
| Subscriber Information | Subscriber Zip Code | 38 | $5  | sub\_zip |
| Subscriber Information | Subscriber Telephone | 39 | $20  | sub\_phone |
| Group Information | Group Plan Name | 40 | $35  | grp\_name |
| Group Information | Group Policy ID | 41 | $17  | grp\_policy |
| Group Information | Group Employer Name | 42 | $35  | grp\_emp |
| Group Information | Group Employer Address, Line 1 | 43 | $50  | emp\_address1 |
| Group Information | Group Employer Address, Line 2 | 44 | $50  | emp\_address2 |
| Group Information | Group Employer City | 45 | $30  | emp\_city |
| Group Information | Group Employer State | 46 | $2  | emp\_state |
| Group Information | Group Employer Country | 47 | $2  | emp\_country |
| Group Information | Group Employer Zip | 48 | $5  | emp\_zip |
| Group Information | Group Employer Zip Ext | 49 | $4  | emp\_zip\_ext |
| Group Information | Group Employer Phone | 50 | $20  | emp\_phone |
| Group Information | Group Employer Phone Ext | 51 | $5  | emp\_phone\_ext |
| Pharmacy Information | Payor Number (PCN) | 52 | $10  | payor\_num |
| Pharmacy Information | BIN Number | 53 | $6  | bin\_num |
| Housekeeping | Last CBER Update Date | 54 | CCYYMMDD | Last\_updt |
| Housekeeping | Initial CBER Processing Date | 55 | CCYYMMDD | initdate |
| Housekeeping | Sponsor Person ID Type Code | 56 | $1 | sponssn\_typ |
| Housekeeping | Patient Person ID Type Code | 57 | $1 | patssn\_typ |
| Coverage Information | Num Coverage Types | 58~~5~~ | N | numcvg |
| Coverage Information | Num Coverage Types total | 59~~6~~ | N | numcvg\_t |
| Coverage Information | OHI Cvg Type *n* (n=1 to 5) | 60~~57~~ + 7(n-1); n=1 to 5 | $2  | ohi\_type*n* |
| Coverage Information | OHI Cvg Effective Date *n* (n=1 to 5) | 61~~58~~ + 7(n-1); n=1 to 5 | YYYYMMDD | ohi\_begin*n* |
| Coverage Information | OHI Coverage End Date *n* (n=1 to 5) | 62~~59~~ + 7(n-1); n=1 to 5 | YYYYMMDD | ohi\_end*n* |
| Coverage Information | OHI Coverage Precedence Code *n* (n=1 to 5) | 63~~0~~ + 7(n-1); n=1 to 5 | $1  | ohi\_prec*n* |
| Coverage Information | OHI Coverage Payer Type *n* (n=1 to 5) | 64~~1~~ + 7(n-1); n=1 to 5 | $1  | ohi\_paytype*n* |
| Coverage Information | HIC Coverage Type Code *n* (n=1 to 5) | 65~~2~~ + 7(n-1); n=1 to 5 | $2  | hic\_type*n* |
| Coverage Information | HIC Payer Type *n* (n=1 to 5) | 65~~3~~ + 7(n-1); n=1 to 5 | $1  | hic\_paytype*n* |

Appendix A: DMDC Layout and Preprocessing.

The raw DMDC data are read in and stored according to the rules in table 4. Data field and derivations are performed as noted to ensure that the DMDC data is prepared to be turned into an MDR file.

**Table 4: Baseline CBER OHI Data Set (from DMDC) Structure and Business Rules**

| **Data Element** | **SAS Name** | **Format** | **Element from DMDC** | **Business Rule** |
| --- | --- | --- | --- | --- |
| Patient EDI\_PN | edi\_pn | $10 | PTNT\_ID | No transformation. |
| Transaction Date | tx\_date | CCYYMMDD | OHI\_TXN\_DT | No transformation. |
| Transaction Time | tx\_time | HHMMSS | OHI\_TXN\_TM | No transformation. |
| Carrier Identifier | carrier | $9 | HIC\_ID | No transformation. |
| Policy Identifier | policy\_id | $20 | OHI\_PLCY\_ID | No transformation. |
| Card Holder Identifier | card\_id | $20 | OHI\_CRD\_HLDR\_ID | No transformation. |
| Policy Effective Date | policy\_beg | CCYYMMDD | OHI\_EFF\_DT | No transformation. |
| Policy End Date | policy\_end | CCYYMMDD | OHI\_EXP\_DT | No transformation. |
| Insurance Type Code | ins\_type | $2 | OHI\_HIPAA\_INS\_TYP\_CD | No transformation. |
| Person Association Code | parc | $2 | OHI\_PH\_HIPAA\_PNA\_CD | No transformation. |
| Claim Filing Code | claim\_type | $2 | OHI\_CLM\_FILE\_CD | No transformation. |
| Subscriber SSN | sub\_ssn | $9 | OHI\_PH\_PN\_ID | No transformation. |
| Group Policy ID | grp\_policy | $17 | OHI\_GRP\_PLCY\_ID | No transformation. |
| Group Plan Name | grp\_name | $35 | OHI\_GRP\_PLN\_NM | No transformation. |
| Group Employer Name | grp\_emp | $50 | OHI\_GE\_NM | No transformation. |
| Group Employer Address, Line 1 | emp\_address1 | $50 | OHI\_GE\_MA\_LN1\_TX | No transformation. |
| Group Employer Address, Line 2 | emp\_address2 | $30 | OHI\_GE\_MA\_LN2\_TX | No transformation. |
| Group Employer City | emp\_city | $2 | OHI\_GE\_MA\_CTY\_NM | No transformation |
| Group Employer State | emp\_state | $2 | OHI\_GE\_MA\_ST\_CD | No transformation |
| Group Employer Country | emp\_country | $2 | OHI\_GE\_MA\_CTRY\_CD | No transformation |
| Group Employer Zip | emp\_zip | $5 | OHI\_GE\_MA\_ZIP\_CD | No transformation |
| Group Employer Zip Ext | emp\_zip\_ext | $4 | OHI\_GE\_MA\_ZIPX\_CD | No transformation |
| Group Employer Phone | emp\_phone | $20 | OHI\_GE\_TA\_LN\_ID | No transformation |
| Group Employer Phone Ext | emp\_phone\_ext | $5 | OHI\_GE\_TA\_LN\_EXT\_ID | No transformation |
| OHI Cvg Type *n* (n=1 to 5) | ohi\_type*n* | $2 | OHI\_CVG\_TYP\_CD | No transformation. Maximum of 5 coverages kept. |
| OHI Coverage Payer Type *n* (n=1 to 5) | ohi\_paytype*n* | $1 | OHI\_CVG\_PYR\_TYPE\_CD | No transformation. Maximum of 5 coverages kept. |
| HIC Coverage Type Code *n* (n=1 to 5) | hic\_type*n* | $2 | HIC\_CVG\_TYP\_CD | No transformation. Maximum of 5 coverages kept. |
| HIC Payer Type *n* (n=1 to 5) | hic\_paytype*n* | $1 | HIC\_CVG\_PY\_TYP\_CD | No transformation. Maximum of 5 coverages kept. |
| OHI Cvg Effective Date *n* (n=1 to 5) | ohi\_begin*n* | CCYYMMDD | OPC\_EFF\_DT | No transformation. Maximum of 5 coverages kept. |
| OHI Coverage End Date *n* (n=1 to 5) | ohi\_end*n* | CCYYMMDD | OPC\_END\_DT | No transformation. Maximum of 5 coverages kept. |
| OHI Coverage Precedence Code *n* (n=1 to 5) | ohi\_prec*n* | $1 | OPC\_PCDNDC\_CD | No transformation. Maximum of 5 coverages kept. |
| Payor Number (PCN) | payor\_num | $10 | OPC\_PCN\_ID | Although this field is repeated on every coverage, it is never different on different coverage loops. Keep only one instance. |
| BIN Number | bin\_num | $6 | OPC\_BIN\_ID | Although this field is repeated on every coverage, it is never different on different coverage loops. Keep only one instance. |
| Num Coverage Types | numcvg | N | N/A | Number of coverage loops that appear on this record (since FY09, maximum of 5). |
| Num Coverage Types Total | numcvg\_t | N | N/A | Total number of coverage loops that appear on this record (since FY09) |
| Record Number | rec\_id | $10 | N/A | Set to “D||*J*”, where *J* = record count |
| CHCS Host DMISID | dmisid | $4 | N/A | Set to “DMDC”. |
| Record Type | rectype | $1 | N/A | Set to “D”. |
| Patient IEN | patien | $20 | N/A | Set to blank. |
| Patient Name | patname | $70 | N/A | Merge in from Address File by EDI\_PN. |
| Patient FMP | fmp | $2 | N/A | Set to “99”. |
| Sponsor SSN | sponssn | $9 | N/A | Merge in from MPI by EDI\_PN. |
| Patient SSN | patssn | $9 | N/A | Merge in from DEERS by EDI\_PN. |
| Patient DOB | patdob | CCYYMMDD | N/A | Merge in from MPI by EDI\_PN. |
| Patient Address, Line 1 | address1 | $36 | N/A | Merge in from Address File by EDI\_PN. |
| Patient Address, Line 2 | address2 | $36 | N/A | Merge in from Address File by EDI\_PN. |
| Patient City | city | $20 | N/A | Merge in from Address File by EDI\_PN. |
| Patient State | state | $2 | N/A | Merge in from Address File by EDI\_PN. |
| Patient Country | country | $2 | N/A | Merge in from Address File by EDI\_PN. |
| Patient Zip Code | zip | $5 | N/A | Merge in from Address File by EDI\_PN. |
| Patient Home Phone | phone\_home | $14 | N/A | Merge in from Address File by EDI\_PN. |
| Patient Work Phone | phone\_work | $18 | N/A | Merge in from Address File by EDI\_PN. |
| Patient Sex | sex | $1 | N/A | Merge in from MPI by EDI\_PN. |
| Marital Status | marital | $1 | N/A | Set to blank. |
| Patient Category Code | patcat | $3 | N/A | Set to blank. |
| HCDP Code | hcdp | $3 | N/A | Set to blank. |
| Enrollment DMISID | enroll\_mtf | $4 | N/A | Set to blank. |
| PCM Code | pcm\_code | $2 | N/A | Set to blank. |
| PCM ID (Placeholder) | pcm\_id | $18 | N/A | Set to blank. |
| PCM ID Type | pcm\_id\_type | $1 | N/A | Set to blank. |
| Enrollment Status (Placeholder) | Eerstat | $1 | N/A | Set to blank. |
| Medicare Eligibility Status (Placeholder) | med\_elg | $1 | N/A | Set to blank. |
| Medicare Coverage | medicare | $1 | N/A | Set to blank. |
| Policy IEN | policy\_ien | N | N/A | Set to blank. |
| Subscriber Name | sub\_name | $70 | N/A | Set to blank. |
| Subscriber FMP | sub\_fmp | $2 | N/A | Set to “99”. |
| Subscriber DOB | sub\_dob | CCYYMMDD | N/A | Set to blank. |
| Subscriber Gender | sub\_sex | $1 | N/A | Set to blank. |
| Subscriber Address, Line 1 | sub\_address1 | $36 | N/A | Set to blank. |
| Subscriber Address, Line 2 | sub\_address2 | $36 | N/A | Set to blank. |
| Subscriber City | sub\_city | $30 | N/A | Set to blank. |
| Subscriber State | sub\_state | $2 | N/A | Set to blank. |
| Subscriber Country | sub\_country | $2 | N/A | Set to blank. |
| Subscriber Zip Code | sub\_zip | $5 | N/A | Set to blank. |
| Subscriber Telephone | sub\_phone | $20 | N/A | Set to blank. |
| File Date | file\_dt | CCYYMMDD | N/A | Set to date of DMDC feed. |
| Original Record Source | orec | $1 | N/A | Set to “D” for DMDC record. |
| Current Record Source | crec | $1 | N/A | Set to “D” for DMDC record. |
| Last CBER Update Date | last\_updt | CCYYMMDD | N/A | Set to the most recent date that this record was affected in CBER processing (i.e. the date of the DMDC feed). |

1. A file date should be added to each record during batching, representing the date of the file in which the record arrived. [↑](#footnote-ref-1)