**14 November 2016**

Designated Provider Claims

for the

MHS Data Repository (MDR)

(Version 4.00.01)

Future Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date**  | **Para/Tbl/Fig** | **Originator** | **Description of Change** |
| 1.00.00 | 12/19/2006 | * Whole document
 | L. Hopkins | * Initial versioning.
 |
| 2.00.00 | 8/04/2014 | * Field transformations and file layout
 | L. Hopkins | * Modified the deduplication logic and added a variable to identify the file date
* Added implementation of LVM and MPI macros to append demographic variables
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| 3.00.00 | 9/21/2015 | * File Layout
 | L. Hopkins | * ICD Changed so this update includes new layout to be received
 |
| 4.00.00 | 10.27.2016 | * File Layout
 | L. Hopkins | * Modified specification to differentiate layouts for feeds received prior to FY16 and those received FY16 forward
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| 4.00.01 | 11.14.2016 | * File Layout
 | L. Hopkins | * Change Member Category Code from being derived to dropped FY16 forward
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# MDR Designated Provider Claims

1. Source:

Data Capture: Apptis, the designated provider fiscal intermediary prepares the data each month and sends to the MDR. Prior to Apptis, the data were sent by the Iowa Foundation for Medical Care.

1. Transmission (Format and Frequency)

The *initial file load* is a one-time requirement. *Update files* are monthly.

1. Organization and Batching

The Designated Provider claims files are processed monthly. The files are Fiscal Year files, representing all encounters for which a record has been received in the MDR. Only data for fiscal year 2002 through the current fiscal year will be kept in the MDR.

1. Receiving Filters

N/A

1. Update Procedures
* The raw Clinical Designated Provider file contains new records, updated/corrected records and records that need to be deleted from the monthly MDR file. Records are deleted and corrected according to the following logic:
* Records in each monthly batch with the Transaction Type Code=”D” are used to purge records from the MDR file based on DMISID and Unique Patient Reference Number.
* Records in each monthly batch with the Transaction Type Code=”C” replace any previously received record with the same DMISID and Unique Patient Reference Number.
* After removing/replacing records per steps above, only the most recent version of a record should be retained, based on DMISID, Unique Patient Reference Number and File Date.
* Entire duplicate records in each feed need to be purged.
1. Field Transformations and Deletions for MDR Core Database
* The table below describes each reference (or data) file being used to append fields to each MDR Institutional record. This table also lists whether or not the merge should be accomplished against the monthly feed (increment) or whether it is necessary to re-merge the corresponding file to each of the MDR Institutional records during each monthly process[[1]](#footnote-1). The basis upon which the MDR institutional records should be merged to the reference (or data) files is also described.

| Merge | Merge to | Date Matching | Additional Matching |
| --- | --- | --- | --- |
| Longitudinal VM4/VM6 File  | Master | Latest Encounter Date, with begin and end dates for each changeable demographic segment. | PATID if available.  |
| Master Person Index | Master | None | For records with blank PATID, match Designated Provider Records by sponssn, patsex, dob and grouped member relationship code.  |

Fields are derived according to the table below. Records are placed in FY files based on the FY.

* A new ICD was introduced, effective FY16 forward. Several fields were dropped from the raw feed. Some of these fields can be derived through the merge with the Master Person Index (DOB, PATSEX, MEMCAT), some are already available through the application of the LVM processor (PATZIP, SERVICE), and some will be dropped completely FY16 forward
1. Record Layout and Content

**Designated Provider Clinical Detail Data Record File:**  Data are stored as SAS data sets in separate fiscal year files. The table below describes the format, file layout, and field derivation rules for the master Designated Provider Clinical Detail data set.

| DATA ELEMENT NAME | LENGTH | **FIELD TYPE** | **SOURCE FILE START POSITION THROUGH FY15** | **SOURCE FILE START POSITION FY16+** | **SAS NAME** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- | --- |
| DMIS ID  | 4 | Char | 1 | 1 | DMISID | No Transformation |
| DEERS FAMILY IDENTIFIER  | 9 | Char | 5 | 5 | FAMID | No Transformation |
| DEERS BENEFICIARY IDENTIFIER | 2 | Char | 14 | 14 | BENID | No Transformation |
| PATIENT IDENTIFIER | 10 | Char | 16 | 16 | PATID | No Transformation |
| PATIENT’S LAST NAME | 27 | Char | 26 | 26 | LNAME | No Transformation |
| PATIENT’S FIRST NAME | 20 | Char | 53 | 53 | FNAME | No Transformation |
| PATIENT’S MIDDLE NAME | 20 | Char | 73 |  | MNAME | No Transformation. Not populated FY16 forward |
| PATIENT’S CADENCY NAME | 4 | Char | 93 |  | CADENCY | No Transformation. Not populated FY16 forward |
| PATIENT’S DATE OF BIRTH  | 8 | Date | 97 |  | DOB | No Transformation through FY15. Derive from MPI Merge FY16 forward |
| PATIENT’S ZIP CODE  | 5 | Char | 105 |  | PATZIP | No Transformation through FY15. Not populated FY16 forward |
| PATIENT’S GENDER | 1 | Char | 110 |  | PATSEX | No Transformation through FY15. Derive from MPI Merge FY16 forward |
| SPONSOR SOCIAL SECURITY NUMBER (SSN) | 9 | Char | 111 | 73 | SPONSSN | No Transformation |
| LEGACY DEERS DEPENDENT SUFFIX | 2 | Char | 120 |  | DDS | No Transformation. Not populated FY16 forward |
| MEMBER CATEGORY CODE | 1 | Char | 122 |  | MEMCAT | No Transformation. Not populated FY16 forward |
| SERVICE BRANCH CLASSIFICATION CODE | 1 | Char | 123 |  | SERVICE | No Transformation. Not populated FY16 forward |
| UNIQUE PATIENT REFERENCE NUMBER | 12 | Char | 124 | 82 | RECID | No Transformation |
| ENCOUNTER SETTING  | 1 | Char | 136 | 94 | ENC | No Transformation |
| PATIENT PRINCIPAL/ PRIMARY DIAGNOSIS | 7 | Char | 137 | 95 | PDX | No Transformation |
| PATIENT DIAGNOSIS 2 | 7 | Char | 144 | 102 | DX2 | No Transformation |
| PATIENT DIAGNOSIS 3 | 7 | Char | 151 | 109 | DX3 | No Transformation |
| PATIENT DIAGNOSIS 4 | 7 | Char | 158 | 116 | DX4 | No Transformation |
| PATIENT DIAGNOSIS 5 | 7 | Char | 165 | 123 | DX5 | No Transformation |
| PATIENT DIAGNOSIS 6 | 7 | Char | 172 | 130 | DX6 | No Transformation |
| PATIENT DIAGNOSIS 7 | 7 | Char | 179 | 137 | DX7 | No Transformation |
| PATIENT DIAGNOSIS 8 | 7 | Char | 186 | 144 | DX8 | No Transformation |
| PATIENT DIAGNOSIS 9 | 7 | Char | 193 | 151 | DX9 | No Transformation |
| PATIENT DIAGNOSIS 10 | 7 | Char | 200 | 158 | DX10 | No Transformation |
| PATIENT DIAGNOSIS 11 | 7 | Char | 207 | 165 | DX11 | No Transformation |
| PATIENT DIAGNOSIS 12 | 7 | Char | 214 | 172 | DX12 | No Transformation |
| TAX ID OF PROVIDER ENTITY  | 9 | Char | 221 |  | TAXID | No Transformation. Not populated FY16 forward |
| UNIQUE PROVIDER ID NUMBER/PHARMACY NABP NUMBER | 18 | Char | 230 | 179 | PROVID | No Transformation |
| MAJOR SPEC/INSTITUTION TYPE  | 2 | Char | 256 | 197 | SPC | No Transformation |
| PROVIDER ZIP CODE  | 9 | Char | 258 |  | PROVZIP | No Transformation. Not populated FY16 forward |
| ORDERING PHYSICIAN | 18 | Char | 267 | 199 | ORDERPHY | No Transformation |
| COST DATA  | 11 | Num | 285 | 217 | COST | No Transformation |
| CO-PAYMENT AMOUNT COLLECTED | 6 | Num | 296 | 228 | COPAY | No Transformation |
| EMERGENCY FLAG  | 1 | Char | 302 | 234 | ERFLAG | No Transformation |
| DATE OF RELATED ADMISSION (SAS Date) | 8 | Date | 303 | 235 | ADMDATE | If ENC ne “I” then set to missing |
| DATE OF RELATED DISPOSITION (SAS Date) | 8 | Date | 311 | 243 | DISPDATE | If ENC ne “I” then set to missing |
| NUMBER OF SERVICES | 1 | Char | 319 | 251 | NUMSVCS | No Transformation |
| SERVICE *1* START DATE (SAS Date) | 8 | Date | 320 | 252 | SVCBEG*1* | If ENC=H set to missing. |
| SERVICE *1* END DATE (SAS Date) | 8 | Date | 328 | 260 | SVCEND*1* | If ENC=H set to missing.  |
| SERVICE *1* PLACE OF SERVICE  | 2 | Char | 336 | 268 | SVCPLC*1* | No Transformation |
| SERVICE *1* PROCEDURE CODE | 13 | Char | 338 | 270 | SVCPROC*1* | No Transformation |
| SERVICE *1* RELATED DIAGNOSIS CODE | 7 | Char | 351 | 283 | SVCDX*1* | No Transformation |
| SERVICE *1* QUANTITY | 3 | Char | 358 | 290 | SVCQTY*1* | No Transformation |
| SERVICE *2* START DATE (SAS Date) | 8 | Date | 361 | 293 | SVCBEG*2* | If ENC=H set to missing. |
| SERVICE *2* END DATE (SAS Date) | 8 | Date | 369 | 301 | SVCEND*2* | If ENC=H set to missing.  |
| SERVICE *2* PLACE OF SERVICE  | 2 | Char | 377 | 309 | SVCPLC*2* | No Transformation |
| SERVICE *2* PROCEDURE CODE | 13 | Char | 379 | 311 | SVCPROC*2* | No Transformation |
| SERVICE *2* RELATED DIAGNOSIS CODE | 7 | Char | 392 | 324 | SVCDX*2* | No Transformation |
| SERVICE *2* QUANTITY | 3 | Char | 399 | 331 | SVCQTY*2* | No Transformation |
| SERVICE 3 START DATE (SAS Date) | 8 | Date | 402 | 334 | SVCBEG*3* | If ENC=H set to missing. |
| SERVICE *3* END DATE (SAS Date) | 8 | Date | 410 | 342 | SVCEND*3* | If ENC=H set to missing.  |
| SERVICE *3* PLACE OF SERVICE  | 2 | Char | 418 | 350 | SVCPLC*3* | No Transformation |
| SERVICE *3* PROCEDURE CODE | 13 | Char | 420 | 352 | SVCPROC*3* | No Transformation |
| SERVICE *3* RELATED DIAGNOSIS CODE | 7 | Char | 433 | 365 | SVCDX*3* | No Transformation |
| SERVICE *3* QUANTITY | 3 | Char | 440 | 372 | SVCQTY*3* | No Transformation |
| SERVICE 4 START DATE (SAS Date) | 8 | Date | 443 | 375 | SVCBEG*4* | If ENC=H set to missing. |
| SERVICE *4* END DATE (SAS Date) | 8 | Date | 451 | 383 | SVCEND*4* | If ENC=H set to missing.  |
| SERVICE *4* PLACE OF SERVICE  | 2 | Char | 459 | 391 | SVCPLC*4* | No Transformation |
| SERVICE *4* PROCEDURE CODE | 13 | Char | 461 | 393 | SVCPROC*4* | No Transformation |
| SERVICE *4* RELATED DIAGNOSIS CODE | 7 | Char | 474 | 406 | SVCDX*4* | No Transformation |
| SERVICE *4* QUANTITY | 3 | Char | 481 | 413 | SVCQTY*4* | No Transformation |
| SERVICE 5 START DATE (SAS Date) | 8 | Date | 484 | 416 | SVCBEG*5* | If ENC=H set to missing. |
| SERVICE *5* END DATE (SAS Date) | 8 | Date | 492 | 424 | SVCEND*5* | If ENC=H set to missing.  |
| SERVICE *5* PLACE OF SERVICE  | 2 | Char | 500 | 432 | SVCPLC*5* | No Transformation |
| SERVICE *5* PROCEDURE CODE | 13 | Char | 502 | 434 | SVCPROC*5* | No Transformation |
| SERVICE *5* RELATED DIAGNOSIS CODE | 7 | Char | 515 | 447 | SVCDX*5* | No Transformation |
| SERVICE *5* QUANTITY | 3 | Char | 522 | 454 | SVCQTY*5* | No Transformation |
| SERVICE 6 START DATE (SAS Date) | 8 | Date | 525 | 457 | SVCBEG*6* | If ENC=H set to missing. |
| SERVICE *6* END DATE (SAS Date) | 8 | Date | 533 | 465 | SVCEND*6* | If ENC=H set to missing.  |
| SERVICE *6* PLACE OF SERVICE  | 2 | Char | 541 | 473 | SVCPLC*6* | No Transformation |
| SERVICE *6* PROCEDURE CODE | 13 | Char | 543 | 475 | SVCPROC*6* | No Transformation |
| SERVICE *6* RELATED DIAGNOSIS CODE | 7 | Char | 556 | 488 | SVCDX*6* | No Transformation |
| SERVICE *6* QUANTITY | 3 | Char | 563 | 495 | SVCQTY*6* | No Transformation |
| HOSPITAL SERVICE ADMISSION DATE (SAS Date) | 8 | Date | 566 | 498 | HOSPADM | If ENC ne “H” then set to missing |
| HOSPITAL SERVICE ADMISSION TYPE  | 1 | Char | 574 | 506 | HOSPTYPE | No Transformation |
| HOSPITAL SERVICE ADMISSION SOURCE  | 1 | Char | 575 | 507 | HOSPSRC | No Transformation |
| HOSPITAL SERVICE DISPOSITION STATUS  | 2 | Char | 576 | 508 | HOSPSTAT | No Transformation |
| HOSPITAL SERVICE DISPOSITION DATE (SAS Date) | 8 | Date | 578 | 510 | HOSPDISP | If ENC ne “H”, then set to missing |
| DIAGNOSIS RELATED GROUP (DRG) | 3 | Char | 586 | 518 | DRG | No Transformation |
| HOSPITAL SERVICE PATIENT PRINCIPAL PROCEDURE  | 7 | Char | 589 | 521 | HOSPPRCP | No Transformation |
| HOSPITAL SERVICE PATIENT PROCEDURE *2*  | 7 | Char | 596 | 528 | HOSPPRC2 | No Transformation |
| HOSPITAL SERVICE PATIENT PROCEDURE *3* | 7 | Char | 603 | 535 | HOSPPRC3 | No Transformation |
| HOSPITAL SERVICE PATIENT PROCEDURE *4*  | 7 | Char | 610 | 542 | HOSPPRC4 | No Transformation |
| HOSPITAL SERVICE PATIENT PROCEDURE *5*  | 7 | Char | 617 | 549 | HOSPPRC5 | No Transformation |
| HOSPITAL SERVICE PATIENT PROCEDURE *6*  | 7 | Char | 624 | 556 | HOSPPRC6 | No Transformation |
| TRANSACTION TYPE  | 1 | Char | 631 | 563 | TRANTYPE | No Transformation |
|  | **Derived Fields** |
| Fiscal Year of Latest Encounter | 8 | Date | N/A |  | FY | Derived from latest valid encounter date.  |
| Fiscal Month of Latest Encounter | 8 | Date | N/A |  | FM | Derived from latest valid encounter date |
| Latest Encounter Date (SAS Date) | 8 | Date | N/A |  | LASTENC | Equals the latest valid encounter date on the record. If the Encounter Setting=H, then set equal to HOSPDISP. If Encounter Setting=I then set equal to latest of DISPDATE and Service End Date 1-6. If Encounter Setting=O, then set equal to the latest of Service End Date1-Service End Date6 1-6.  |
| File Date | 8 | Date | N/A |  | FILEDATE | Set equal to feed date |
|  | **Longitudinal VM-4 DEERS Merge** |
| DEERS Enrollment DMISID | 4 | Char | N/A |  | denrsite | Fill with enrollment DMISID from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the enrollment site. |
| DEERS Alternate Care Value | 1 | Char | N/A |  | acv | Fill with ACV from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the ACV. |
| DEERS Health Care Delivery Program Code | 3 | Char | N/A |  | dhcdp | Fill with DEERS health care delivery program coverage code from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS health care delivery program coverage code. |
| DEERS Beneficiary Category | 3 | Char | N/A |  | bencat | Fill with DEERS beneficiary category from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS beneficiary category. |
| DEERS Sponsor Service Aggregate | 1 | Char | N/A |  | dsponsvc | Fill with DEERS sponsor service (aggregate) from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS sponsor service (aggregate). |
| DEERS Zip Code | 5 | Char | N/A |  | deerszip | Fill with DEERS zip code from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS zip code. |
| DEERS Race Code | 1 | Char | N/A |  | race | Fill with DEERS Race Code from LVM-4 |
| DEERS Ethnicity Code | 1 | Char | N/A |  | ethnic | Fill with DEERS Ethnicity Code from LVM-4 |
| **MPI Merge** |
| Person Association Reason Code | 2 | Char | N/A |  | parc | From MPI merge. See MPI specification. |
| Patient’s Date of Birth | 8 | Date | N/A |  | DOB | From MPI merge. See MPI specification. |
| Patient’s Gender | 1 | Char | N/A |  | PATSEX | From MPI merge. See MPI specification |

1. Refresh Frequency

Frequency of updates:

* Current FY: Every month
* Prior FY: monthly for one quarter (October, November, and December) then semiannually (April, October)
* All years prior to prior FY: Annually (October)
1. Data Marts

N/A

1. Special Outputs

N/A.

1. This is a functional requirement, because if reference files are subject to change retroactively, data in the existing MDR database will be incorrect if the changed table is not re-applied to old records routinely. [↑](#footnote-ref-1)