**4 October 2017**

TRICARE Retiree Dental Program (TRDP)

MHS Data Repository (MDR)

(Version 1.01.02)

Current Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date**  | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| 1.00.00 | 06/26/2014 | A. Hong | * Whole Document
 | Initial version |
| 1.00.01 | 10/28/2014 | A. Hong | * Section VII
 | Edited Business Rules to add footersRenamed PAID\_FY to PAIDFYRenamed PAID\_FM to PAIDFM |
| 1.01.00 | 06/06/2016 | 1. Hong
 | * Tables 2 and 3
 | Updated logic for application of DWVs |
| 1.01.01 | 9/27/2017 | 1. Funk
 | * Table 2
* Table 3
 | * Added DMIS ID Index Table merge
* Added numerous fields related to NDAA 2017 and T2017. Blank fill ACV
 |
| 1.01.02 | 10/4/2017 | W. Funk | * Appendix A
 | * Corrected a typo in ACV Group derivation
 |

**TRICARE Retiree Dental Program for the MDR**

1. Source:

The source data files used to create the MDR TRICARE Retiree Dental Program files are provided according to the TRDP contracts, via Secure FTP. These data represent claims for care provided to beneficiaries enrolled in the TRICARE Retiree Dental Program.

1. Transmission (Format and Frequency):

Source files are provided on a monthly basis. If data have not been provided within 7 business days of the expected date of delivery, DHSS shall contact the TDP Program Manager or designee. The format of the data is described in the Interface Control Document.

1. Organization and Batching

The MDR TRDP files are stored as fiscal year files, in SAS format. Each month’s process incorporates new (and updated) records received from the TRDP contractor that month. Each MDR TRDP file that has been made available to users shall be archived and made available to authorized users per special request of the functional proponent. Raw files will also be archived and made available as needed.

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

/mdr/raw/dental/trdp/FederalServicesClaimsExtractPaidClaimsmmmyyyy.txt

where “mmmyyyy” represents the date of the file. Raw batches must be made available (and remain available) to the staff at DHA that will process the raw data.

Output Products: The MDR TRDP processor produces the files described in table 1. The preparation of them is described in subsequent sections of this document.

**Table 1: MDR TRDP Processor Output Products**

|  |  |  |
| --- | --- | --- |
| **MDR File** | **File Naming Convention** | **Member Name** |
| TRDP SAS Dataset | /mdr/pub/dental/trdp\_g1/ | fy\*\*.sas7bdat |

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

1. Receiving Filters

No filters are applied to the source data.

1. Update Process

The MDR TRDP files will be updated on a monthly basis.

Minimal additional processing occurs, including applying routine MDR processing utilities to enhance the content of the data.

1. Field Transformations and Deletions for MDR Core Database

There are several merges required to prepare the MDR TRDP File. An asterisk after the merge file name indicates that existing MDR processing utilities should be used.

**Table 2: External Reference File Merges**

| **Merge** | **Date Matching** | **Additional Matching** |
| --- | --- | --- |
| Master Person Index\* | Most recent MPI is used, match by SPONSSN and PATDOB for each record | See VM-6 Specifications |
| LVM\* | Use LVM file that matches begin date of care on each record. | EDIPN. See VM-6 Specification |
| Omni-CAD | FY/FM | Zip Code and Sponsor Service (A=Army, F=Air Force, N=Navy and all others = O) |
| Relative Value Unit Table | Calendar year of begin date of care with calendar year of RVU Table | CDT  |
| Dental Weighted Values | FY (before 1/1/2016) or CY (starting 1/1/2016) of end date of service with DWV Tables | CDT |
| NPPES (National Plan and Provider Enumeration System) | Use most recent NPPES table | NPI |
| DMIS ID Table  | FY | Enrollment Site |

Business rules for each of the appended fields that result from the merges above, are described in the body of the table in Section VII, or in an appendix, referenced in that table.

1. Record Layout and Content

The MDR TRDP file is a SAS Dataset. Table 3 describes the content of the MDR TRDP File.

**Table 3: MDR TRDP SAS Dataset Structure and Business Rules**

| **Data Element** | **SAS Name** | **Format** | **Business Rule** |
| --- | --- | --- | --- |
| Claim Number | CLAIMID | $15 | No transformation |
| Line Number | LINENUM | $3 | No transformation |
| Adjustment Code | ADJCODE | $1 | No transformation |
| Claim Paid Date | CLMPDDT | $8 | No transformation |
| Claim Submitted Date | CLMSUBDT | $8 | No transformation1 |
| Patient Last Name | PATLSTNM | $24 | No transformation1 |
| Patient First Name | PATFRSTNM | $24 | No transformation1 |
| Sponsor SSN | RSPONSSN | $9 | No transformation |
| Patient Date of Birth | PATDOB | $8 | No transformation |
| Raw Relationship Code | RELCODE\_R | $2 | No transformation |
| Relationship Number | RELCNT | $2 | No transformation1 |
| Provider Tax ID | TAXID | $9 | No transformation |
| Treatment Provider Last Name | TXPROVLSTNM | $24 | No transformation1 |
| Treatment Provider First Name | TXPROVFRSTNM | $24 | No transformation1 |
| Billing Provider Name | BILLPROVNM | $30 | No transformation1 |
| Treatment Provider License Number | TXPROVLICNO | $10 | No transformation1 |
| Treatment Provider Specialty | TXPROVSPEC | $3 | No transformation |
| Provider Social Security Number | PROVSSN | $9 | No transformation |
| Provider Network Status | NETWORK | $1 | No transformation |
| Provider Telephone Number | PROVTEL | $14 | No transformation |
| Provider Street Address, Line 1 | PROVSTREET1 | $36 | No transformation |
| Provider Street Address, Line 2 | PROVSTREET2 | $36 | No transformation |
| Provider State | PROVSTATE | $2 | No transformation |
| Provider Zip Code | PROVZIP | $5 | No transformation |
| Provider Country | PROVCOUNTRY | $3 | No transformation |
| Group National Provider ID | GROUPNPI | $14 | No transformation1 |
| National Provider ID (NPI) | NPI | $14 | No transformation |
| End Date of Service | ENDDATE | $8 | No transformation |
| CDT Procedure Code | CDT | $5 | No transformation |
| Tooth Code | TOOTH | $2 | No transformation |
| Quadrant | QUADRANT | $2 | No transformation |
| Incisal Surface Indicator | INC\_IND | $1 | No transformation |
| Facial Surface Indicator | FAC\_IND | $1 | No transformation |
| Occlusal Surface Indicator | OCC\_IND | $1 | No transformation |
| Lingual Surface Indicator | LIN\_IND | $1 | No transformation |
| Buccal Surface Indicator | BUC\_IND | $1 | No transformation |
| Mesial Surface Indicator | MES\_IND | $1 | No transformation |
| Distal Surface Indicator | DIS\_IND | $1 | No transformation |
| Provider Charge | BILL | 8. | No transformation |
| Allowed Amount | ALLOW | 8. | No transformation |
| TRICARE Paid Amount | PAID | 8. | No transformation |
| Other Carrier Payment | OHI | 8. | No transformation |
| Plan Coverage Percentage | PLANPCT | 8. | No transformation |
| Deductible | DEDUC | 8. | No transformation |
| Raw EDIPN | REDI\_PN | $9 | No transformation2 |
| Contract Type | CONTTYPE | $1 | No transformation2 |
| Provider ID | PROVID | $9 | No transformation2 |
| Billing Zip Code | BILLZIP | $5 | No transformation2 |
| Claim Received Date | CLMRECDT | $8 | No transformation2 |
| Anterior/Posterior Indicator | AP\_ID | $1 | No transformation2 |
| Mouth Area | MOUTHAREA | $2 | No transformation2 |
| Approved Amount | APPROVED | 8. | No transformation2 |
| Length of Ortho Treatment | ORTHOTRMTLGTH | $2 | No transformation2 |
| Ortho Indicator | ORTHOCAREIND | $1 | No transformation2 |
| Ortho Amount | ORTHOAMT | 8. | No transformation2 |
| Provider Group Name | PROVGRPNAME | $53 | No transformation2 |
| Plan Number | PLANNUM | $4 | No transformation2 |
| Policy Code Number 1 | POLICYCD1 | $9 | No transformation2 |
| Policy Code Number 2 | POLICYCD2 | $9 | No transformation2 |
| Policy Code Number 3 | POLICYCD3 | $9 | No transformation2 |
| Policy Code Number 4 | POLICYCD4 | $9 | No transformation2 |
| Adjustment Reason Code | ADJREACD | $5 | No transformation2 |
| Patient Paid Amount | PATPAY | 8. | No transformation2 |
| Line Status Description Code | LINESTATDESC | $15 | No transformation2 |
| Recovery Status Code | RECOVERYSTAT | $20 | No transformation2 |
| **Internally Derived Fields and Secondary Fields (Derived from other merged data)** |
| FY | FY | $4 | FY is created from encounter date.If the encounter date is null or if CY begins with a ‘0’ then FY is derived from the claim paid date. |
| FM | FM | $2 | FM is created from encounter date.If the encounter date is null or if CY begins with a ‘0’ then FM is derived from the claim paid date. |
| CY | CY | $4 | Calendar year of encounter date.If the encounter date is null or if CY begins with a ‘0’ then CY is derived from the claim paid date. |
| CM | CM | $2 | Calendar month of encounter date.If the encounter date is null or if CY begins with a ‘0’ then CM is derived from the claim paid date. |
| Paid FY | PAIDFY | $4 | Paid FY is based on the paid date. |
| Paid FM | PAIDFM | $2 | Paid FM is based on the paid date. |
| Initial Processing Date (MDR) | PROCDATE | yyyymmdd | Set to the initial date that this record was prepared for the MDR |
| Change Date (MDR) | CHGDATE | yyyymmdd | Set to the most recent date that any data element on the MDR record was changed. For records that never change, this will be equal to the initial processing date. |
| Age | PATAGE | 3 |  Patient’s age is calculated from date of birth and encounter date. |
| Age Group | AGEGRP | $1 | A: ages 0-4; B: ages 5-14, C: ages 15-17, D: ages 18-24, E: 25-34, F: 35-44, G: 45-64, H: 65+, X: All others |
| Ben Cat Common  | COMBEN | $1 | If bencat in (‘ACT’ GRD’) then =4, If bencat in (‘DA’ ‘DGR’) then =1;If bencat = ‘RET’ then=2;Otherwise = 3 |
| New Record Flag | NEW\_REC | $1 | Set to 1 if this version of the record was received in most recent processing cycle. Otherwise, set to 0. |
| Extract Date | EXTR\_DT | $7 | The date the data was extracted, dYYMMDD format. |
| ACV Group | ACVGROUP | $2 | If begin date is >=1/1/2018 then:f enr\_grp is “P” then set to “PR” elseif enr\_grp is “L” then set to “PL” elseif enr\_group=”U” then set to “DP” elseif (bencat common=4 and pcm\_type=N) then “R” elseif pcm\_type=”O” then “R” elseif elg\_grp in (“R” “S”) then “O” else “O”For logic prior to Jan 2018, see appendix A  |
| **Master Person Index Merge** |
| DEERS Person ID – Derived | EDIPN | $10 | See VM-6 Specification |
| Sponsor SSN – Derived | SPONSSN | $9 |
| Person Association Reason Code | PARC | $2 |
| Patient Gender | PATSEX | $1 |
| **Longitudinal DEERS VM File Merge** |
| DEERS PCM ID | PCMID | $32  | Fill with PCM ID from LVM, if the begin date of care on the claim is between the begin and end date associated with the PCM ID.If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM-6 Specification, Sections G18 and 19 for segment and field positions. |
| DEERS Enrollment DMIS ID | DENRSITE | $4 | Fill with enrollment DMISID from LVM, if the begin date of care on the claim is between the begin and end date associated with the enrollment site. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM-6 Specification, Sections G18 and 19 for segment and field positions. |
| DEERS Beneficiary Category | BENCAT | $3  | Fill with DEERS beneficiary category from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS beneficiary category. If no match for person, set to “Z”.If encounter date is null or CY begins with a ‘0’ then use the claim paid date. |
| DEERS Medicare Flag | MEDFLAG | $1 | Fill with DEERS medicare flag from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS medicare flag. If no match for person, set to “Z”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. |
| DEERS Race Code | RACE | $1 | Fill with DEERS race code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS race code. If no match for the person, set to “Z”.If encounter date is null or CY begins with a ‘0’ then use the claim paid date. |
| DEERS Ethnicity Code | ETHNIC | $1 | Fill with DEERS ethnicity code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS ethnicity code. If no match for the person, set to “Z”.If encounter date is null or CY begins with a ‘0’ then use the claim paid date. |
| DEERS Sponsor Service | DSPONSVC | $1 | Fill with DEERS sponsor service from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS sponsor service. If no match for the person, set to “Z”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM6 Specification, Sections G18 and 19 for segment and field position. |
| DEERS Sponsor Service Aggregate | DSVCAGG | $1 | Fill with DEERS sponsor service (aggregate) from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS sponsor service (aggregate). If no match for the person, set to “Z”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM6 Specification, Sections G18 and 19 for segment and field position. |
| DEERS Alternative Care Value | ACV | $1 | Fill with DEERS ACV from LVM, if the begin date of care on the claim is between the begin and end date associated with the ACV. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM6 Specification, Sections G18 and 19 for segment and field position. BLANK FILL AFTER 1/1/2018 |
| DEERS Medical Privilege Code | PRIVCODE | $1 | Fill with DEERS medical privilege code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS medical privilege code. If no match for the person, set to “Z”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM6 Specification, Sections G18 and 19 for segment and field position. |
| DEERS HCDP - Enrolled | HCDP | $3 | Fill with DEERS HCDP code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS HCDP code. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM6 Specification, Sections G18 and 19 for segment and field position. |
| DEERS Zip Code | DEERSZIP | $5 | Fill with DEERS zip code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS zip code. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. |
| DEERS Relationship to Sponsor | RELCODE | $1 | Fill with DEERS relationship to sponsor code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS relationship to sponsor code. If no match for the person, set to “4”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. |
| Eligibility Group | ELG\_GROUP | $2 | Fill with d\_elg\_grp\_cd from LVM, if the begin date of care on the claim is between the begin and end date associated with the d\_elg\_cd. If no match for the person, set to “4”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM-6 Specifications, sections G18 and 19 for segment and field positions. |
| Enrollment Group | ENR\_GROUP | $2 | Fill with d\_enr\_grp\_cd from LVM, if the begin date of care on the claim is between the begin and end date associated with the d\_enr\_grp\_cd. If no match for the person, set to “4”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM-6 Specifications, sections G18 and 19 for segment and field positions. |
| PCM Type | PCM\_TYPE\_CD | $1 | Fill with d\_pcm\_type\_cd from LVM, if the begin date of care on the claim is between the begin and end date associated with the d\_pcm\_type\_cd. If no match for the person, set to “4”. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM-6 Specifications, sections G18 and 19 for segment and field positions. |
| Assigned HCDP | HCDP\_ASSGN | $3 | Fill with asgn\_hcdp\_plan\_cvg\_cd from LVM, if the begin date of care on the claim is between the begin and end date associated with the asgn\_hcdp\_plan\_cvg\_cd. If encounter date is null or CY begins with a ‘0’ then use the claim paid date. See VM-6 Specifications, sections G18 and 19 for segment and field positions. |
| **MDR Omni CAD Merge** |
| Residence Catchment Area | CATCH | $4 | Based on matching FY, FM and deerszip; if sponsvc=A then set equal to ACATCH, if sponsvc = F then set equal to FCATCH; if sponsvc in (M, N, V) then set equal to NCATCH, otherwise set equal to OCATCH. If zip code not found in MDR Omni-CAD, set equal to ‘0999’ |
| Residence Prism Area | PRISM | $4 | Based on matching FY, FM and deerszip; if sponsvc=A then set equal to APRISM, if sponsvc = F then set equal to FPRISM; if sponsvc in (M, N, V) then set equal to NPRISM, otherwise set equal to OPRISM. If zip code not found in MDR Omni-CAD, set equal to ‘0999’ |
| Residence Region | RESREG | $2 | MOD\_REG, based on matching FY, FM and deerszip |
| Residence TNEX Region  | RESTNEX | $1 | HSSCREG, based on matching FY, FM and deerszip |
| Beneficiary T3 Region | BEN\_T3\_REG | $2 | T3\_REG, based on matching FY, FM and deerszip |
| Beneficiary T2017 Region | BEN\_T17\_REG | $2 | T17\_REG, based on matching FY, FM and deerszip |
| Patient MTF Service Area | MTFSVCAREA | $4 | Based on matching FY, FM, zip and sponsor service (A=Army, F=Air Force, N, M and V =Navy. All others = Other |
| Provider Catchment Area | PVCATCH | $4 | Based on matching FY, FM and provzip; set = OCATCH. If provzip not found in MDR Omni-CAD, set equal to ‘0999’ |
| Provider Prism Area | PVPRISM | $4 | Based on matching FY, FM and provzip; set = OPRISM. If provzip not found in MDR Omni-CAD, set equal to ‘0999’ |
| Provider TNEX Region | PVTNEX | $1 | Based on matching FY, FM, provzip.  |
| Provider MTF Service Area | PMTFSVCAREA | $4 | Based on matching FY, FM, provzip.  |
| Provider T3 Region | PROV\_T3\_REG | $2 | T3\_REG, based on matching FY/FM, provzip |
| Provider T17 Region | PROV\_T17\_REG | $2 | T17\_REG, based on matching FY/FM, provzip |
| **Dental Weighted Values Table Merge** |
| Dental Weighted Value | DWV | 7.2 | Match to DWV tables based on CDT and either FY or CY to retrieve DWV. For date matching, use FY tables before 1/1/2016 and CY table DWVs starting 1/1/2016. Use FY15 DWV table for the 10/2015-12/2015 period.  |
| **Relative Value Unit Table Merge** |
| Work RVU | RVU | 7.2 | Match to RVU table based on CDT and CY and retrieve purchased care work RVU. |
| Facility Practice Expense RVU | FACPERVU | 7.2 | Match to RVU table based on CDT and CY and retrieve practice expense RVU (Facility) |
| Non-facility Practice Expense RVU | NFPERVU | 7.2 | Match to RVU table based on CDT and CY and retrieve practice expense RVU (Non-facility) |
| **NPPES File** |
| Provider Specialty, HIPAA | HIPAASPEC | $10 | Fill with the first HIPAA Taxonomy field based on matching Provider NPI |
| **DMIS ID Index** |
| Enrollment Site T3 Region | ENR\_T3\_REG | $2 | T3\_REG |
| Enrollment Site T2017 Region | ENR\_T17\_REG | $2 | T17\_REG |

1. Refresh Frequency

Monthly

1. Quality Review Requirements

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

1. Basic Data Flow Process Check: A spreadsheet should be maintained that tracks record counts associated with each data step used in processing. Record counts from the raw monthly feeds should be recorded and checked. Significant variations in TRDP data should be noted and explored with BEA.
2. File Size: Record counts should increase as the files are updated.
3. Proc contents should be reviewed and compared against specifications to ensure conformance.
4. Frequency tabulations should be compared from cycle to cycle for the following variables: ACV, age group, beneficiary category, cdt, cy, cm, fy, fm, deers enrollment site, dmisid,ethnic code, patient’s sex, privilege code, race, residence region, residence TNEX region, service, common beneficiary.
5. Each month the values observed in certain fields should be checked to see if new or modified values are introduced. Fields that should be checked include raw fields used by the processor to derive other fields, and raw fields used to control the flow of processing.
6. Routine feed and file management procedures should be followed for the MDR TRDP processor.
7. Data Marts

The M2 receives an extract of the TRDP file whenever the MDR TRDP file is updated. The layout for this file is described in the M2 specification posted on the DHCAPE website (http://www.tricare.mil/ocfo/bea/functional\_specs.cfm).

1. Special Outputs

N/A

Appendix A: ACV Group

For time periods before Jan 1, 2018, ACV is derived as follows:

For FY03 and before:

If ACV = A, D, or E then “PR”

Else if ACV = G or L then “PL”

Else if ACV = U then “DP”

Else if Ben Cat Common = 4 then “R”

Else “O”

For FY04 and after:

If ACV = A, E, H, or J then “PR”

Else if ACV = B or F then “OP”

Else if ACV = G or L then “PL”

Else if ACV = U then “DP”

Else if ACV = R or V then “O”

Else if ACV = M or Q then “R”

Else if Ben Cat Common = 4 then “R”

Else “O”

This is a change in coding schema and it is recognized that not all years may be processed with the new values. The legacy rules are:

For FY03 and before:

If ACV = A, D, or E then “1”

Else if ACV = G or L then “3”

Else if ACV = U then “4”

Else if Ben Cat Common = 4 then “5”

Else “6”

For FY04 and after:

If ACV = A, E, H, or J then “1”

Else if ACV = B or F then “2”

Else if ACV = G or L then “3”

Else if ACV = U then “4”

Else if ACV = R or V then “6”

Else if ACV = M or Q then “5”

Else if Ben Cat Common = 4 then “5”

Else “6”