**29 November~~4 October~~ 2017**

Master Appointment

for the

MHS Data Repository (MDR)

(Version 2.00.07~~6~~)

Future Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| 1.01.00 | 03/10/2009 | J. MacLeod |  | Initial versioning. |
| 1.02.00 | 03/09/2010 | J. MacLeod |  | Changes incorporated for initial processor build. |
| 1.02.01 | 03/29/2010 | J. MacLeod | * Table 1 | Added the summary output data set to Table 1. |
| 1.03.00 | 04/29/2010 | J. MacLeod | * Table 3 | * Changed the name of the Facility Zip Code from faczip to mtfzip so that the SADR code will not need to be modified for the merge to the appointment data. |
|  |  |  | * Table 4 | * Corrected the spec derivation logic for the telcon variable. No change to processing code. |
|  |  |  | * Section VI | * Modified the description of how to identify cancellations. |
| 1.04.00 | 06/11/2010 | J. MacLeod | * Table 3 | * Changed the logic for bencat so that if no match is found with the LVM, bencat is set to Z rather than UNK. * Changed the logic for comben, and sponsvc to include instruction on what to do if no match is found with the LVM. |
| 1.05.00 | 06/24/2011 | W. Funk | Entire document | * Section I: Updated purpose * Update entire document to reflect that the monthly feeds are no longer received. * Added Product Line * Added Rank and Rank Group |
| 1.06.00 | 07/07/2011 | W. Funk | * Table 3 * Appendix E * Section X | * Added length of product line element * Added format for rank collapsing * Added information about M2 feed under “special outputs” |
| 1.06.01 | 04/19/2013 | W. Funk | * Table 3 * Table 7 * Section 5 | * Added new fields * Added new fields * Changed 35 day date window to 60 days. |
| 1.06.02 | 06/10/2013 | D. McDonald | * Table 3 | * Update Business Rule for acv\_group |
| 1.07.00 | 2/2/2015 | J. MacLeod | * Table 3 | * Added Patient Name fields Note: the monthly feed is no longer being supplied, but the business rules were written to match the rest of the specification. |
| 1.08.00 | 2/3/2015 | J. MacLeod | * Table 6 * Appendix A * Appendix B | * Eliminated table 6 because the layout of the feed is described in the M2 Appointment Data specification * Re-numbered tables after Table 6 to account for the deletion of table 6. * Appendix A – Added patient first name and patient last name to table 6 (after renumbering) * Appendix B – added patient first name and patient last name to table 7 (after renumbering) |
| 2.00.00 | 3/8/2016 | T. Comer | * Section II,III, V, VI, VIII * Table 1 * Table 3, Table 6 * Appendices | * Removed references to basic files and master monthly appointment files * Removed monthly appointment file information * Updated table format to include ICD item number and field name references, alphabetized list by MDR label, added the following field groupings:  1. Patient Category 2. Detail Code(s) 3. ATC Request/Time 4. PCM Name, EDI\_PN, IEN, and Group 5. Provider Flag and Provider Name 6. MHCDP Code and MHCDP Start and Stop Dates  * Removed Appendix A and renumbered Appendices and Tables |
| 2.00.01 | 4/19/2016 | W. Funk | * Section IV, VI, Table 6 | * Added basic file back in |
| 2.00.02 | 6/24/2016 | T.Comer | * Table 3 | * Added Hostprovien and rfuien |
| 2.00.03 | 7/5/2016 | T.Comer | * Table 3 | * Adjusted length of Hostprovien and rfuien |
| 2.00.04 | 9/11/2017 | Wendy Funk | * Section 5 | * Changed data filtering rules to exclude appointments scheduled on or after the extract date. |
| 2.00.05 | 9/25/2017 | Wendy Funk | * Table 2 * Table 3 | * Clarified LVM date matching * Added fields for NDAA 2017 and T2017 |
| 2.00.06 | 10/4/2017 | Wendy Funk | * Appendix D * Table 4 | * Corrected a typo in the ACV Group logic. * Rewrote logic for the prime indicator. (Note: The summary file does not need to be completed before 1/1/2018 |
| 2.00.07 | 11/29/2017 | Keith Hofmann | * Section 5 | * Specified the data filtering rules more precisely for excluding appointments scheduled after the extract |

**MDR Master Appointment File**

1. Background

The purpose of this update to the MDR appointment specification is to support the development of a new table for the M2; which will include not only kept appointments, but also those that have not been kept.

1. Source

The Appointment File feed is the primary feed used to create the MDR appointment file and originates from the CHCS Patient Appointment File. Data from a historical monthly feed are contained in historical year’s data in this file, but updates are no longer received. For more information about how data from the monthly file can be found in the MDR Appointment Master – Historical functional specification. The only feed being used in newer data is the CHCS daily feed (which previously was a weekly feed).

1. transmission (format and frequency)

The data feed is transmitted from CHCS. Details about how the feed is prepared can be found in Interface Control Document 1300-6410-XX.

1. organization and batching

Source Data: The first step in MDR processing is to batch records received from CHCS. Raw data batches should be stored in MDR/RAW according to routine MDR operating procedures.

Output Products: The MDR appointment processor requires many merges and field derivations, and many output products are prepared as a result of processing. Table 1 contains a list of these output products. The preparation of them is described in subsequent sections of this document.

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

| **MDR Appointment Processor** | **File Naming Convention** | **Member Name** |
| --- | --- | --- |
| MDR Basic Monthly Appointment File | /mdr/pub/basic/appt/detail/ | fy<yy>.sas7bdat (NO LONGER UPDATED) |
| MDR Basic Appointment File | /mdr/pub/apptwkly/basic/fy\*\* | fy<yy>.sas7bdat |
| MDR Master Appointment File | /mdr/pub/appt/detail/fy\*\* | fy<yy>.sas7bdat |
| MDR Master Appointment Cancel File | /mdr/pub/appt/detail/fy\*\* | fy<yy>\_cancel.sas7bdat |
| MDR Appointment Summary File | /mdr/pub/appt/summary/ | sum.sas7bdat |
| MHS Appointment Address File (Restricted Access only[[1]](#footnote-1)) | /mdr/restricted/apptaddr/cy\*\*/cm\*\*/dpypmpd/ | address.sas7bdat |

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

1. receiving filters

The appointment data are transmitted from CHCS daily. Beginning in 2017, the appointment data will contain records for appointments made 7 days in the future. For the time being, records with an appointment date and time within one hour of the extract date and time (~~on~~ or after the extract date and time) should be retained in mdr/raw, but stripped off for further processing.

1. update process

There are two distinct types of appointment file products.

Although records are received daily, the MDR only processes appointment data on a weekly basis. Each week, appointment data that are received since the previous batching will be processed into the MDR datasets described in table 1.

The basic processor is not complicated. The general description of processing is that the feed data is appended to existing MDR data file(s) and the resulting file is de-duplicated by retaining only the most recent version (based on harvest or modification date) of a given record (defined by CHCS Host and Appointment IEN).

MDR Basic Appointment Weekly File: For the current and previous FY, files are updated weekly. This file contains all records sent in the MDR weekly appointment feed, de-duplicated as described above. The data elements in this file and SAS names are described in Appendix A. Records for previous fiscal years are batched and processed semi-annually. All fiscal year files should be sorted by CHCS Host and Appointment IEN prior to storage.

MHS Appointment Address File: To update the Appointment Address file, after de-duplicating (by CHCS Host and Appointment IEN), for any EDIPN, if there is more than one record per appointment, only the most recent appointment record is retained.

MDR Master Appointment File: The main MDR Master Appointment File contains all kept appointments while the associated master appointment cancellation file contains cancelled appointment information in exactly the same format as the MDR master appointment file. The same process is used to update the master appointment file and the master cancellation file[[2]](#footnote-2). Each week, the most recent MDR Basic file is read in and data elements retained and derived according to the Merge/Transformation section of this document and Table 2 from the record layout section. Records with MEPRS codes: BPM, BQQ, BTR, BTS, BZA, BZZ, DAP, or FCH are deleted. New records are applied to the existing MDR Master Appointment File and MDR Appointment Master Cancellation File and further processed. To apply the update: append the newly received records onto the existing MDR Master Appointment File. If a record (CHCS Host / Appt IEN) exists in both the MDR Master File and the feed, retain the record that has the most recent modification date. Once this step is complete and derived fields have been added, remove all cancelled records from the MDR Master Appointment File and write them to the cancellation file. Records with one of the following values in the appointment status codes should be written to the cancellation data set: PENDING, CANCEL, NO-SHOW, LWOBS, ADMIN, OCC-SVC, BOOKED.

1. field transformations and deletions for mdr core database

There are several merges required to prepare the MDR Master Appointment File and the cancellation 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 for FY08. For previous years, use MPI from the last month of the fiscal year being processed. | See VM-6 Specification |
| LVM\* | For FY04 and later. The reference date is the appointment date. | EDIPN |
| Longitudinal Enrollment\* | Match FY and CM of appointment to FY and CM of enrollment data elements. Only for FY03 and earlier. | Sponsor Social Security Number and DDS |
| Omni-CAD\* | FY/FM of appointment FY/FM of MDR Omni CAD format file | Patient zip code & sponsor Service (Service: A=Army, F=Air Force, N=Navy and Navy Afloat, O=Other. Roll-up Appt Sources accordingly). |
| DMIS ID\* | FY of appointment | Treatment DMIS ID |
| CMAC Provider Specialty File |  | Provider Specialty Code |
| Rank Reference Table |  | Rank (35) |

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

1. record layout and content

The table below describes the content of the MDR Master Appointment data file and the MDR Master Cancellation File.

**Table 3: MDR Appointment Master File SAS Dataset Structure and Business Rules**

| **MDR Data Element** | **MDR SAS Name** | **Format** | **Source Data Element** | | **Business Rule** |
| --- | --- | --- | --- | --- | --- |
| **ICD Field #** | **ICD Field Name** |
| Access to Care Category | atccat | $15 | 43 | Access to Care Category | No transformation |
| Appointment Date | apptdt | yyyymmdd | 39 | Appointment Date Time | Parse appointment date/time to derive appointment date, taking positions 1-8 of the source field. Store as numeric (SAS date) |
| Appointment IEN | apptidno | $10 | 35 | Host Appointment IEN | Record Key Field. |
| Appointment Status | apptstat | $2 | 36 | Appointment Status | |  | | --- | | 1= PENDING | | 2= KEPT | | 3= CANCEL | | 4= NO-SHOW | | 5= WALK-IN | | 6= S-CALL | | 7= TEL-CON | | 8= LWOBS | | 9= ADMIN | | 10= OCC-SVC | | 12= BOOKED | | All other values | |
| Appointment Time | appttime | $5 | 39 | Appointment Date Time | Parse appointment date and time to derive appointment time, taking positions 10-14 of the source field. |
| Appointment Type | appttype | $6 | 37 | Appointment Type | No transformation |
| ATC Request Date and Time | atcdttm | yyyymmdd HH:MM | 70 | ATC Request Date/Time | No transformation |
| ~~Basic Monthly Master Change Date (MDR)~~ | ~~mnchgdt~~ | ~~yyyymmdd~~ | ~~procdt~~ | ~~N/A~~ | ~~Store as numeric (SAS date).~~ |
| CAPER Status | caperstat | $1 | 28 | CAPER Status | No transformation |
| CCE Status | ccestat | $1 | 29 | CCE Status | No transformation |
| CHCS Beneficiary Category | chcs\_bc | $3 | 59 | Beneficiary Category | No transformation |
| CHCS PCM Group | chcs\_group | $30 | 61 | NED Provider Group | No transformation |
| CHCS PCM ID | chcs\_pcm | $9 | 60 | PCM ID | No transformation |
| CHCS Provider ID, Secondary Provider | provid2 | $9 | 50 | Secondary Provider ID | No transformation |
| Clinic Name | clinic\_name | $30 | 63 | Clinic Name | No transformation |
| Date Appointment Made | apptmddt | yyyymmdd | 42 | Date and Time Appointment Made | Parse the Date & Time Appointment Made from weekly record to derive Date Appointment Made, taking positions 1-8 of the source field. Store as numeric (SAS date). |
| Date Last Modified | moddate | yyyymmdd | 64 | Harvest Date | No transformation |
| Date of Birth | patdob | yyyymmdd | 4 | Patient DOB | Store as numeric (SAS date) |
| DEERS Dependent Suffix (DDS)- Raw | dds\_r | $2 | 5 | DDS | No transformation |
| Detail Code 1 | detail1 | $8 | 66 | Detail Code (1st) | No transformation |
| Detail Code 2 | detail2 | $8 | 67 | Detail Code (2nd) | No transformation |
| Detail Code 3 | detail3 | $8 | 68 | Detail Code (3rd) | No transformation |
| Detail Code 4 | detail4 | $8 | 69 | Detail Code (4th) | No transformation |
| DMIS ID | dmisid | $4 | 11 | Clinic DMIS ID | No transformation |
| Duration | apptmin | $5 | 38 | Appointment Duration | No Transformation |
| Enrollment DMIS ID (Raw) | enrdmis1 | $4 | 23 | Enrolling DMIS ID | No transformation |
| Extract Date | extrdt | yyyymmdd | 64 | Harvest Date | Position 1-8; Store as numeric (SAS date) |
| Family Member Prefix | fmp | $2 | 7 | Patient Family Member Prefix (FMP) | No transformation |
| Health Care Delivery Program (HCDP) | hcdpcode | $3 | 24 | Health Care Delivery Plan (HCDP) | No transformation |
| Host Node DMIS ID | hostdmisid | $4 | 1 | Host DMIS ID | Record Key Field. |
| Host Provider IEN | hostprovien | $12 | 44 | Host Provider IEN | Position 6-12 of HOST\_PRVIEN |
| Inpatient Rounds MEPRS Code | rounds\_meprs\_cd | $4 | 62 | RNDS\*MEPRS Code | No transformation |
| Location Type | pcmloc | $1 | 34 | Clinic Type | No transformation |
| Medicare Eligibility | medelig | $2 | 31 | Medicare Eligibility | No transformation |
| MEPRSCode | meprscd | $4 | 32 | Clinical MEPRS Code | No transformation |
| MHCDP Code | mcdp | $3 | 77 | MHCDP Code | No transformation |
| MHCDP Start Date | mhcdp\_st | yyyymmdd | 78 | MHCDP Start Date | No transformation |
| MHCDP Stop Date | mhcdp\_end | yyyymmdd | 79 | MHCDP Stop Date | No transformation |
| Patient Cancellation Reason Code | patcanrsn | $18 | 40 | Patient Cancellation Reason | No transformation |
| Patient Category | patcat | $3 | 25 | Patient Category Code | No transformation |
| Patient Category Status | cat\_stat | $1 | 65 | Patient Category Status | No transformation |
| Patient First Name | firstname | $20 | 8 | Patient First Name | No transformation |
| Patient Last Name | lastname | $26 | 9 | Patient Last Name | No transformation |
| Patient SSN – Raw | patssn | $9 | 10 | Patient SSN | Remove dashes |
| Patient SSN Type Code | patssn\_type | $1 | 55 | Patient Person ID Type Code | No transformation |
| Patient Status | patstat | $1 | 22 | Patient Status | No transformation |
| Patient Zip Code at Time of Visit | patzip | $5 | 21 | Patient ZIP Code | No transformation |
| PCM EDIPN | pcmedipn | $10 | 72 | PCM EDI\_PN | No transformation |
| PCM Internal Entry Number | pcmien | $10 | 73 | PCM IEN | No transformation |
| PCM Place of Care | pcm\_group | $30 | 74 | PCM Group Place of Care (Clinic) | No transformation |
| PCM Provider Name | pcmnm | $30 | 71 | PCM Provider Name | No transformation |
| Person Identifier- Raw | patuniq\_r | $10 | 3 | Patient Identifier | No transformation |
| Provider EDIPN | provedipn | $10 | 46 | Provider EDI\_PN | No transformation |
| Provider EDIPN, Secondary | provedipn2 | $10 | 51 | Secondary Provider EDI\_PN | No transformation |
| Provider Flag | provflag | $1 | 75 | Provider Flag | No transformation |
| Provider ID (Old) | provid | $9 | 45 | Provider ID | No transformation |
| Provider Name | provnm | $30 | 76 | Provider Name | No transformation |
| Provider NPI | provnpi | $10 | 57 | Provider NPI | No transformation |
| Provider specialty (HIPAA) | hipaaprv | $10 | 47 | Patient Tax | No transformation |
| Provider Specialty (Old) | provspec | $3 | 48 | Provider Specialty | No transformation |
| Referral Number | refnum | $11 | 52 | Host Reference IEN | Position 6-16 of HOST\_REFIEN |
| Referral Refusal Reason IEN | rfuien | $11 | 54 | Host Referral Refual Reason | Position 6-16 of HOST\_RFUIEN |
| SADR Status | sadrstat | $1 | 27 | SADR Status | No transformation |
| Secondary Provider NPI | prov2npi | $10 | 58 | Secondary Provider NPI | No transformation |
| Sex | sex | $1 | 12 | Patient Sex | |  | | --- | | M= MALE | | F= FEMALE | | All other values | |
| Source System | source | $7 | 30 | Source System | No transformation |
| Sponsor Rank | rank | $35 | 15 | Sponsor Rank | No transformation |
| Sponsor SSN – Raw | sponssn\_r | $9 | 16 | Sponsor SSN | Remove dashes from SSN. |
| Sponsor SSN Type Code | sponssn\_type | $1 | 56 | Sponsor Person ID Type Code | No transformation |
| State | state | $2 | 17 | Patient State | Derive state using PATZIP |
| Time Appointment Made | apptmdtime | $5 | 42 | Date and Time Appointment Made | Parse the Date & Time Appointment Made Date taking positions 10-14 of the source field. |
| Workload Type | wkldtype | $1 | 41 | Work Load | |  | | --- | | C= COUNT | | N= NON-COUNT | | All other values | |
| **Internally Derived Fields (or simple proc format assignments)** | | | | | |
| Age Group | dmisage | $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 |
| Appointment Prefix | apptprefix | $1 |  |  | Set to I. |
| Basic Master Change Date (MDR) | wkchgdt | yyyymmdd |  |  | Same as basic file “procdt” |
| CM | cm | $2 |  |  | Calendar Month of appointment date |
| CY | cy | $4 |  |  | Calendar year of appointment date |
| FM | fm | $2 |  |  | Set to CM -9 if CM is 10, 11 or 12, otherwise, set to CM + 3 |
| FY | fy | $4 |  |  | Set to CY if CM is between 1 and 9, otherwise, set to CY+1 |
| Initial Processing Date (MDR) | procdate1 | yyyymmdd |  |  | Set to the initial date that this record was prepared for the MDR. Store as numeric (SAS date). |
| Length of Time Until Appointment | time\_until | 3 |  |  | If either the appointment date or the date the appointment was made is missing or if the date the appointment was made is after the appointment date, then set time\_until to missing. Otherwise set time\_until to the number of days between the day of the appointment and the day the appointment was made. If time\_until is greater than 999, then set it to 999. |
| Master Change Code | chgcode | $1 |  |  | This code describes the record type after processing. The type can indicate the record is: a newly-added record (N), an existing master record that was modified by the last processing cycle (U), or an existing master record that was not modified by the last processing cycle (blank). |
| Master Change Date (MDR) | chgdt | yyyymmdd |  |  | Set to the most recent date that any data element on the master MDR record was changed. For records that never change, this will be equal to the initial processing date. Store as numeric (SAS date). |
| Medicare Eligibility Flag | medflag | $1 |  |  | If Medicare eligibility is blank and the patient age 65+, set MEDFLAG to Y. If Medicare eligibility not blank, set MEDFLAG to Y. Otherwise set MEDFLAG to N. |
| MEPRS 1 Code | mep1 | $1 |  |  | Set to 1st digit of MEPRS Code |
| MEPRS 3 Code | mep3 | $3 |  |  | Set to 1st 3 digits of MEPRS Code |
| Patient Age | patage | 3 |  |  | If the patient’s date of birth is after the appointment date or either date is missing, set the patient age to missing. Otherwise, if the day of the appointment is later in the year than the patient’s date of birth, set equal to the year of the appointment date – the year of the birth date, else set equal to year of the appointment date – the year of the patient’s birth date - 1. |
| Product Line | prodline | $7 |  |  | See Appendix B for derivation. |
| Record Type Flag | rectype | $1 |  |  | ~~Set to “B” if both a monthly and weekly file are available. Set to M if only a monthly record is available and~~ Set to W if only a weekly record is available. |
| Sponsor Rank – 4 character | rankpay | $4 |  |  | Collapse spon\_rank into rankpay according to table (Appendix B) |
| Sponsor Rank Group | rankgrp | $2 |  |  | Derived according to table 8 in Appendix C. |
| Walk In Flag | walkin | $1 |  |  | Use raw walk-in flag (walkin\_r) from weekly basic master file to derive this field. If the raw walk-in field is WALK-IN, set the walkin flag to ‘Y’, otherwise set the walkin flag to ‘N’ |
| Summary Branch of Service | sumsvc | $1 |  |  | If sponsvc N,M,V, set sumsvc=N. If sponsvc A, set sumsvc=A. If sponsvc = F, set sumsvc = F. Otherwise, set sumsvc = O. |
| Bencat Common | comben | $1 |  |  | If bencat in (AD GRD) then set to 4, else if bencat in (DA, DGR) set to 1 elseif bencat is RET set to 2, else set to 3. |
| DEERS ACV Group | acvgroup | $2 |  |  | II appt 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 D |
| **From LVM/LENR Merge (matched on EDIPN where appt date is between the begin and end date of the appropriate segment)** | | | | | |
| DEERS ACV | acv | $1 |  |  | If the appointment date is between the begin and end date of MDR\_ACV, then fill with MDR\_ACV else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. NO LONGER POPULATED AFTER JAN 1, 2018 |
| DEERS Enrollment DMIS ID | enrdmis | $4 |  |  | If the appointment date is between the begin and end date of D\_MI\_PCM\_EDVSN\_DMIS\_ID then fill with D\_MI\_PCM\_EDVSN\_DMIS\_ID else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| DEERS PCM ID | pcm\_id | $32 |  |  | If the appointment date is between the begin and end date of D\_MI\_PCM\_ID then fill with D\_MI\_PCM\_ID else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| DEERS Beneficiary Category | bencat | $3 |  |  | If the appointment date is between the begin and end date of D\_R\_BEN\_CAT\_CD then fill with D\_R\_BEN\_CAT\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. If no match, set to “Z” |
| DEERS Aggregate Sponsor Branch of Service | sponsvc | $1 |  |  | If the appointment date is between the begin and end date of D\_SPON\_BR\_SVC\_CD then fill with D\_SPON\_BR\_SVC\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. If no match, set to “Z” |
| DEERS HCDP – Enrolled | hcdp | $3 |  |  | If the appointment date is between the begin and end date of D\_MI\_HCDP\_PLN\_CVG\_CD then fill with D\_MI\_HCDP\_PLN\_CVG\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| DEERS HCDP - Assigned | hcdp\_assgn | $3 |  |  | If the appointment date is between the begin and end date of D\_MI\_HCDP\_PLN\_CVG\_CD then fill with D\_MI\_HCDP\_PLN\_CVG\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| Eligibility Group | elg\_grp | $2 |  |  | If the appointment date is between the begin and end date of D\_ELG\_GRP\_CD then fill with D\_ELG\_GRP\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| Enrollment Group | enr\_grp | $2 |  |  | If the appointment date is between the begin and end date of D\_ENR\_GRP\_CD then fill with D\_ENR\_GRP\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| Enrollment PCM Type | pcm\_type | $1 |  |  | If the appointment date is between the begin and end date of D\_PCM\_TYPE\_CD then fill with D\_PCM\_TYPE\_CD else leave blank; see VM=6 specification, section G18 and 19 for segment and field position. |
| **From Omni-CAD Merge: Based on zip code, sponsor service and FY/FM** | | | | | |
| Catchment Area | catch | $4 |  |  | Use FY/FM, patient zip code at time of visit (PATZIP)and sponsor service (map all non-A, F, or N to O) for merge. If no matching zip code, set to ‘0999’. |
| PRISM Area | prism | $4 |  |  | Use patient zip code at time of visit (PATZIP) and sponsor service (map all non-A, F or N to O) for merge.  If no matching zip code, set to ‘0999’. |
| Tnex Region | restnex | $1 |  |  | Use patient zip code at time of visit (PATZIP) for merge. If no match, leave blank. |
| MCS Region | ptmcsreg | $2 |  |  | Use patient zip code at time of visit (PATZIP) for merge. If no matching zip code, set to ‘16’. |
| MTF Service Area | mtfsvcarea | $4 |  |  | Use patient zip code at time of visit (PATZIP)for merge. If no matching zip code, set to ‘0999’. |
| Beneficiary T3 Region | ben\_t3\_reg | $2 |  |  | T3\_Reg. If no match leave blank |
| Beneficiary T2017 Region | ben\_t17\_reg | $2 |  |  | T17\_Reg. If no match, leave blank. |
| **From DMIS ID Table Merge (by Treatment MTF)** | | | | | |
| Treatment Service | txsvc | $1 |  |  | Set to the ubu\_svc variable from the DMIS ID table, merging the data by DMISID and FY. |
| Facility State | facstate | $2 |  |  | Set to the facstate variable from the DMIS ID table, merging the data by DMISID and FY. |
| Facility Zip Code | mtfzip | $5 |  |  | Set to the mtfzip variable from the DMIS ID table, merging the data by DMISID and FY. |
| Treatment MCS Region | txmcsreg | $2 |  |  | Set to the ubu\_reg variable from the DMIS ID table, merging the data by DMISID and FY. |
| Treatment T-NEX Region | txtnxreg | $1 |  |  | Set to the tnexreg variable from the DMIS ID table, merging the data by DMISID and FY. |
| Treatment DMISID T3 Region | mtf\_t3\_reg | $2 |  |  | t3\_reg |
| Treatment DMIS ID T2017 Region | mtf\_t17\_reg | $2 |  |  | t17\_reg |
| **From DMISID Table Merge (By FY and Enrollment MTF)** | | | | | |
| Enrollment Service | Enrsvc | $1 |  |  | Set to the ubu\_svc variable from the DMIS ID table, merging the data by enrollment DMISID and FY If no enrollment site, or enrollment site not found in MDR DMIS ID Table, set to “X”. |
| Enrollment Site T3 Region | enr\_t3\_reg | $2 |  |  | T3\_reg |
| Enrollment Site T2017 Region | enr\_t17\_reg | $2 |  |  | T17\_reg |
| **From MPI Merge** | | | | | |
| Sponsor SSN | sponssn | $9 |  |  | Fill with the raw Sponsor SSN from the appointment record. If the raw Sponsor SSN is blank, then fill with the Sponsor SSN from the MPI. (See the VM6 specification for information on the MPI.) |
| DEERS Dependent Suffix | dds | $2 |  |  | Obtain the DDS from the MPI. (See the VM6 specification for information on the MPI.) |
| Person Association Reason Code | PARC | $2 |  |  | Obtain the PARC from the MPI. (See the VM6 specification for information on the MPI.) |
| Person Identifier | edi\_pn | $10 |  |  | Fill with the raw Patient Identifier (patuniq) from the appointment record. If the raw patient Identifier is blank, then fill with the edi\_pn from the MPI. (See the VM6 specification for information on the MPI.) |
| **CMAC Provider Specialty File** | | | | | |
| CMAC Provider Specialty Class | cmac | $1 |  |  | Apply provider specialty proc format to the provider specialty code in the appointment data. If the provider specialty code is not found in the format, set CMAC to 0. The result is the CMAC Provider Specialty Class. |

1. data marts

N/A

1. special outputs

With each appointment data processing, several special output files are prepared. The special outputs are the MDR appointment summary file, a cancellation file to use in MDR Appointment processing, and an MDR address file. These files are described below.

**MDR Appointment Summary File**: After the update of the MDR Appointment File for any fiscal year, the MDR Appointment Summary File is updated. In that update, all rows of the summary matching the FY of the update are deleted, and new rows are appended that result from the tabulation of the new Appointment File. In this tabulation, there are some minor field derivations, as well. The content of the appointment summary file is described in the table below.

**Table 4: MDR Appointment Summary File**

| **Variable Name** | **Format** | **SAS Name** | **Transformation** |
| --- | --- | --- | --- |
| DEERS Ben Cat Common | $1 | comben | No transformation |
| CM | $2 | cy | No transformation |
| CY | $4 | cm | No transformation |
| DMIS ID | $4 | dmisid | No transformation |
| FM | $2 | fm | No transformation |
| FY | $4 | fy | No transformation |
| Host Node DMIS ID | $4 | hostdmisid | No transformation |
| Inpatient Workload Volume | N | inpvol | Count of rows where Patient Status (patstat)= “I” |
| MEPRS 3 Code | $3 | mep3 | No transformation |
| Outpatient Workload Volume | N | outpvol | Count of rows where patstat <> “I” |
| PRIME Enrollment Indicator | $1 | prime | “1” if Enrollment Group is “P”, else “0” |
| CMAC Provider Group | $1 | provgrp | 1 if CMAC Provider Class (CMAC) is “1”, else 0 |
| Sex | $1 | sex | No transformation |
| Summary Branch of Service | $1 | sumsvc | No transformation |
| Summary Age Group | $1 | sumage | ’Y’ if dmisage <’H’, Else ’S’ |
| Tel Con Indicator | $1 | telcon | 1 if appointment status (apptstat)is 7, else 0 |
| Total Workload Volume | N | totvol | Sum of inpatient volume (inpvol) and outpatient volume (outpvol) |
| Treatment MCS Region | $2 | txmcsreg | No transformation |
| Treatment Service | $1 | txsvc | No transformation |
| Treatment T-NEX Region | $1 | txtnxreg | No transformation |
| Workload Type | $1 | wkldtype | No transformation |

MHS Appointment Address file feed data: An appointment based address file is created to use in preparation of the MHS Address file. The data in the appointment-based address file spans all time for which appointment data are available, and contains the most recently reported address for a patient; where

* The “most recent” appointment record is determined by selecting the record with the most recent appointment date (date last modified is used as a tiebreaker should a person have more than one appointment record for the same day).
* A person is defined by a unique EDI\_PN.

Note that this file cannot be prepared from the final MDR file, because it contains fields that are not retained in the public use data. The content of the MHS Address file is described in table 5.

**Table 5: MHS Address File Feed**

| **Variable Name** | **Format** | **SAS Name** |
| --- | --- | --- |
| Appointment Date | $8 | apptdt |
| Sponsor SSN | $9 | sponssn |
| DEERS Dependent Suffix (DDS) | $2 | dds |
| Patient Identifier | $10 | patuniq |
| Patient Last Name | $26 | patln |
| Patient First Name | $20 | patfn |
| Street Address 1 | $40 | addr1 |
| Street Address 2 | $40 | addr2 |
| Street Address 3 | $40 | addr3 |
| City | $20 | city |
| State | $2 | Derive STATE using PATZIP and the ZIPSTATE function available in SAS. |
| Zip Code | $5 | zip (use PATZIP field to populate) |
| Phone Number | $14 | fonhome |
| Date last modified | $8 | moddate |

Master Cancellation File: A cancellation file is prepared each month by extracting certain fields from cancelled records in the feed. These cancelled records are processed against the master appointment data set, and records whose key matches one in the cancellation file are removed from the master appointment data.

M2 Data Feed: The M2 receives a weekly extract of Master Appointment Data from the MDR, including records from appointments that were kept and not-kept. This extract includes records from 2005 forward. The layout of the feed is described in the M2 Appointment data specification.

1. quality review requirements

The preparation of MDR appointment data is complex. 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. Significant variations in appointment-based data should be noted and explored with DSD. The disposition of all appointment records should be accounted for in this spreadsheet. Record counts of reference files should also be recorded so that expectations of changes in record counts can be ascertained.
2. File Size: Record counts should increase as a file is updated.
3. There should a maximum of one record per CHCS Host / Appointment IEN in any one appointment file.
4. The number of records matched should be tracked and reviewed in each processing cycle, including the match of appointment records in weekly and monthly feeds, and also matches to reference files. Significant changes in match statistics should be reported to DSD.
5. Proc contents should be reviewed and compared against specifications to ensure conformance.
6. Frequency tabulations should be compared from cycle to cycle for the following variables: beneficiary category, acv, tnex region, mtf svc, and appointment status code.
7. 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, raw fields used to identify individual records for specific types of processing (e.g., to remove cancellations), and raw fields used to control the flow of processing.
8. Routine feed and file management procedures should be followed for the MDR appointment processor.

**Appendix A: MDR Basic File**

**Table 6: Format of MDR Basic File**

| **MDR Data Element** | **MDR SAS Name** | **Format** | **Source Data Element** | | **Business Rule** |
| --- | --- | --- | --- | --- | --- |
| **ICD Field #** | **ICD Field Name** |
| Access to Care Category | atc\_cat | $15 | 43 | Access to Care Category | No transformation |
| Appointment Date and Time | aptdttm | yyyymmdd HH:MM | 39 | Appointment Date Time | Store as numeric (SAS date) |
| Appointment Duration | appt\_dur | $5 | 38 | Appointment Duration | No transformation. |
| Appointment Internal Entry Number | apptien | $10 | 35 | Host Appointment IEN | Record Key Field. Position 6-15 of the HOST\_APTIEN. |
| Appointment Status | apptstat\_r | $10 | 36 | Appointment Status | No transformation |
| Appointment Type | appttype\_r | $6 | 37 | Appointment Type | No transformation |
| ATC Request Date and Time | atcdttm | yyyymmdd HH:MM | 70 | ATC Request Date/Time | No transformation |
| CAPER Status | caperstat | $1 | 28 | CAPER Status | No transformation |
| CCE Status | ccestat | $1 | 29 | CCE Status | No transformation |
| CHCS Beneficiary Category | chcs\_bc | $3 | 59 | Beneficiary Category | No transformation |
| CHCS Host | chcshost | $4 | 1 | Host DMIS ID | Record Key Field. |
| CHCS PCM Group | chcs\_group | $30 | 61 | NED Provider Group | No transformation |
| CHCS PCM ID | chcs\_pcm | $9 | 60 | PCM ID | No transformation |
| CHCS Provider ID | provid | $9 | 45 | Provider ID | No transformation |
| CHCS Provider ID, Secondary | provid2 | $9 | 50 | Secondary Provider ID | No transformation |
| Clinic Name | clinic\_name | $30 | 63 | Clinic Name | No transformation |
| Countable Visit Indicator, Raw | wkld | $9 | 41 | Work Load | No transformation |
| Date and Time Appointment Made | dtapmdttm | $14 | 42 | Date and Time Appointment Made | No transformation |
| DEERS Dependent Suffix | dds | $2 | 5 | DDS | If the DDS is one character long, and that one character is a number between 0 and 9, inclusive, then concatenate a 0 (zero) and the single-digit DDS value together to produce a 2-character DDS. |
| Detail Code 1 | detail1 | $8 | 66 | Detail Code (1st) | No transformation |
| Detail Code 2 | detail2 | $8 | 67 | Detail Code (2nd) | No transformation |
| Detail Code 3 | detail3 | $8 | 68 | Detail Code (3rd) | No transformation |
| Detail Code 4 | detail4 | $8 | 69 | Detail Code (4th) | No transformation |
| Enrollment DMIS ID (Raw) | enrdmis1 | $4 | 23 | Enrolling DMIS ID | No transformation |
| Extract Date | extrdt | yyyymmdd | 64 | Harvest Date | Position 1-8; Store as numeric (SAS date) |
| Family Member Prefix | fmp | $2 | 7 | Patient Family Member Prefix (FMP) | If the FMP is one character long, and that one character is a number between 0 and 9, inclusive, then concatenate a 0 (zero) and the singe-digit FMP value together to produce a 2-character FMP. |
| Health Care Delivery Program Code, Raw | chcshcdp | $3 | 24 | Health Care Delivery Plan (HCDP) | No transformation |
| Host Provider IEN | hostprovien | $30 | 44 | Host Provider IEN | No transformation |
| Inpatient Rounds MEPRS Code | rounds\_meprs\_cd | $4 | 62 | RNDS\*MEPRS Code | No transformation |
| Location Type | pcmloc | $1 | 34 | Clinic Type | No transformation |
| Medicare Eligibility | medelig | $26 | 31 | Medicare Eligibility | No transformation |
| MEPRS 4 Code | meprs4 | $4 | 32 | Clinical MEPRS | No transformation |
| MHCDP Code | mhcdp | $3 | 77 | MHCDP Code | No transformation |
| MHCDP Start Date | mhcdp\_st | yyyymmdd | 78 | MHCDP Start Date | No transformation |
| MHCDP Stop Date | mhcdp\_end | yyyymmdd | 79 | MHCDP Stop Date | No transformation |
| Patient Cancellation Reason Code | patcanrea | $18 | 40N | Patient Cancellation Reason | No transformation |
| Patient Category Code | patcat | $3 | 25 | Patient Category Code | No transformation |
| Patient Category Status | cat\_stat | $1 | 65 | Patient Category Status | No transformation |
| Patient Date of Birth | patdob | yyyymmdd | 4 | Patient DOB | Store as numeric (SAS date) |
| Patient First Name | firstname | $20 | 8 | Patient First Name | No transformation |
| Patient Gender | sex | $6 | 12 | Patient Sex | No transformation |
| Patient Last Name | lastname | $26 | 9 | Patient Last Name | No transformation |
| Patient SSN | patssn | $9 | 10 | Patient SSN | SSNs coming from the weekly feed must have the dashes removed. |
| Patient SSN Type Code | patssn\_type | $1 | 55 | Patient Person ID Type Code | No transformation |
| Patient State | state | $35 | 17 | Patient State | No transformation |
| Patient Status | patstat | $1 | 22 | Patient Status | No transformation |
| Patient Zip Code at Time of Visit | patzip | $5 | 21 | Patient ZIP Code | No transformation |
| PCM EDIPN | pcmedipn | $10 | 72 | PCM EDI\_PN | No transformation |
| PCM Internal Entry Number | pcmien | 1-12 | 73 | PCM IEN | No transformation |
| PCM Place of Care | pcm\_group | $30 | 74 | PCM Group Place of Care (Clinic) | No transformation |
| PCM Provider Name | pcmnm | $30 | 71 | PCM Provider Name | No transformation |
| Person ID, Raw | EDIPN\_R | $10 | 3 | Patient Identifier | No transformation |
| Provider EDIPN | provedipn | $10 | 46 | Provider EDI\_PN | No transformation |
| Provider EDIPN, Secondary | prov2edipn | $10 | 51 | Secondary Provider EDI\_PN | No transformation |
| Provider Flag | provflag | $1 | 75 | Provider Flag | No transformation |
| Provider Name | provnm | $30 | 76 | Provider Name | No transformation |
| Provider NPI | provnpi | $10 | 57 | Provider NPI | No transformation |
| Provider specialty (HIPAA) | hipaaprv | $10 | 47 | Patient Tax | No transformation |
| Provider Specialty (Old) | provspec | $3 | 48 | Provider Specialty | No transformation |
| Referral Number | refnum | $11 | 52 | Host Reference IEN | Position 6-16 of HOST\_REFIEN |
| Referral Refusal IEN | rfuien | $30 | 54 | Host Referral Refusal Reason IEN | No transformation |
| SADR Status | sadrstat | $1 | 27 | SADR Status | No transformation |
| Secondary Provider NPI | prov2npi | $10 | 58 | Secondary Provider NPI | No transformation |
| Source System | source | $7 | 30 | Source System | No transformation |
| Sponsor SSN | sponssn | $9 | 16 | Sponsor SSN | SSNs coming from the weekly feed must have the dashes removed. |
| Sponsor Rank | rank | $35 | 15 | Sponsor Rank | No transformation |
| Sponsor SSN Type Code | sponssn\_type | $1 | 56 | Sponsor Person ID Type Code | No transformation |
| Treatment DMIS ID | mtf | $4 | 33 | Host Clinic DMIS ID | Substr(HOST\_CLDMIS,6,4) |
| Walk-in Flag | walkin\_r | $11 | 53 | Walk-in Appointment | No transformation |
| **Internally Derived Fields** | | | | | |
| Change Code | chgcode | $1 |  |  | This code describes the record type after processing. The type can indicate the record is: a newly-added record (N), an existing master record that was modified by the last processing cycle (U), or an existing master record that was not modified by the last processing cycle (blank). |
| Processing Date | procdt | yyyymmdd |  |  | Date that the processor most recently added/updated this record. Store as numeric (SAS date) |

**Appendix A: Rank to Rank Group derivation**

**Table 7: Rank Group Derivation Logic**

| **RANK** | **Rank Group** |
| --- | --- |
| ACADEMY CADET/MIDSHIPMAN | CD |
| AIR FORCE ACADEMY CADET | CD |
| AVIATION CADET | CD |
| CADET | CD |
| CADET/MIDSHIPMAN | CD |
| AIRMAN | EJ |
| AIRMAN APPRENTICE | EJ |
| AIRMAN BASIC | EJ |
| AIRMAN FIRST CLASS | EJ |
| AIRMAN RECRUIT | EJ |
| CORPORAL | EJ |
| LANCE CORPORAL | EJ |
| PETTY OFFICER THIRD CLASS | EJ |
| PRIVATE | EJ |
| PRIVATE E1 | EJ |
| PRIVATE E2 | EJ |
| PRIVATE FIRST CLASS | EJ |
| SEAMAN | EJ |
| SEAMAN APPRENTICE | EJ |
| SEAMAN RECRUIT | EJ |
| SENIOR AIRMAN | EJ |
| SPECIALIST | EJ |
| SPECIALIST 4 | EJ |
| SPECIALIST 5 | EJ |
| SPECIALIST 6 | EJ |
| SPECIALIST 7 | EJ |
| CAPTAIN | OJ |
| ENSIGN | OJ |
| FIRST LIEUTENANT | OJ |
| LIEUTENANT | OJ |
| LIEUTENANT JUNIOR GRADE | OJ |
| OFFICER 01 GRADE | OJ |
| OFFICER 03 GRADE | OJ |
| SECOND LIEUTENANT | OJ |
| CHIEF MASTER SERGEANT | ES |
| CHIEF PETTY OFFICER | ES |
| COMMAND SERGEANT MAJOR | ES |
| COMMAND SERGEANT MAJOR OF THE ARMY | ES |
| FIRST SERGEANT | ES |
| GUNNERY SERGEANT | ES |
| MASTER CHIEF PETTY OFFICER | ES |
| MASTER CHIEF PETTY OFFICER OF THE N | ES |
| MASTER GUNNERY SERGEANT | ES |
| MASTER SERGEANT | ES |
| PETTY OFFICER FIRST CLASS | ES |
| PETTY OFFICER SECOND CLASS | ES |
| SENIOR CHIEF PETTY OFFICER | ES |
| SENIOR MASTER SERGEANT | ES |
| SERGEANT | ES |
| SERGEANT 1ST CLASS | ES |
| SERGEANT MAJOR | ES |
| SERGEANT MAJOR OF THE ARMY | ES |
| STAFF SERGEANT | ES |
| STAFF SERGEANT MAJOR | ES |
| TECHNICAL SERGEANT | ES |
| ADMIRAL | OS |
| BRIGADIER GENERAL | OS |
| COLONEL | OS |
| COMMANDER | OS |
| COMMODORE | OS |
| FLEET ADMIRAL | OS |
| GENERAL | OS |
| GENERAL OF THE AIR FORCE | OS |
| GENERAL OF THE ARMY | OS |
| LIEUTENANT COLONEL | OS |
| LIEUTENANT COMMANDER | OS |
| LIEUTENANT GENERAL | OS |
| MAJOR | OS |
| MAJOR GENERAL | OS |
| OFFICER 04 GRADE | OS |
| OFFICER 05 GRADE | OS |
| OFFICER 06 GRADE | OS |
| OFFICER 09 GRADE | OS |
| OFFICER 10 GRADE | OS |
| REAR ADMIRAL | OS |
| VICE ADMIRAL | OS |
| AF GRADE UNKNOWN | XX |
| AF OFFICER/GRADE UNKNOWN | XX |
| AIRMAN/GRADE UNKNOWN | XX |
| ARMY GRADE UNKNOWN | XX |
| CG GRADE UNKNOWN | XX |
| CIVILIAN | XX |
| CONSTRUCTIONMAN | XX |
| CONSTRUCTIONMAN APPRENTICE | XX |
| CONSTRUCTIONMAN RECRUIT | XX |
| DENTALMAN | XX |
| DENTALMAN APPRENTICE | XX |
| DENTALMAN RECRUIT | XX |
| ENLISTED 31 GRADE | XX |
| ENLISTED 33 GRADE | XX |
| ENLISTED 35 GRADE | XX |
| ENLISTED 36 GRADE | XX |
| ENLISTED 37 GRADE | XX |
| ENLISTED 38 GRADE | XX |
| ENLISTED 39 GRADE | XX |
| FIREMAN | XX |
| FIREMAN APPRENTICE | XX |
| FIREMAN RECRUIT | XX |
| FOREIGN MIL ENLISTED/CIV EQUIV | XX |
| FOREIGN MIL OFFICER/CIV EQUIV | XX |
| HOSPITALMAN | XX |
| HOSPITALMAN APPRENTICE | XX |
| HOSPITALMAN RECRUIT | XX |
| MARINE GRADE UNKNOWN | XX |
| NAVY GRADE UNKNOWN | XX |
| NOAA GRADE UNKNOWN | XX |
| PLATOON SERGEANT | XX |
| UNKNOWN | XX |
| UNKNOWN PHS PERSONNEL | XX |
| CHIEF WARRANT OFFICER | XX |
| CHIEF WARRANT OFFICER 1 | XX |
| CHIEF WARRANT OFFICER 2 | XX |
| CHIEF WARRANT OFFICER 3 | XX |
| CHIEF WARRANT OFFICER 4 | XX |
| CHIEF WARRANT OFFICER 5 | XX |
| WARRANT OFFICER | XX |
|  | XX |

**Appendix B: Product Line Mapping Rules**

**Table 8: Product Line Mapping Table**

|  |  |  |
| --- | --- | --- |
| **Product Line** | **Full Name Description** | **Definition** |
| PC | Primary Care | BGA, BHA, BDA, BAA, BJA, BHB, BHI, BDC, BDB, BKA, BHZ, BGZ, BHH |
| ORTHO | Orthopedics | BLA, BEA, BEF, BEZ, BEB, BEE, BEC, BED, BLB |
| MH | Mental Health | BFD, BFE, BFF, BFA, BFB, BFC |
| OBGYN | Obstetrics/Gynecology | BCC, BCB, BCD, BCA |
| OPTOM | Optometry | BHC, BBD |
| IMSUB | Internal Medicine Subspecialty | BAG, BAC, BAL, BAK, BAB, BAN, BAQ, BAS, BAM, BAF, BAJ, BAO, BAH, BAE, BAU, BAT, BAV |
| ER | Emergency Room | BIA |
| SURG | General Surgery | BBA |
| SURGSUB | Surgical Subspecialty | BBI, BBG, BBC, BBK, BBJ, BBH, BBB, BBZ, BBE |
| ENT | Otolaryngology | BBF |
| DERM | Dermatology | BAP |
| OTHER | Other | All other MEPRS Codes |

**Appendix C: Rank to Rank(4) proc format**

This format will initially assign a blank value initially. It is intended that a replacement format file will be provided in the future which will map the 35 character rank element to the 4 character rank element. The structure of this format table will enable this without a code change.

PROC FORMAT;

VALUE $rank

other=" ";

**Appendix D: 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”

1. Access to address data must be tightly controlled, as patient contact is possible with this file. [↑](#footnote-ref-1)
2. An efficient method of operation would be to prepare both files in one process, separating into distinct outputs as a final step. [↑](#footnote-ref-2)