Designated Provider Claims
for the
MHS Data Repository (MDR)
(Version 4.01.00)

Current 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.
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.
4.00.01	11.14.2016	• File Layout	L. Hopkins	• Change Member Category Code from being derived to dropped FY16 forward.
4.01.00	12/21/2017	• Section	W. Funk	• Added fields related to NDAA 2017 and read in new Point of Service field.

MDR Designated Provider Claims

I.   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.

II.   TRANSMISSION (FORMAT AND FREQUENCY)

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

III.   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.

IV.   RECEIVING FILTERS

N/A

V.   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.

VI.   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]. The basis upon which the MDR institutional records should be merged to the reference (or data) files is also described.

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[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.

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.

VII. 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

DATA ELEMENT NAME	LENGTH	FIELD TYPE	SOURCE FILE START POSITION THROUGH FY15	SOURCE FILE START POSITION FY16+	SAS NAME	COMMENTS
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	SVCBEG1	If ENC=H set to missing.
SERVICE 1 END DATE (SAS Date)	8	Date	328	260	SVCEND1	If ENC=H set to missing.

DATA ELEMENT NAME	LENGTH	FIELD TYPE	SOURCE FILE START POSITION THROUGH FY15	SOURCE FILE START POSITION FY16+	SAS NAME	COMMENTS
SERVICE 1 PLACE OF SERVICE	2	Char	336	268	SVCPLC1	No Transformation
SERVICE 1 PROCEDURE CODE	13	Char	338	270	SVCPROC1	No Transformation
SERVICE 1 RELATED DIAGNOSIS CODE	7	Char	351	283	SVCDX1	No Transformation
SERVICE 1 QUANTITY	3	Char	358	290	SVCQTY1	No Transformation
SERVICE 2 START DATE (SAS Date)	8	Date	361	293	SVCBEG2	If ENC=H set to missing.
SERVICE 2 END DATE (SAS Date)	8	Date	369	301	SVCEND2	If ENC=H set to missing.
SERVICE 2 PLACE OF SERVICE	2	Char	377	309	SVCPLC2	No Transformation
SERVICE 2 PROCEDURE CODE	13	Char	379	311	SVCPROC2	No Transformation
SERVICE 2 RELATED DIAGNOSIS CODE	7	Char	392	324	SVCDX2	No Transformation
SERVICE 2 QUANTITY	3	Char	399	331	SVCQTY2	No Transformation
SERVICE 3 START DATE (SAS Date)	8	Date	402	334	SVCBEG3	If ENC=H set to missing.
SERVICE 3 END DATE (SAS Date)	8	Date	410	342	SVCEND3	If ENC=H set to missing.
SERVICE 3 PLACE OF SERVICE	2	Char	418	350	SVCPLC3	No Transformation
SERVICE 3 PROCEDURE CODE	13	Char	420	352	SVCPROC3	No Transformation
SERVICE 3 RELATED DIAGNOSIS CODE	7	Char	433	365	SVCDX3	No Transformation
SERVICE 3 QUANTITY	3	Char	440	372	SVCQTY3	No Transformation
SERVICE 4 START DATE (SAS Date)	8	Date	443	375	SVCBEG4	If ENC=H set to missing.
SERVICE 4 END DATE (SAS Date)	8	Date	451	383	SVCEND4	If ENC=H set to missing.
SERVICE 4 PLACE OF SERVICE	2	Char	459	391	SVCPLC4	No Transformation
SERVICE 4 PROCEDURE CODE	13	Char	461	393	SVCPROC4	No Transformation
SERVICE 4 RELATED DIAGNOSIS CODE	7	Char	474	406	SVCDX4	No Transformation
SERVICE 4 QUANTITY	3	Char	481	413	SVCQTY4	No Transformation
SERVICE 5 START DATE (SAS Date)	8	Date	484	416	SVCBEG5	If ENC=H set to missing.
SERVICE 5 END DATE (SAS Date)	8	Date	492	424	SVCEND5	If ENC=H set to missing.
SERVICE 5 PLACE OF SERVICE	2	Char	500	432	SVCPLC5	No Transformation

DATA ELEMENT NAME	LENGTH	FIELD TYPE	SOURCE FILE START POSITION THROUGH FY15	SOURCE FILE START POSITION FY16+	SAS NAME	COMMENTS
SERVICE 5 PROCEDURE CODE	13	Char	502	434	SVCPROC5	No Transformation
SERVICE 5 RELATED DIAGNOSIS CODE	7	Char	515	447	SVCDX5	No Transformation
SERVICE 5 QUANTITY	3	Char	522	454	SVCQTY5	No Transformation
SERVICE 6 START DATE (SAS Date)	8	Date	525	457	SVCBEG6	If ENC=H set to missing.
SERVICE 6 END DATE (SAS Date)	8	Date	533	465	SVCEND6	If ENC=H set to missing.
SERVICE 6 PLACE OF SERVICE	2	Char	541	473	SVCPLC6	No Transformation
SERVICE 6 PROCEDURE CODE	13	Char	543	475	SVCPROC6	No Transformation
SERVICE 6 RELATED DIAGNOSIS CODE	7	Char	556	488	SVCDX6	No Transformation
SERVICE 6 QUANTITY	3	Char	563	495	SVCQTY6	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	564	TRANTYPE	No Transformation
POINT OF SERVICE	$1	Char		563	PT_OF_SVC	No transformation
Fiscal Year of Latest Encounter	8	Date	N/A		FY	Derived from latest valid encounter date.

DATA ELEMENT NAME	LENGTH	FIELD TYPE	SOURCE FILE START POSITION THROUGH FY15	SOURCE FILE START POSITION FY16+	SAS NAME	COMMENTS
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.
ACV Group	2	Char				
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. NO LONGER POPULATED AFTER 1/1/2018.
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.

DATA ELEMENT NAME	LENGTH	FIELD TYPE	SOURCE FILE START POSITION THROUGH FY15	SOURCE FILE START POSITION FY16+	SAS NAME	COMMENTS
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.
DEERS Eligibility Group	2	Char	N/A		elg_grp	If the begin date or care 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.
DEERS Enrollment Group	2	Char	N/A		enr_grp	If the begin date of careis 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.
DEERS PCM Type	1	Char	N/A		pcm_type	If the begin date of care 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.

DATA ELEMENT NAME	LENGTH	FIELD TYPE	SOURCE FILE START POSITION THROUGH FY15	SOURCE FILE START POSITION FY16+	SAS NAME	COMMENTS
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.

VIII. 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)

IX. DATA MARTS

N/A

X. **SPECIAL OUTPUTS**

N/A.