**10 May 2018**

Designated Provider Pharmacy

for the

MHS Data Repository (MDR)

(Version 2.01.01)

Future Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Para/Tbl/Fig** | **Originator** | **Description of Change** |
| 1.00.00 | 11/16/2004 | * Whole document | L. Hopkins | * Initial versioning. |
| 2.00.00 | 9/21/2015 | * Whole document | L. Hopkins | * Updated file layout due to changes in ICD |
| 2.01.00 | 2/1/2018 | * Section 8 | W. Funk | * Added point of service |
| 2.01.01 | 5/10/2018 | * Layout | L. Hopkins | * Added LVM and MPI Merge details and fields |

# MDR Designated Provider Pharmacy

1. Source:

Data Capture: 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 Pharmacy Designated Provider files are processed monthly. The files are Fiscal Year files, representing all pharmacy encounters for which a record has been received in the MDR. Only data for fiscal year 2003 through the current fiscal year will be kept in the MDR.

1. Receiving Filters

N/A

1. Field Transformations and Deletions for MDR Core Database

The raw Pharmacy Designated Provider file contains update records as well as records that need to be deleted from the monthly MDR file. Records are deleted or corrected according to the following logic:

* Any records with a fiscal year prior to 2003 are deleted.
* 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 based on DMISID and Unique Patient Reference Number.
* Entire duplicate records in each feed need to be purged.

The following fields are derived during MDR Processing:

* Fiscal Year—based off the dispensing date
* Fiscal Month—based off the dispensing date

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.

**Designated Provider Pharmacy Detail Data Record File Layout**

| **DATA ELEMENT NAME** | **LENGTH** | **FIELD TYPE** | **SOURCE FILE START POSITION** | **SAS NAME** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- |
| DMIS ID | 4 | Char | 1 | DMISID | No Transformation |
| DEERS FAMILY IDENTIFIER | 9 | Char | 5 | FAMID | No Transformation |
| DEERS BENEFICIARY IDENTIFIER | 2 | Char | 14 | BENID | No Transformation |
| PATIENT IDENTIFIER | 10 | Char | 16 | PATID | No Transformation |
| SPONSOR SOCIAL SECURITY NUMBER (SSN) | 9 | Char | 26 | SPONSSN | No Transformation |
| PATIENT”S LAST NAME | 26 | Char | 35 | LNAME | No Transformation |
| PATIENT’’S FIRST NAME | 20 | Char | 60 | FNAME | No Transformation |
| QUANTITY DISPENSED | 6 | Char | 81 | QTY | No Transformation |
| DATE DISPENSED | 8 | Date | 87 | DISPDATE | No Transformation |
| NATIONAL DRUG CODE NUMBER | 11 | Char | 95 | NDC | No Transformation |
| COST DATA | 11 | Num | 106 | COST | No Transformation |
| BASIS FOR COST DETERMINATION | 3 | Char | 117 | COSTDET | No Transformation |
| UNIQUE PATIENT REFERENCE NUMBER | 12 | Char | 120 | RECID | No Transformation |
| CO-PAYMENT AMOUNT COLLECTED | 6 | Num | 132 | COPAY | No Transformation |
| PHARMACY NABP NUMBER | 18 | Char | 138 | RXNUM | No Transformation |
| NUMBER OF DAYS PROVIDED | 3 | Num | 156 | DAYSSUP | No Transformation |
| PROVIDER PRESCRIBING MEDICATION | 18 | Char | 159 | PROVID | No Transformation |
| DISPENSED AS WRITTEN INDICATOR | 1 | Char | 177 | GENERIC | No Transformation |
| POINT OF SERVICE | 1 | Char | 178 | PT\_OF\_SVC | No transformation |
| TRANSACTION TYPE | 1 | Char | 179 | TRANTYPE | No Transformation |
| Derived Fields | | | | | |
| Fiscal Year | 8 | Num |  | FY | Derived from Dispensing Date |
| Fiscal Month | 8 | Num |  | FM | Derived from Dispensing Date |
| **Longitudinal VM-4 DEERS Merge** | | | | | |
| DEERS Enrollment DMISID | 4 | Char | N/A | denrsite | Fill with enrollment DMISID from LVM-4, if the Date Dispensed 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 Date Dispensed 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 Date Dispensed 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 Date Dispensed 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 Date Dispensed 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 Date Dispensed 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 Date Dispensed 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 Date Dispensed 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 |
| DEERS PCM Type | 1 | Char | N/A | pcm\_type | If the Date Dispensed 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. |
| **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 |