**3 December 2018**

Pharmacy Data Transaction Service (PDTS)

for the

MHS Data Repository (MDR)

(Version 2.03.02)

Future Specification

**Revision History**

| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| --- | --- | --- | --- | --- |
| 1.00.00 | 03/27/2008 | N. Bowling | * Entire document | * Initial versioning. |
| 1.01.00 | 08/25/2010 | N. Bowling | * Table “MDR PDTS Fields” | * New value included in the “Fill Location” field. |
| 1.02.00 | 10/21/2010 | N. Bowling | * Table “MDR PDTS Fields” | * Updated derivation for “Fill Location” field. |
| 1.03.00 | 02/25/2011 | N. Bowling | * Table “MDR PDTS Fields” | * Created the new field “ACV Group” in position 621. * Set “DDS” to blank for FY09+. |
| 1.04.00 | 03/24/2011 | N. Bowling | * Table “MDR PDTS Fields” | * Created the new field “New RX Number” in position 636. * Updated derivation rules for “Sub Dispensing Fee”. |
| 1.04.01 | 05/16/2012 | S. Keane | * Table “MDR PDTS Fields” | * Updated fields. |
| 1.05.00 | 06/14/2012 | S. Keane | * Table “MDR PDTS Fields” | * Added Medical Home fields. |
| 1.06.00 | 08/10/2012 | S. Keane | * Table “MDR PDTS Fields” | * Removed PPS fields. |
| 1.06.01 | 10/01/2012 | S. Keane | * Table “MDR PDTS Fields” | * Updated Medical Home fields. |
| 1.07.00 | 01/17/2013 | S. Keane | * Table “MDR PDTS Fields” and Appendix A | * Added new value in the “Fill Location” field for theater claims (TMDS) and updated derivation rules for related fields. |
| 1.08.00 | 02/26/2013 | S. Keane | * Appendix A and its references | * Replaced list of NDCs with reference files. |
| 1.09.00 | 03/12/2013 | S. Keane | * Table “MDR PDTS Fields” | * Updated linking between PDTS and ASADR/CADRE RX. |
| 1.09.01 | 06/10/2013 | D. McDonald | * Table “MDR PDTS Fields” | * Update Derivation of ACV Group. |
| 1.09.02 | 10/04/2013 | S. Keane | * Table “MDR PDTS Fields” | * Update linking between PDTS and ASADR/CADRE RX and Ancillary Pharmacy. |
| 1.09.03 | 10/29/2013 | S. Keane | * Table “MDR PDTS Fields” | * Update linking between PDTS and ASADR/CADRE RX and Ancillary Pharmacy. |
| 1.09.04 | 05/28/2014 | S. Keane | * Table “MDR PDTS Fields” | * Correct logic in Treatment DMIS ID derivation. |
| 1.10.00 | 06/06/2014 | S. Keane | * Table “MDR PDTS Fields” and Appendix A | * Remove application of sections 1-4 of Appendix A: PEC-approved algorithms. |
| 1.10.01 | 01/05/2015 | S. Keane | * Table “MDR PDTS Fields” | * Add Fields: Patient Category Code and Patient Subcategory Code. |
| 2.00.00 | 05/15/2015 | S. Keane | * Section V, Table 1 External Reference Files * Section VI, Table 2 MDR PDTS File Layout and Content | * Convert to SAS dataset * Reorder fields by Source then Name * Insert External Reference Files Table * Increase size of Authorization Number fields |
| 2.00.01 | 06/16/2015 | S.Keane | * Section VI, Table 2 MDR PDTS File Layout and Content | * Correct field positions. |
| 2.00.02 | 07/30/2015 | S. Keane | * Section VI, Table 2 MDR PDTS File Layout… and Appendix B | * Update derivation of region fields * Remove “Position” column * Update Appendix B SAS names |
| 2.00.03 | 09/22/2015 | S. Keane | * Section VI, Table 2 | * Add derived fields * Add leading zero to New Refill Code * Update derivation of region fields. |
| 2.00.04 | 10/20/2015 | S. Keane | * Section V1, Table 2 * Appendix C | * Modify Ingredient Cost using of Weighted Acquisition Unit Prices (WAUP) discussed in Appendix C. |
| 2.00.05 | 01/05/2016 | S. Keane | * Table 2 | * Send HSSC Region (HSSCREG) to M2 “Beneficiary HSSC Region”. |
| 2.00.06 | 07/13/2016 | S. Keane | * Tables 1 and 2 | * Changed derivation of residence-based zip fields to use D\_ZIP |
| 2.01.00 | 10/25/2017 | K. Hutchinson | * Table 2 | * Changes for NDAA 2017 and T2017 * Delete fields |
| 2.02.00 | 01/02/2018 | S. Keane | * Table 2 * Appendix C | * Limit the modification of MTF Ingredient Cost using WAUP from 1May2015 and 30April2017. |
| 2.02.01 | 05/23/2018 | S. Keane | * Table 2 * Appendices B and C   Administrative changes only. | * Clean up language re: the modification of MTF Ingredient Cost using WAUP from 1May2015 to 30April2017. * Undo deletions, set FY requirements. |
| 2.03.00 | 11/20/2018 | S. Keane | * Table 2 | * Send DEA Class to M2; Derive GENESIS Flag, Cleanup OCI. |
| 2.03.01 | 11/29/2018 | S. Keane | * Table 2 | * Send Compound Indicator to M2; Create placeholder for Member Category Code, and Member Relationship Code. |
| 2.03.02 | 12/3/2018 | S. Keane | * Table 2 | * Remove placeholder for Member Category Code and Member Relationship Code. |

## Pharmacy Data Transaction Service (PDTS) for MDR

## Source

Data capture system: Pharmacy Data Transaction Service (PDTS)

1. Transmission (Format and Frequency)

PDTS transmission occurs weekly from the PDTS data warehouse (or back-up) to the EI/DS Feed Node.

1. Organization and batching

* PDTS data in the MDR are organized into fiscal year files, based on dispensing date.
* PDTS feeds are processed weekly. Raw data batches are created, processed, and appended/updated to/in the master file.[[1]](#footnote-1) If a PDTS feed is received from a fiscal year not being processed that month, they will be held to batch with all others received prior to that year’s next update batch.
* The PDTS feeds are sorted into processing batches by fiscal month and fiscal year of the prescription fill date.
* Archiving (APUB): Only the current month's PDTS annual file will be archived every week.  After a month is more than 30 days past, all weekly update archives will be purged except for the last one of that processing month. Note that this does mean we keep the raw feeds archived forever, as is our normal policy. EXAMPLE: On 5 August, the weekly FY02 archives for PDTS processes in June would be purged, saving only the last June FY02 archive.

1. Receiving Filters

* All transactions that were received and reversed within the same “data week” are filtered out by PDTS.
* All rejected transactions are filtered out by PDTS.
* Any reversal will be used to delete the existing MDR record whose authorization number matches the “Original Authorization Number” of the newly received reversal record. Neither record will be retained in the MDR PDTS file.

1. Field Transformations and Deletions for MDR Core Database
2. A unique person identifier consists of the Sponsor SSN, DEERS Dependent Suffix (DDS) and “Family Sequence Identifier”. In the PDTS file, these fields are called the *Subscriber ID* (SSN+DDS) and *Member Number* Family Seq ID). Beginning in FY04, this is replaced by the Universal Patient Identifier.
   * If the “Family Sequence Identifier” is greater than 5 or less than 1, set this value to 1 for PITE merge. Original value is retained in MDR PDTS.
3. For FY02 and FY03, the feed is merged to the DEERS beneficiary data, merging based on:

* The person key above (in the PITE, the DDS is the “legacy DDS”).
* The month of prescription fill matching the month in which the data was extracted from DEERS.
* The PITE record with a Primary Record Identifier.
* If merge to correct PITE month (based on dispensing date) is unsuccessful, attempt merge to previous PITE month. If still unsuccessful, merge to PITE month after dispensing date. If either of these is successful, set Match Flag = “N”.
  + Should the correct PITE month (based on dispensing date) not yet exist, attempt to merge to most current PITE month and note (but still include in the database with DEERS Match Flag = ‘P’) records for future reprocessing against correct PITE month when available.
  + Should the PITE month after the dispensing date not yet exist, note (but still include in the database with DEERS Match Flag = ‘N’) records for future reprocessing against next PITE month when available.
* From this merge, appended to the records are those fields identified as “from PITE” in the following table.

1. For FY04 and forward, the feed is merged to the LVM4, merging based on:
   * The Universal Patient Identifier.
   * The date of prescription fill.
   * From this merge, appended to the records are those fields identified as “from LVM4” in the following table.
2. A lookup to the “Pharmacy Identifier – MTF/contractor Crosswalk” table (or its equivalent in the DMIS ID Index table) is used to append Treatment DMIS ID.
3. Merge each encounter record to the Reservist Table File by Sponsor SSN. Reservist Special Operation Code and Reservist Status Code are appended to the encounter record if the dispensing date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record.
4. See the MPI specification for appending Person Association Reason Code.
5. Various other fields are appended and derived as noted in the table that follows.

Table 1 lists the external reference files (and criteria) used to append many fields to the MDR PDTS file.

**Table 1. External Reference Files**

| **MERGE** | **DATE Matching** | **Additional Matching** |
| --- | --- | --- |
| Master Person Index | n/a | See MPI Specification |
| Longitudinal VM4 | Date Dispensed (DATEDISP) | Patient EDIPN (EDIPN) |
| DMISID Index | FY of Date Dispensed (DATEDISP) | Treatment DMIS ID (TMTDMIS) |
| Omni-CAD | FY/FM of Date Dispensed (DATEDISP) | Specified Zip Code and Sponsor Branch of Service (SVC) |
| Reservist GWOT | Date Dispensed (DATEDISP) | Sponsor SSN (SPONSSN) |
| Enrollment MEPRS | Date Dispensed (DATEDISP) | Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification |
| ASADR/CADRE | Date Dispensed (DATEDISP) | Universal Patient Identifier, Provider Code, NDC and Date Dispensed |
| RXID | n/a | See derivation rule for Treatment DMIS ID (TXDMIS) below |

1. File Layout and Content

The MDR PDTS table has one core file as described in Table 2. Variables are listed alphabetically by source.

**Table 2. MDR PDTS File Layout and Content**

| **MDR Name** | **SAS Name** | **SAS Format** | **M2 Name** | **Business Rule** |
| --- | --- | --- | --- | --- |
|  |  | **PDTS** |  |  |
| Actual Submitted Gross Amount Due – COB | COBGROSS | 12.2 |  | No derivation. Populated FY06+. |
| Amount Applied to Medicare Part D Drug Spend | MPDAMT | 12.2 |  | No derivation. Populated FY06+. |
| Amount Applied to TROOP (true out of pocket) | TROOPAMT | 12.2 |  | No derivation. Populated FY06+. |
| Authorization Number | AUTHNUM | $18. | Record ID | No derivation. (Unique Transaction Key) (A rejection with this authorization number as its original authorization number will delete this record.) |
| AWP Unit Price | AWP\_UP | 10.5 |  | No derivation. The unit price of the prescription based on the Average Wholesale Price (AWP). |
| Birth Date | PDTSDOB | YYMMDD8. | Date of Birth | No derivation. |
| Chain Code | CHAINCD | $4. |  | No derivation. (NCPDP-defined identifier of drugstore chains – PDTS created one for CHCS parent-child families) |
| Compound Code | COMPCODE | $2. | Compound Drug Indicator (FY14+) | No derivation. (Whether or not a compound - Y, N, or Not Submitted (NS)) |
| Data Warehouse Date Loaded | WHSEDATE | YYMMDD8. |  | No derivation. |
| Date Dispensed Key | DATEDISP | YYMMDD8. | Issue Date | No derivation. |
| Date Written Key | DATEWRTN | YYMMDD8. |  | No derivation. If date written is prior to calendar year 2001, then set to blank. |
| DAW (Dispensed As Written) | DAW | $1. | Dispensed as Written Code | No derivation. 0 = No product selection indicated 1 = Substitution not allowed by provider 2 = Substitution allowed - patient requested product dispensed 3 = Substitution allowed - pharmacist selected product dispensed 4 = Substitution allowed - generic drug not in stock 5 = Substitution allowed - brand drug dispensed as generic 6 = Override 7 = Substitution not allowed - brand drug mandated by law 8 = Substitution allowed - generic drug not available in marketplace 9 = Other D, blank = unknown (Get code table from NCPDP) |
| Days Supply | DAYSUPLY | 3 | Days Supply | No derivation. |
| DEA Class | DEACLASS | $1. | DEA Class/ Drug Schedule (FY14+) | No derivation. (Proscribing authority class for controlled substance. |
| DEA Number | DEANUM | $10. | DEA Number | No derivation. (Submitted provider DEA number (or SSN/etc for an MTF prescriber)) |
| First Name | FIRSTNME | $12. |  | No derivation. |
| GCN | GCN | $5. | Generic Class | No derivation. (Generic code number across different NDCs of like drug, strength, etc.) |
| Generic Indicator | GENIND | $1. | Generic Indicator | No derivation. O = brand that has generic equivalents Y = generic N = Proprietary with no equivalent generics) |
| Last Name | LASTNME | $15. |  | No derivation. |
| Maintenance Drug | MANTDRUG | $1. | Maintenance Drug Flag | (Y/N). Recode value of “0” to N |
| MCSC Code | MCSCCODE | $7. |  | No derivation. |
| Medicare Part D Phase | MPDPHASE | $1. |  | No derivation. D = Deductible not yet met I = Initial coverage range from deductible to limit G = gap between the limit and the catastrophic cap so no coverage C = Catastrophic cap reached so covered Blank /0 (zero) = not an enrollee in Part D Populated FY06+. |
| Member Number | OFAMSEQ | $3. | DEERS Family Sequence Number | No derivation (DEERS Family Seq ID). If raw field is non-numeric then set = 1. |
| Middle Initial | MIDINTL | $1. |  | No derivation. |
| NDC | NDC | $11. | NDC | No derivation. |
| New Refill Code | FILLCODE | $2. | Refill Number | No derivation. (Which sequence in the refill (00 is the first fill) (may not be populated in CHCS)). FY15 forward, add leading zero, i.e., covert 0-9 to 00 – 09. |
| New RX Number | RXNUM2 | $12. |  | Starting July 2011. No derivation. |
| Number of Scripts | SCRIPT | numeric |  | Count of Authorization Number (AUTHNUM). |
| Original Authorization Number | OAUTHNUM | $18. |  | No derivation. |
| Other Coverage Indicator | OCI | $1. | Other Insurance | Updates from PDTS for "Other Coverage Indicator" stopped on 4/30/15. FY15 forward either use OHI Indicator (field 37) from CADRE RX or set to null. Y = OHI N = no OHI. |
| Other Payer Amount Paid – COB | COBOTHER | 12.2 | Paid by OHI / Medicare | If Fill Location = D or C or R then set to 0. Otherwise, no derivation. Populated FY06+. |
| Paper Claim Indicator | PAPERCLM | $1. | Paper Claim Indicator | No derivation. Populated FY07+. |
| DPDTS Claim Status | OCLMSTAT | $8. |  | PDTS Claim Status, as received. |
| PDTS Fill Location | OFILLLOC | $4. |  | No derivation, raw PDTS value. |
| Prime Vendor | PRIMEV | $1. | [[2]](#footnote-2)Pricing Source[[3]](#footnote-3) | No derivation. Populated FY06+. |
| Product Form | PRODFORM | $2. | Product Form | No derivation. (“TB” type entry) |
| Product Name | PRODNAME | $27. | Product Name | No derivation. |
| Product Strength | PRODSTRG | $10. | Product Strength | No derivation. (“10 mg” type entry) |
| Provider Code | NCPDPNUM | $12. | Pharmacy ID | No derivation. (NCPDP Identifier) |
| Raw AWP Claim Price | OAWP\_CP | 12.4 |  | No derivation. |
| Raw COB Indicator – COB | COBRAW | $5. |  | No derivation. Populated FY06+. |
| Raw Medicare Part D Indicator | MPDRAW | $5. |  | No derivation. Populated FY06+. |
| Raw Metric Decimal Quantity | ODECQTY | 9.3 |  | No derivation. |
| Raw Patient Identifier | RUPID | $10. |  | No derivation. Populated FY03+. |
| Raw Submitted Ingredient Cost | OINGRCST | 10.2 |  | Prior to May1, 2017, If Fill Location = D or C or R and value is greater than 100,000, set to 0. Otherwise, leave value as received. On or after May1, 2017, No derivation. |
| Reject Code 1 | REJECT1 | $2. | Reject Code 1 | No derivation. Should be blank for all three fields as only used on reject records which are not kept in the MDR. |
| Reject Code 2 | REJECT2 | $2. | Reject Code 2 |  |
| Reject Code 3 | REJECT3 | $2. | Reject Code 3 |  |
| Rx Number | RXNUM1 | $7. |  | No derivation. |
| Sex | GENDER | $1. | Gender | If missing use value from the LVM4 (FY04+) or from the PITE (FY03)**.** See paragraphs V.2. and V.3. above for merge rules. |
| Sub Copay Amount | COPAYAMT | 7.2 | Paid by Patient | If Fill Location = D or C or R then set to 0. Otherwise, no derivation. |
| Sub Dispensing Fee | DISPFEE | 6.2 | Dispensing Fee/Cost | If Fill Location = D then derive from DMIS ID Table using Tmt DMIS ID and FY as the keys. Dispensing Fee = RXOTH + RXMILPY. If Fill Location = C or R then value will be 0. Otherwise, No derivation. |
| Sub Gross Amount | GROSSAMT | 10.2 |  | If Fill Location = D or C or R then set to 0. If Fill Location = M or T then set to Sub Dispensing Fee + Ingredient Cost (Modified) + Sub Sales Tax. |
| Sub Sales Tax | SALETAX | 6.2 | Taxes | If Fill Location = D or C or R then set to 0. Otherwise leave value as received. |
| Subscriber ID | SUBSCRID | $18. |  | No derivation. (Sponsor SSN + DDS) |
| Therapeutic Class | THERCLSS | $6. | Therapeutic Class Code | No derivation. (Broad class of therapeutic agents (AHFS)) |
| Total Amount Paid – COB (Coordination of Benefits) | COBTTL | 12.2 |  | Populated FY06+. No derivation. For FY06+, check records where Fill Location = M or T and COB Indicator = 1 when Net Amount Due (Paid) (Modified) and Total Amount Paid-COB differs by $1 or more. |
| Zip Code (Pharmacy) | PHARMZIP | $5. | Pharmacy Zip Code | No derivation. |
| Zip Code (provider) | DEAZIP | $5. | Provider Zip Code | No derivation. (DEA Zip Code) |
| Zip Code (residence) | PATZIP | $5. | Claim Residence Zip Code | No derivation. (Residence on the actual claim) |
|  |  | **ASADR/CADRE** |  |  |
| MEPRS4 Code, Ordering | ORDMEPRS | $4. | MEPRS4 Code, Ordering | Merge with CADRE Pharmacy Data by Universal Patient Identifier, Provider Code, NDC and Date Dispensed. If the merge fails, then merge with Ancillary Pharmacy Data by Universal Patient Identifier, Provider Code, NDC, and Date Dispensed. Populated FY06+. |
| Ordering Site | ORDDMIS | $4. | Ordering Site | Merge with CADRE Pharmacy Data by Universal Patient Identifier, Provider Code, NDC and Date Dispensed. If the merge fails, then merge with Ancillary Pharmacy Data by Universal Patient Identifier, Provider Code, NDC, and Date Dispensed. Populated FY06+. |
| Patient Category Code | PATCAT1 | $3. | Patient Category Code | No Derivation. Populated FY13+. |
| Patient Subcategory Code | PATCAT2 | $1. | Patient Subcategory Code | No Derivation. Populated FY13+. |
| Prof Enc Record ID | APPTIEN | $20. | Prof Enc Record ID | Merge with CADRE Pharmacy Data by Universal Patient Identifier, Provider Code, NDC and Date Dispensed. If the merge fails, then merge with Ancillary Pharmacy Data by Universal Patient Identifier, Provider Code, NDC, and Date Dispensed. Populated FY06+. |
| Treatment DMIS ID | TXDMIS | $4. | Tmt DMIS ID | Derived from Provider Code and Pharmacy Identifier – MTF DMIS ID Crosswalk, where Fill Location = D or C or R, Tmt DMIS ID is located in positions 1-4. If value not located in crosswalk ~~or Fill Location = R~~, code as “0999”. Non-MTF fills are blank. |
|  |  | **DERIVED** |  |  |
| ACV Group | ACVGRP | $15. | ACV Group | If DATEDISP>=1/1/2018:  if ENR\_GRP=P then PR  else if ENR\_GRP=L then PL  else if ENR\_GRP=U then DP  else if (COMBEN=4 and  PCM\_TYPE=N) then R  else if PCM\_TYPE=O then R  else if ELG\_GRP= R or S then O  else O  For FY12 to Dec 31, 2017:  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 COMBEN=4 then R  Else O  For FY11 and back:[[4]](#footnote-4) |
| Age | AGE | 3 | Age | Calculated, based on fill date and date of birth in PDTS Data. |
| Age Group Common | AGEGRP | $1. | Age Group Common | Derived from Age. A = 0-4 B = 5-14 C = 15-17 D = 18-24 E = 25-34 F = 35-44 G = 45-64 H = 65-69 I = 70-74 J = 75-79 K = 80-84 L = 85+ Z = All other or missing. |
| AWP Claim Price (Modified) | AWP\_CP | 12.4 |  | If Fill Location is D or C or R then computed as AWP Unit Price \* Quantity (Modified). Otherwise, use Raw AWP Claim Price. |
| Claim Status | CLMSTAT | $1. | Claim Status | Derived from Claim Status in feed: J = Rejected V = Reversal P = Paid |
| COB Indicator – COB | COB | $1. | COB Indicator | Set to “1” if the first character of Raw COB Indicator – COB = “T”, “t”, “Y”, “y”, “1”. Otherwise, set to “0”. Populated FY06+. |
| Calendar Month | CM | $2. |  | CM of Date Dispensed Key (DATEDISP). |
| Calendar Year | CY | $4. |  | CY of Date Dispensed Key (DATEDISP). |
| Equiv Lives Age Group | EL\_AGE | $1. | Equivalent Lives Age Group | Derived from Gender and Age on PDTS (as calculated below) and marital status from the LVM4 (for FY04+) or PITE (for FY03) merge. See paragraphs V.2. and V.3. above for merge rules. 1 = Age 0-1 2 = Age 2-11 3 = Age 12-17 4 = (Age 18-44, Gender = F, Marital ≠ M) OR (Age 18-37, Gender ≠ F, Marital ≠ M) 5 = (Age 18-44, Gender = F, Marital = M) OR (Age 18-37, Gender ≠ F, Marital = M) 6 = (Age 45-54, Gender = F) OR (Age 38-54, Gender ≠ F) 7 = Age 55-64 8 = Age 65-74 9 = Age 75+ Blank = All others. |
| Fill Location | FILLLOC | $1. | Source System | Derived from PDTS Fill Location and MCSC Code: If MCSC Code = 770406 or PDTS Fill Location = VA then Fill Location = V (Veterans Admin / CHDR Claim). If MCSC Code = 770507 or MCSC Code = 770508 or PDTS Fill Location = THEA or THEATER then Fill Location = R. All else derived from PDTS Fill Location: T=NMOP, TMOP, or MAIL M=MCSC or RETA (Retail) D=MTF (Direct Care) C=MTF Clinician Administered Drugs (e.g., injections given in the clinic) [For list of NDCs, apply PEC-approved algorithm Appendix A, Section 5]. NOTE: If Fill Location = D, New Refill Code not equal 00, and Provider Code in (4524395, 3210717, 0581896) (Ft. Hood, Kirtland, and San Diego respectively) then these records are refills done at the VA via CMOP.  ~~In MDR Fy14+, when preparing the M2 feed, map based on~~ values ~~of Source System:~~  C = “Direct Care Clinician Adm”  D = “Direct Care”  M = “Retail”  T = “Mail Order”  V = “VA”  R = “Line”. |
| Fiscal Month | FM | $2. |  | Derived from CM of Date Dispensed Key (DATEDISP). If CM is 10, 11, 12 then FM=CM-9. Else FM=CM+3. |
| Fiscal Year | FY | $4. |  | Derived from CY of Date Dispensed Key (DATEDISP). If CM is 10, 11, 12 then FY=CY+1. Else FY=CY. |
| Ingredient Cost (Modified) | INGRCOST | 10.2 | Ingredient Cost | If Fill Location = D or C or R and Raw Metric Decimal Quantity = 0 set Ingredient Cost (Modified) to 0. Otherwise, set to value of [Raw Submitted Ingredient Cost / Raw Metric Decimal Quantity] \* Quantity (Modified).  May 1, 2015 to April 30, 2017, for Fill Location = D, modify using of Weighted Acquisition Unit Prices (WAUP) rules discussed in Appendix C (below). |
| Medicare Part D Indicator | MPD | $1. | Medicare Part D Flag | Set to “1” if the first character of Raw Medicare Part D Indicator = “T”, “t”, “Y”, “y”, “1”. Otherwise, set to “0”. Populated FY06+. |
| MERHCF Flag | MERHCF | $1. | MERHCF Flag | See Appendix B for derivation rule. Populated FY03+. |
| Net Amount Due (Paid) (Modified) | NETAMTPD | 10.2 | Paid by TRICARE (formerly Amount Paid) | If Fill Location = D or C or R then set to 0. If Fill Location = M or T then, Ingredient Cost (Modified) + Sub Dispensing Fee + Sub Sales Tax – Sub Copay Amount – Other Payer Amount Paid-COB. |
| PDTS TFL Flag | PDTSTFL | $1. |  | Derived from Beneficiary Category (Common), Fill Location, and Medicare Flag. PDTS TFL Flag = “Y” if Beneficiary Category (Common) = 2, 3 and either of the following conditions are true: (1) Fill Location is D or C and Medicare Flag is A, or (2) Medicare Flag is B or C for any Fill Location. Otherwise, set to ‘”N”. |
| Pharmacy NPI | SITENPI | $10. | Pharmacy NPI | If Source System = C or D then derived from Provider Code and Pharmacy Identifier – MTF DMIS ID Crosswalk. Pharmacy NPI is located in positions 5 – 14. If value not located in crosswalk, then leave blank. If Source System = M or T, then do the following: If Submitted Pharmacy ID = Provider Code set to blank. Otherwise, set to Submitted Pharmacy ID. |
| Quantity (Modified) | DECQTY | 9.3 | Quantity | Quantity (modified) equals the Raw Metric Decimal Quantity. |
| Residence Zip Code (MDR Derived) | RESDZIP | $5. |  | Zip Code (residence). If blank or invalid (i.e. 99999), then use Residence Zip Code (DEERS). Populated FY03+. |
| Space Available Flag | SPAFLAG | $1. | Space Available Flag | If Alternate Care Value = A, B, D, E, F, H, J, M, P, Q then set to N; Otherwise set to Y. Populated FY04+. |
| Sponsor Social Security Number | SPONSSN | $9. | Sponsor ID | Sponsor social security number. Derived, first 9 characters of subscriber ID. If subscriber ID is invalid (not 11 characters), merge to MPI by Universal Patient Identifier (starting in FY04) and use SSN from MPI. |
| Underwritten Region | UNDRREG | $1. | Underwritten Region | See Appendix B for derivation rule.  Populated FY11 and back |
| Enrollment Site T3 Region | ENR\_T3\_REG | $2 | Enrollment Site T3 Region | T3\_REG from DMIS ID Index, based on matching FY and ENRDMIS  Populated FY12+. |
| Enrollment Site T17 Region | ENR\_T17\_REG | $2 | Enrollment Site T17 Region | T17\_REG from DMIS ID Index, based on matching FY and ENRDMIS  Populated FY12+. |
| Treatment DMIS ID T3 Region | MTF\_T3\_REG | $2 | Tmt DMIS ID T3 Region | T3\_REG from DMIS ID Index, based FY and TXDMIS  Populated FY12+. |
| Treatment DMIS ID T17 Region | MTF\_T17\_REG | $2 | Tmt DMIS ID T17 Region | T17\_REG from DMIS ID Index, based FY and TXDMIS  Populated FY12+. |
| Ordering Site T3 Region | ORD\_T3\_REG | $2 | Ordering Site T3 Region | T3\_REG from DMIS ID Index, based FY and ORDDMIS  Populated FY12+. |
| Ordering Site T17 Region | ORD\_T17\_REG | $2 | Ordering Site T17 Region | T17\_REG from DMIS ID Index, based FY and ORDDMIS  Populated FY12+. |
| GENESIS Flag | GENESIS | $1 | GENESIS Flag (FY14+) | If MCSCCODE in ('770306',  '770406', '770501',  '770502', '770503',  '770504', '770505',  '770507', '770508') then GENESIS = 'N'; *optional: (else if MCSCCODE = '770600' then GENESIS = 'Y');*  else GENESIS = 'Y. FY17 forward. |
|  |  | **LVM4** |  |  |
| Alternate Care Value | ACV | $1. | ACV | For FY03, From PITE. (ACV) For FY04+, From LVM4 (MDR\_ACV). See paragraphs V.2. and V.3. above for merge rules. If there is a match to the LVM4 by Universal Patient Identifier (EDI\_PN), and the date of prescription fill is within the date window of a LVM4 enrollment segment, and the ACV on the segment is not “Z”, then set Alternate Care Value to the value contained in the enrollment segment. Otherwise, set the Alternate Care Value to “M” if the beneficiary is Active Duty or Guard/Reserve, or to blank if the beneficiary is not Active Duty or Guard/Reserve. |
| Beneficiary Category | R\_BENCAT | $3. | Beneficiary Category | For FY03, From PITE. (R\_BEN\_CAT\_CD) For FY04+, From LVM4. (R\_BEN\_CAT\_CD) Set to “Z” if no match. See paragraphs V.2. and V.3. above for merge rules. |
| Beneficiary Category (Common) | COMBEN | $1. | Ben Cat Common | For FY03, From PITE. (D\_COM\_BEN\_CAT); set to “3” if no PITE match. See paragraph V.2 above for merge rules. For FY04+, Derived from Beneficiary Category: 1 = DA, DGR 2 = RET 4 = ACT, GRD 3 = all else. |
| DEERS Match Flag | MATCH | $1. | DEERS Match Flag | For FY03, Derived from match to PITE/LENR. “Y” indicates match in PITE/LENR corresponding to month of fill date. “N” indicates match made to PITE/LENR corresponding to month before or after fill date, or no match to PITE. For FY04+, “Y” indicates a match with the LVM4 and “N” indicates no match. See paragraphs V.2. and V.3. above for merge rules. |
| Enrollment DMIS ID | ENRDMIS | $4. | Enrollment Site | For FY03, From PITE. (ENRDMIS) For FY04+, From LVM4. (D\_MI\_PCM\_EDVSN\_DMIS\_ID). See paragraphs V.2. and V.3. above for merge rules. |
| Enrollment Region | ENRREG | $2. |  | For FY04+, From LVM4. Populated FY11 and back. See paragraph V.3. above for merge rules. |
| Equiv Lives Ben Group | EL\_BEN | $6. | Equivalent Lives Ben Group | Derived from LVM4 (for FY04+) or PITE (for FY03) using D\_SPON\_BR\_SVC\_CD (Svc) and R\_BEN\_CAT\_CD (Ben). See paragraphs V.2. and V.3. above for merge rules. ADA = (Ben=ACT or GRD, Svc=A) ADAF = (Ben=ACT or GRD, Svc=F) ADN = (Ben=ACT or GRD, Svc=All Others) RTA = (Ben=RET, Svc=A) RTAF = (Ben=RET, Svc=AF) RTN = (Ben=RET, Svc=All Others) ADFMLY = (Ben=DA or DGR) RTFMLY = all others, including if no match. |
| HCDP Code | HCDPCODE | $3. | HCDP - Enrolled | For FY03, From PITE. (MI\_HCDP\_CD if fill was after or equal to start date and before end date or end date is blank.) For FY04+, From LVM4 (D\_MI\_HCDP\_CD) See paragraphs V.2. and V.3. above for merge rules. |
| Marital Status | MARITAL | $1. |  | From LVM4. (MRTL\_STAT\_CD) Populated FY03+. See paragraph V.3. above for merge rules. |
| Medical Privilege Code | D\_PRIV | $1. | Privilege Code | For FY03, From PITE (D\_ELG\_CODE). For FY04+, From LVM4. (D\_ELG\_CD) See paragraphs V.2. and V.3. above for merge rules. |
| Medicare Flag | MEDFLAG | $1. | Medicare Flag | For FY03, Derived from PITE Part A and Part B status, begin date and end date. If the begin date is before or equal to mm/15/yyyy and the end date is not before mm/15/yyyy, where mm and yyyy correspond to the effective date of the PITE input file, this flag shows “A”, “B”, “C” (both), or “N” (neither). Set to “N” if no PITE match. For FY04+, From LVM4. See paragraphs V.2. and V.3. above for merge rules. |
| PCM Identifier | PCMID | $18. | PCM ID | For FY03, From PITE. (MI\_PCM\_ID if fill was after or equal to start date and before end date or end date is blank.) For FY04+, From LVM4 (D\_MI\_PCM\_ID) See paragraphs V.2. and V.3. above for merge rules. |
| Residence zip code (DEERS) | D\_ZIP | $5. | Beneficiary Zip Code | For FY03, From PITE. (D\_ZIP\_CD) For FY04+, From LVM4. (D\_ZIP\_CD) See paragraphs V.2. and V.3. above for merge rules. |
| Sponsor Service | SVC | $1. | Sponsor Service | For FY03, From PITE. (SVC\_CD) For FY04+, From LVM4 (SVC\_CD) See paragraphs V.2. and V.3. above for merge rules. |
| Sponsor Service Aggregated | D\_SPNSVC | $1. | Sponsor Service Common | For FY03, From PITE. (D\_SPON\_BR\_SVC\_CD) For FY04+, From LVM4. (D\_SPON\_BR\_SVC\_CD); Set to “Z” if no match. See paragraphs V.2. and V.3. above for merge rules. |
| TPR Eligibility Flag | TPRELIG | $1. | TPR Eligibility Flag | From LVM4. Populated FY04+. See paragraph V.3. above for merge rules. |
| Person Association Reason Code | PARC | $2. | Person Association Reason Code | See MPI specification. Initially populated FY03+. Other FYs as possible. |
| Universal Patient Identifier | UPID | $10. | Person ID | See MPI Specification. |
| HCDP – Assigned | HCDP\_ASSGN | $3 | HCDP – Assigned | If the DATEDISP 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 DEERS VM6 specification, section G18 and 19 for segment and field position.  Populated FY12+. |
| Eligibility Group | ELG\_GRP | $2 | Eligibility Group | If the DATEDISP is between the begin and end date of D\_ELG\_GRP\_CD then fill with D\_ELG\_GRP\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position.  Populated FY12+. |
| Enrollment Group | ENR\_GRP | $2 | Enrollment Group | If the DATEDISP is between the begin and end date of D\_ENR\_GRP\_CD then fill with D\_ENR\_GRP\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position.  Populated FY12+. |
| Enrollment PCM Type | PCM\_TYPE | $1 | Enrollment PCM Type | If the DATEDISP is between the begin and end date of D\_PCM\_TYPE\_CD then fill with D\_PCM\_TYPE\_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position.  Populated FY12+. |
| ~~Member Relationship Code~~ | ~~MREL~~ | ~~$1~~ | ~~Beneficiary Relationship Code~~ | *~~Place holder.~~* ~~Obtain Member Relationship code from LVM. Populated FY14+~~ |
| ~~Member Category Code~~ | ~~MCATE~~ | ~~$1~~ | ~~Beneficiary Category Code~~ | *~~Place holder.~~* ~~Obtain Member Category Code from LVM. Populated FY14+~~ |
|  |  | **Omni-CAD** |  |  |
| Catchment Area ID (Pharmacy) | RX\_CATCH | $4. |  | If Fill Location is D or C then use Treatment DMIS ID as catchment. If Fill Location is M merge to Omni CAD based on Date Dispensed Key and Zip Code (Pharmacy) choosing the “World” catchment for “Other.” If Fill Location is R or T or V then value is NONE. |
| Catchment Area ID (Residence) | D\_CATCH | $4. | Catchment Area ID of Record | Derived from the omni CAD using Date Dispensed, Residence Zip Code (DEERS, D\_ZIP) and Sponsor Service Aggregated as the keys. |
| DEERS Dependent Suffix | DDS | $2. | DDS | DEERS Dependent Suffix. Derived, positions 10-11 of subscriber ID. If subscriber ID is invalid (not 11 characters), merge to MPI by Universal Patient Identifier (starting in FY04) and use DDS from MPI. For FY09+, set to blank. |
| PRISM Area ID (Pharmacy) | RX\_PRISM | $4. |  | If Fill Location is D or C then use Treatment DMIS ID as PRISM. If Fill Location is M merge to Omni CAD based on Date Dispensed Key and Zip Code (Pharmacy) choosing the “PRISM” catchment for “Other.” If Fill Location is R or T or V then value is NONE. |
| PRISM Area ID (Residence) | D\_PRISM | $4. | PRISM Area ID of Record | Derived from the omni CAD using Date Dispensed, Residence Zip Code (DEERS, D\_ZIP) and Sponsor Service Aggregated as the keys. |
| Region (Pharmacy) | RX\_REG | $2. |  | If Fill Location is D or C then use Treatment DMIS ID to assign the Modified UBU Region from DMISID Index. If Fill Location is M merge to Omni CAD based on Date Dispensed Key and Zip Code (Pharmacy) choosing the choosing the “World” Region. If Fill Location is R or T or V then region is blank.  Populated FY11 and back. |
| Region (Residence) | D\_REGION | $2. | Beneficiary Region | Derive from the Omni CAD using Date Dispensed, Residence Zip Code (DEERS, D\_ZIP) choosing the 2-character T3 region (position 17). If D\_ZIP is not found, blank, invalid or unknown, set to blank.  Populated FY11 and back. |
| HSSC Region | HSSCREG | $1. | Beneficiary HSSC Region | Populated FY03+. Derive from Residence Zip Code (DEERS, D\_ZIP) and Region (Residence) D\_REGION.  If Region (Residence) D\_REGION = 'A', 'AK' or D\_ZIP begins with '995' – '999' then set to 'A'.  If Region (Residence) D\_REGION = 'W', '07', '08', '09', '10', '11', or '12' then set to 'W'.  If Region (Residence) D\_REGION = 'S’, '03', '04', or '06' then set to 'S'. If Region (Residence) D\_REGION = 'N', '01', '02', or '05' then set to 'N'.  If Region (Residence) D\_REGION = 'O', '13', '14', or '15' then set to 'O'.  Otherwise, set to blank.  Substitute Derivation: Derive from the Omni CAD using Date Dispensed, Residence Zip Code (DEERS, D\_ZIP) choosing the 1-character HSSC (AKA TNEX) region (position 19). If D\_ZIP is not found, blank, invalid or unknown, set to blank. Populated FY11 and back. |
| Beneficiary T3 Region | BEN\_T3\_REG | $2 | Beneficiary T3 Region | T3\_REG, based on matching to OMNI CAD using FY and PATZIP  Populated FY12+. |
| Beneficiary T17 Region | BEN\_T17\_REG | $2 | Beneficiary T17 Region | T17\_REG, based on matching to OMNI CAD using FY and PATZIP  Populated FY12+. |
| Provider Catchment Area T3 Region | PROV\_T3\_REG | $2 | Provider T3 Region | T3\_REG, based on matching to OMNI CAD using FY and DEAZIP  Populated FY12+. |
| Provider Catchment Area T17 Region | PROV\_T17\_REG | $2 | Provider T17 Region | T17\_REG, based on matching to OMNI CAD using FY and DEAZIP  Populated FY12+. |
|  |  | **Reservist** |  |  |
| Reservist Special Operation Code | SOC | $2. |  | The identifier that represents the special operation. 08 – Operation Noble Eagle 09 – Operation Enduring Freedom 10 – Iraqi Freedom Populated FY03+. |
| Reservist Status Code | STATUS | $1. |  | Entitlement status at the time of care. A – Early Alert M – Mobilization O – Original TAMP E – Extended TAMP Populated FY03+. |
|  |  | **Enrollment MEPRS** |  |  |
| Enrollment MEPRS Code | ENRMEPRS | $4. | Enrollment MEPRS Code | Populated FY11+. Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification and Dispensed Date. |
| Medical Home Flag | MEDHOMEFL | $1. | Medical Home Flag | Populated FY11 and back.  Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification and Dispensed Date. |

1. Refresh Frequency

Frequency of updates, based on PDTS prescription fill date:

* Current FY: Every week.
* Prior FY: weekly for one quarter (October, November, and December) then semiannually (April, October).
* Fiscal years before prior FY: Annually (October).

1. Data Marts

M2: See *PDTS – Current M2.doc* and *PDTS Summary – Current M2.doc* for specifications of those respective MDR-to-M2 feeds.

1. Quality Assurance

The processor should conduct weekly quality assurance checks to ensure input and output data are valid, complete, and reliable. At a minimum, the processor should:

* Compare weekly raw data row counts to ensure PDTS data are consistent with previous weekly raw data feeds.
* Ensure pre-processing data subtotals equal post-processing data subtotals.
* Evaluate post-processing values for data that appear out of the ordinary, or not consistent with SME expected values (face validity).

Appendix A: PEC-approved algorithms

1 -4 are removed.

5. When Fill Location equals ‘D’ (MTF) or ‘R’ (THEA) and the NDC is listed in the reference file (/mdr/aref/pdts/ndccro/d030312.fmt) then the Fill Location = ‘C’ for MTF Clinician Administered Drugs. These NDCs have been determined by the PEC to be addmixtures or injectables that are not normally self-administered by the patient, therefore, not true scripts.

Appendix B: MERHCF and Underwritten Region logic

**MERHCF Logic for PDTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MERHCF Flag** | **Source System** | **FY** | **Common Bencat** | **Medicare Eligibility** | **Privilege Code** | **Age** |
| A | Any | Any | 1, 4 | Any | Any | Any |
| U | M, T | FY05+ | <> 1 or 4 | C | A, B | Any |
| U | M, T | <FY05 | <> 1 or 4 | C | N/A | <65 |
| U | D, C | FY05+ | <> 1 or 4 | A or C | A, B | Any |
| U | D, C | <FY05 | <> 1 or 4 | A or C | N/A | <65 |
| T | M, T | FY05+ | <> 1 or 4 | C | Not A or B | Any |
| T | M, T | <FY05 | <> 1 or 4 | C | N/A | 65+ |
| T | D, C | FY05+ | <> 1 or 4 | A or C | Not A or B | Any |
| T | D, C | <FY05 | <> 1 or 4 | A or C | N/A | 65+ |
| N | All else | | | | | |

An alternative, but equivalent logic table is also included, in case it helps to make things more understandable.

If Bencat Common is "1" or "4" then MERHCF Flag is "A".

All other bencats are "N" unless matching a row below:

FY04 and earlier

|  |  |  |  |
| --- | --- | --- | --- |
| **Source System** | **Medicare Eligibility** | **Age Group** | **MERHCF Flag** |
| M, T | C | <65 | U |
| 65+ | T |
| D, C | A or C | <65 | U |
| 65+ | T |

FY05 and later

|  |  |  |  |
| --- | --- | --- | --- |
| **Source System** | **Medicare Eligibility** | **Privilege Code** | **MERHCF Flag** |
| M, T | C | A, B | U |
| Not A or B | T |
| D, C | A or C | A, B | U |
| Not A or B | T |

The MERHCF Logic must be done after the application of DEERS data.

**PDTS Underwritten Logic 7/6/06 (Valid FY11 and back).**

|  |  |
| --- | --- |
| **SAS Variable** | **Data Element (see PDTS Layout)** |
| COMBEN | Common Beneficiary Category |
| MEDFLAG | Medicare Flag |
| ACV | Alternate Care Value |
| ENRREG | Enrollment Region |
| ENRDMIS | Enrollment DMISID |
| D\_REGION | Region (Residence) |

Undrflag=1; /\* set underwritten flag to underwritten \*/

/\* Flag non underwritten beneficiaries as “0”. \*/

if comben=4 then undrflag=0; /\* Exclude Active Duty \*/

if medflag ne ‘N’ then undrflag=0; /\* Exclude Medicare Eligible \*/

/\* Exclude Reserve Select\*/

if acv = 'R' then undrflag=0;

/\* Exclude USTF \*/

if acv=’U’ then undrflag=0;

/\* Define Prime based on ACV \*/

if acv in ('A' 'D' 'E' 'B' 'F' 'H' 'J') then prime='Y';

else prime='N';

/\* Define Underwritten Region \*/

if undrflag=1 then do; /\* underwritten \*/

if prime='Y' then do;

if enrreg in ('01' '02' '05' '17') or enrdmis in ('6917' '7917') then undflag='N';

else if enrreg in ('03' '04' '06' '18') or enrdmis in ('6918' '7918') then undflag='S';

else if enrreg in ('07' '08' '09' '10' '11' '12' '19') or enrdmis in ('6919' '7919') then

undflag='W';

else undflag=' ';

end; /\* if prime \*/

else if prime='N' then do;

if d\_region in ('01' '02' '05' '17') then undflag='N';

else if d\_region in ('03' '04' '06' '18') then undflag='S';

else if d\_region in ('07' '08' '09' '10' '11' '12' '19') then undflag='W';

else undflag=' ';

end; /\* if not prime \*/

end;

else do;

undflag=' '; /\* Not underwritten to any region \*/

end;

/\* Remove AK underwritten from West \*/

if undflag='W' and enrdmis in ('6919' '7919') and d\_region='AK' then undflag=' ';

if undflag ~in ('N' 'S' 'W') then undflag=' ';

**Appendix C: Temporary Application of Weighted Acquisition Unit Prices (WAUP)**

**Purpose**: The correction of the Ingredient Costs and/or related costs associated with Direct Care MTF claims should only be applied to claims dispensed between 1 May 2015 and 30 April 2017. As of 1 May 2017, the Ingredient Cost as it comes from the source should be utilized.

Each Month (or so) the Pharmacy Analytics Support Section (PASS) office will supply two files that contain Weighted Acquisition Unit Prices (WAUP) to be applied by GCN to CONUS (to include Alaska and Hawaii) and OCONUS MTFs.

WAUP prices are to be applied by GCN. If a GCN in the data does not have a WAUP value, retain MTF Ingredient price as on the record.

The PASS files will be converted to SAS datasets and should be applied in processing using the most efficient manner.

**Layout of CONUS and OCONUS WAUP Files:** Both the CONUS and OCONUS files will contain GCN, WAUP, Source, Begin, End, Where. They are created from the following spreadsheets: Baseline, May June, July, and August.

**FILE attributes:**

- **GCN**: Character-5 field, Generic Class Number use to apply WAUP.

- **WAUP**: Numeric field that will replace Ingredient Cost (where applicable). In CONUS file= CWAUP, in OCONUS file=OWAUP.

- **SOURCE**: Character-8 field used by PASS (also denotes file month).

- **START**: Effective Begin Date to apply to Date Dispensed. Named CSTART,or OSTART.

- **END**: Effective End Date to apply to Date Dispensed.

- **WHERE**: Character-1 field with values C = CONUS O = OCONUS.

To match, Date Dispensed (DATEDISP) must fit in between start and end date; for example if DATEDISP=5/15/2015 then match to BASELINE where start=05/01/2015 and end=05/31/2015. If DATEDISP=9/30/2015 then match to AUGUST where start=08/01/2015 and end=12/31/9999. Date ranges for Date Dispensed (DATEDISP) follow:

05/01/2015 - 05/31/2015: use baseline

06/01/2015 - 06/30/2015: use May 2015

07/01/2015 - 07/31/2015: use Jun 2015

08/01/2015 - 08/31/2015: use Jul 2015

09/01/2015 forward: use Aug 2015

**Minimum required fields from PDTS**:

**FILLLOC** = D; use to select MTF claims only

**DATEDISP** GE (‘1May2015’)d; use to select claims between May 1, 2015 and April 30, 2017

**MTF\_T3\_REG** use to distinguish CONUS/OCONUS if MTF\_T3\_REG in ('OE','OL,'OP','O') then where = 'O'; else where = 'C'

**INGRCOST, OINGRCST, ODECQTY or DECQTY**

**Application:**

Determine if GCN exists in CONUS/OCONUS WAUP file(s).

Check DATEDISP against Begin Date (use BEGIN Date to determine appropriate WAUP).

Retrieve appropriate WAUP, use to modify INGRCOST = WAUP\*DECQTY.

If GCN is not found, then INGRCOST = **OINGRCST** (retains value already on record).

That is, the WAUP should only be applied to MTF scripts (FILLLOC=D) dispensed 1May 2015 - 30April 2017 where GCN is in list.

1. A new transaction is appended to the file; a reversal of an old transaction erases the old transaction. The correct key to identify a transaction for appending or reversing is the *Authorization Number* of the original transaction and the *Original Authorization Number* of the reversing transaction. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. Prime Vendor is mapped to different values and reported in Pricing Source (see M2 specification document). [↑](#footnote-ref-3)
4. If ACV=A, E, H, or J then “Prime” Else if ACV=B or F then “Overseas Remote” Else if ACV=G or L then “Plus” Else if ACV=U then “Desig Prov” Else if ACV= R or V then “Other” Else if ACV = M or Q then “Reliant” Else if ACV = any other value (including blanks) and Ben Cat Common = 4 then “Reliant” Else “Other”. [↑](#footnote-ref-4)