**24 April 2019**

DEERS VM6

for the

MHS Data Repository (MDR)

(Version 1.15.06)

Current Specification

**Revision History**

| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| --- | --- | --- | --- | --- |
| 1.00.00 | 03/11/2008 | J. Hufford |  |  |
| 1.00.01 | 08/17/2010 | J. Hufford | * Table 2; Table A-1; A.1.24 | * Added D\_COUTNRY\_CD field and derivation |
|  | * Table A-5 | * Incorporated new TRR HCDP Codes into Medical Privilege derivation; incorporated new DC\_CD value into Medical Privilege derivation; broke out Medical Privilege 8 into two new Medical Privileges: 8 and 9. |
|  | * A.1.4 | * Added Medical Privilege 8 to MHS Eligibles, Medical Privilege 9 to non-eligible |
|  | * Table B-1 | * Incorporated new TRR HCDP Codes into a new TRR ACV derivation |
|  | * Section B.1.4 | * Incorporated new TRR ACV into MDR\_ENROLL |
|  | * Tables G-3, G-4, G-6, G-7, G-8; Sections G.7.1, G.7.2, G.8.1 | * Incorporated new TRR HCDP Codes and ACV into LVM6 logic |
|  | * Section I.2.11, Tables I-3, I-8 | * Incorportated new TRR HCDP Codes into Walkback Processor logic; also change to walkback logic for cases 4 and 11. |
| 1.01.00 | 04/21/2011 | J. Hufford | * Table A-5 | * Incorporated TYA HCDP Codes into Medical Privilege derivation |
| * Table B-1 | * Incorporated TYA HCDP Codes into a existing ACV derivation |
| * Tables G-3, G-4, G-6, G-7, G-8; Sections G.7.1, G.7.2, G.8.1 | * Incorporated TYA HCDP Codes and ACV into LVM6 logic * Clarified ACV fields used for derivations |
| * Section I.2.11, Tables I-3, I-8 | * Incorportated TYA HCDP Codes into Walkback Processor logic |
| 1.01.01 | 06/29/2011 | J. Hufford | * Table 2 * Table A-5 * Table E-1 * Appendix I, items 14,15,16 | * Corrected start position for D\_TYA\_FLAG * Removed “Placeholder for Future” for fields in positions 705-716 * Corrected 2nd case 20 to be case 22 * Added table title, corrected 2nd occurrence of D\_MI\_HCDP\_PLN\_CVG\_CD=432 to 431 for both ACV Start Date and ACV End Date * Drop “Future Changes” |
| 1.02.00 | 5/31/2012 | J. Hufford | * Throughout * Table B-1 * Appendix B * Table E-1 * Table 1 * Appendix A | * Updated Organization Names (BEA to DHCAPE, EI/DS to DHSS) * Added Exhbit title * Added fields: Medical Home Flag, Enrollment MEPRS Code, and NCQA Recognition (Accrediation Level) * Added sections with logic for Medical Home Flag, Enrollment MEPRS Code, and NCQA Recognition (Accrediation Level) * Added fields: MTFSA ID, Medical Home Flag, Enrollment MEPRS Code, and NCQA Recognition (Accrediation Level) * Added D\_MTFSA\_CD * Added D\_MTFSA\_CD to table A-1 and to logic |
| 1.03.00 | 8/27/2012 | J. Hufford | * Appendix D * Appendix E | * Add PN\_ID to MDR DEERS Address extract * Changed “Beneficiary ID” to “Person Identifier” |
| 1.04.00 | 8/29/2012 | J. Hufford | * Table 2 * Table A-5 * Table B * Table B-1 * Section B.1.21 * Table G-4 | * Added D\_MEDICAL\_RET\_FLAG to report enrollees to Medically-Retired enrolled programs * Added Medically Retired D\_MI\_HCDP\_PLN\_CVG\_CDs to medical privilege logic * Added D\_MEDICAL\_RET\_FLAG to report enrollees to Medically-Retired enrolled programs * Added Medically Retired D\_MI\_HCDP\_PLN\_CVG\_CDs to ACV logic * Specified logic for D\_MEDICAL\_RET\_FLAG to report enrollees to Medically-Retired enrolled programs * Added Medically Retired D\_MI\_HCDP\_PLN\_CVG\_CDs to MDR FY Alternate Care Value Derivation Logic |
| 1.05.00 | 10/17/2012 | J. Hufford | * Table F-1 * Tables G-1, G-6, G-7 * Ggg * Sections G.7.1, G.8.1 | * Added PN\_ID to MPI Extract * Added D\_TYA\_FLAG to LVM6 Changeable Privilege Code Segment (Segment D) * Added D\_TYA\_FLAG to Changeable Privilege Code Segment (Segment D) Begin and End dates |
| 1.06.00 | 10/31/2012 | J.Hufford | * Table F-1 | * Added SPN\_ PN\_ID\_TYP\_CD, PN\_ID\_TYPC\_CD to MPI Extract |
| 1.07.00 | 11/8/2012 | J.Hufford | * Section G.8.1 | * Modifided the rules for D\_TYA\_FLAG to put begin date of new segment equal to first day of month. |
| 1.08.00 | 6/27/2013 | J. Hufford | * Tables 1, 2, B * Section B.1.22 * Table E-1 | * Added Risk Adjustment fields |
| 1.08.01 | 9/12/2013 | J. Hufford | * Table 2 | * Corrected field positions for Risk Adjustment fields |
| 1.09.00 | 12/16/2013 | J.Hufford | * Appendix G * Tables 2, B; Section B.1.22 * Tables 1, 2, A-1; Section A.1.26 | * Corrected TYA handling in LVM * Added High Cost User flag (from Risk Adjustment File) * Added Dental Readiness Classification from Dental Readiness File (DRF) |
| 1.09.01 | 3/20/2015 |  | * Section VII * A.1.27 | * Change the format of the VM6Ben file to a SAS data set. * Corrected T3 Region Code label |
| 1.10.00 | 2/10/2015 | J.Hufford | * Table 2, Table A-1, A.1.27, Table C-1 * Table 2, Table B, B.1.23 Table E-1, * Table C-1 | * Added T3 Residence Region * Added T3 Enrollment Region fields * Added HSSC Residence Region |
| 1.10.01 | 2/10/2015 | J.Hufford | * A.1.26 * B.1.22 | * Changed Dental Classification derivation to look up ***current*** month’s reference files * Changed Risk Adjustment field derivation to look up ***current*** month’s reference files |
| 1.11.00 | 6/01/2016 | J. Hufford | * Appendix G | Revamped presentation, including adding requirements to address issues observed in data |
| 1.13 | 6/14/2016 | J. Hufford | * Sections G.4.2.4 and G.4.2.5 | * Modified ZIP Code and Service Branch begin date logic |
| 1.14 | 6/14/2016 | J. Hufford | * Table 2, * Table 1 * Section V, 4th bullet * Req A.1.1 * Table A-5, case 2 * Section A-2 * Table B, Sections B.1.13 and B.1.14 * Table B-3 * Table E-1 * Appendix H * I.2.5 * Table I-3 * Table I-7 * Table I-8 * Table I-10 * Table I-13 | * Changed DoD Occupation Code from 4 characters to 6 * Removed PPS and PMPM Equivalent Lives Tables as data sources, updated source organization names * Clarified destination of NED field information on receiving record, and added exception for TYA records. * Inserted explicit sort order to control which record is selected as family sponsor * Removed D\_ from D\_MI\_PCM\_PROV\_TYP\_CD to streamline logic * Revamped Primary Record Flag Derivation * Removed PPS and PMPM Equivalent Lives * Added ACVs B & H to Retiree derivation, corrected values assigned for ADAF, RTAF * Removed PPS and PMPM Equivalent Lives from TRICARE Relationship File * Removed requirements for Special Insured tables * Removed requirement that record be National Guard or reserve for new record test, when PNL\_BGN\_DT prior to extract date * Added PNA\_BGN\_DT requirement to cases 1-3. * Corrected date test logic for case 2 * Clarified Cases 7 and 14 * Corrected date test logic for case 2 * Clarified case 6 |
| 1.15 | 11/17/2017 | J. Hufford | * Section V, 5th bullet * Section VII * Table 2 * Table A-1 * Table A-2 * Section A.1.1 * Table A-6 * Table A-8 * Table A-12 * Table A-13 * Table B * Sections B.1.1, B.1.2, B.1.3, B.1.4, B.1.5, B.1.10, B.1.13 * Section B.1.15 * Section B.1.19 * Sections B.1.26 through B.1.35 * Table C-1 * Appendix E * Table G-1 * Table G-2 * Table G-3 * Table G-5 * Table G-10 * Section F.7.5 * Table I-1 * Section I.2, item 2 * Section I.2, item 3 * Section I.2, item 11 * Table I-9 * Section I.2, items 17-19 * Table I-10 * Table I-12 * Table I-13 | * Restricted obsolete records from being the source of the MDR\_NED\_DRV information * Restricted TYA information from being copied onto sponsor records * Deleted requirement to create SAS dataset with records where D\_OBSOLETE=0 * Added requirement that Medicare A Effective and Expiration dates be converted to SAS Dates * Added fields to support 2017 NDAA implementation and monitoring * Added T3 and T17 Residence Region Codes * Added range of PNLEC\_TYP\_CD values to assign to GRD, IGR * Changed sponsor record selection algorithm for dependent beneficiary category * Inserted table A-6 for use with post-01 January 2018 extracts * Inserted column for use with post-01 January 2018 extracts * Inserted column for use with post-01 January 2018 extracts * Inserted column for use with post-01 January 2018 extracts * Added fields to support 2017 NDAA implementation and monitoring * Noted that these requirements removed for post-01 January 2018 extracts, and fields to be blank * Inserted logic for use with post-01 January 2018 extracts * Revised logic * Inserted new sections * Inserted new fields to include * Noted that TRF is no longer to be produced for post-01 January 2018 extracts * Reworked to reflect 2107 NDAA DEERS data changes, support and monitoring requirements, including the addition of G and H segments * Added modified Assigned HCDP End Date field * Inserted table G-3 * Inserted table G-5 for use with post-01 January 2018 extracts * Inserted Case 2 and modified all cases to include D\_TAMP\_FLG * Inserted fields to streamline discussion and presentation * Inserted of G and H segment creation * Edited requirement 14 to incorporate changes to MI\_EMC\_ENRL dates * Edited requirement 25 to clarify data element should identify source extract of DI\_HCDP begin and end date source * Added requirements 28-35 * Inserted first bullet to clarify that unadjusted raw records from montht-1 should be included in adjusted montht-1 data. * Added assigned HCDP test, cost share HCDP payment test, and premium override test bullets * Added clarification that adjusted montht-1 obsolete records are not included in the adjusted data. * Added new fields to reflect results of new tests. * Added new enrollment test for use with post-01 January 2018 extracts * Added table I-9 for use with post-01 January 2018 extracts * Added tests for use with post-01 January 2018 extracts * Added DRVD\_LOC\_DT walkback * Added MA\_DT walkback * Added ULOC\_DT walkback |
| 1.15.01 | 3/2/18 | K. Hofmann | * Section VII, Table 2 * Section A.1.3, Table A-6 * Sections B.1.26 through B.1.29, B.1.30, B.1.32, B.1.33, and B.1.35 * Section G.3 * Exhibit G-19 * Section H.3.1 * Appendix J * Appendix K | * Changed length of D\_TRS\_TRR\_CD to 1 * Revised derivation of D\_ELG\_CD for post-01 January 2018 extracts * Revised derivations of D\_ELG\_GRP\_CD, D\_ENR\_GRP\_CD, D\_ELG\_ENR\_CD, D\_PCM\_TYP\_CD, D\_SUM\_ELG\_ENR\_CD, D\_TFL\_FLAG, D\_TRS\_TRR\_CD, D\_ACV\_GROUP * Described how comben and ACV Group can be derived using the LVM * Added D\_TAMP\_FLAG and D\_TYA\_FLAG in the appropriate positions * Removed reference to special HCDP files * Added derivation of D\_ELG\_CD and D\_ACV\_GROUP for 01 January 2018 snapshot * Added DEERS Email extract placeholder |
| 1.15.02 | 6/1/18 | K. Hofmann | * Table A-6 * Exhibit B-15 * Section B.1.31 * Section B.1.34 * Table G-1 * Table G-10 * Section G.7.5 * Exhibits G-16 and G-17 | * Removed DC\_CD = R from D\_ELG\_CD = 8 and removed Assigned HCDP Code = 013 from D\_ELG\_CD = 1. Added clause to check for dependents when D\_ELG\_CD = 0 and PN\_DTH\_CD ≠ Y. * Clarified rule for D\_ELG\_ENR\_CD when Enrollment HCDP Code = 330-331 * Clarified that TAMP Flag is based on D\_ELG\_CD * Added derivation to get T17 Enrollment Region for TRICARE Select * Clarified that a blank appears between Medicare Flag and TAMP Flag in D segments after 1/1/18 and that 3 blanks appear before PCM ID in F segments after 1/1/18 * Added definition of LPCM\_TYP and clarified which dates are used for E, F, G, and H LVM segments after 1/1/18. * Clarified how Enrollment HCDP dates can be used for G segments and Assigned HCDP dates can be used for H segments * Updated exhibits G-16 and G-17 to reflect current rules for deriving D\_ELG\_GRP\_CD and D\_ENR\_GRP\_CD, and new rules for deriving LVM segments |
| 1.15.03 | 10/8/18 | K. Hofmann | * Table A-6 * Exhibit B-12 * Exhibit B-13 * Exhibit B-15 * Table G-1 * Exhibit G-19 * Section G.7.5   + Table G-12   + Table G-13   + Exhibit G-15   + Exhibit G-16   + Exhibit G-17 | * Added new values of Enrollment HCDP Code to derivation of D\_ELG\_CD, D\_ELG\_GRP\_CD, D\_ENR\_GRP\_CD, D\_ELG\_ENR\_CD * Clarified that D\_ELG\_ENR\_CD = TPL maps to D\_SUM\_ELG\_ENR\_CD = TE * Added CHC\_CD to G segments after 1/1/18 * Added definition of LCHCCD and LPCMPROVTYP * Added that the logic for Adjusted HCDP segments is also applied to CHC\_CD (ensured these are consistently referred to as “Adjusted”, and not “Consolidated”) * Added PCM information and LCHCCD to creation of Combined Enrollment segments and provided an example of how this can be accomplished technically * Added LCHCCD to derivation for LELGGRP and LENRGRP and clarified that this and the derivation of LPCM\_TYP and LTYA is done on the fly * Added LCHCCD to the check for consolidating contiguous G segments with identical values, and added consolidation of contiguous E and F segments |
| 1.15.04 | 11/29/18 | K. Hofmann | * Section IV * Exhibit B-13 * Section B.1.35 * Section G.3 | * Expanded receiving filter to include PNL\_CAT\_CD = Q and any Enrollment HCDP code populated with an NDAA17 value (starting with 3) active on the extract date * Allowed for derivation of D\_ENR\_GRP\_CD = L when Enrollment HCDP Code = 345 and D\_ELG\_GRP\_CD = D * Indicated that ACV Group will no longer be populated starting in January 2019 |
| 1.15.05 | 3/28/19 | K. Hofmann | * Section V * Table 2 * Exhibits B-13 and B-16 and Sections B.1.27 and B.1.29 * Section G.3 * Appendix L | * Added prefixes MI\_PLOC\_\* and PCM\_NP\_\* to logic for NED processing. Five new PCM fields (MI\_PCM\_NM, MI\_PCM\_GRP\_ID, MI\_PLOC\_ID, PCM\_NP\_ID, PCM\_NP\_ID\_TYP\_CD) are being added to the VM6BEN. * Added PN\_MID\_NM, D\_MEPRS\_CODE, D\_MI\_PCM\_NM, D\_MI\_PCM\_GRP\_ID, D\_MI\_PLOC\_ID, PCM\_NP\_ID, and PCM\_NP\_ID\_TYP\_CD to the VM6BEN layout * Added a note that there is an alternative derivation for D\_ENR\_GRP\_CD and D\_PCM\_TYP\_CD for data from October-December 2017 * Described how to derive Enrollment Group and Enrollment PCM Type using variables from the LVM for data from October-December 2017 * Added derivations of D\_ENR\_GRP\_CD and D\_PCM\_TYP\_CD for extracts from October-December 2017 to make these fields available for all of FY18 |
| 1.15.06 | 4/24/19 | K. Hofmann | * Exhibit B-13 | * Forced derivation of D\_ENR\_GRP\_CD = L when Enrollment HCDP Code = 345 regardless of D\_ELG\_GRP\_CD |

# DEERS VSAM MDR 2006 (VM6) Extract

1. Source

**Table 1. Listing of Source Files**

|  |  |
| --- | --- |
| Source File | Source |
| Raw VM6 Data | Defense Manpower Data Center (DMDC) New DEERS VSAM Database |
| DMIS ID Index Table | Solution Delivery Division (SDD) |
| OmniCAD | SDD |
| Navy UIC file | Navy BUPERS |
| Master Death File | DHA Decision Support |
| MHS Enrollment Norms Table | DHA Decision Support |
| Enrollment MEPRS Code | SDD |
| MDR Risk Adjustment Key File | SDD |
| Dental Readiness File | SDD |

1. Transmission (Format and Frequency)

VM6 files are provided monthly as flat files, generally within the first few days of the month, as described in the PITE Interface Control Document (PITE ICD Mod 022.doc, ICD 1300-7003-02). The VM6 is generally transmitted via Direct Connect. Each VM6 represents a snapshot of the DEERS VSAM database at the time the extract was cut. Each record in the VM6 represents a beneficiary relationship in DEERS. There can be more than one record per person, in that many people have more than one beneficiary relationship with the DoD.

1. Organization and batching

* VM6s are received and processed monthly.
* MDR VM6s are organized into monthly files.
* The information from each new raw VM6 file is used to update information in each of the previous six months’ raw VM6 files, creating adjusted raw files, using the walk-back methodology documented in appendix I.
* Periodic retrofits will also be conducted, usually extending farther back than six months, using the walk-back methodology documented in appendix I. Typically, retrofits are conducted to apply recent updates or corrections in logic or field derivation to a defined period of history (for example, certain fiscal years).

1. Receiving Filters

The following records shall be transmitted to the MDR:

* All records with Medical Family Benefit Extract Indicator Code (MED\_FAM\_BNF\_EXT\_CD)=’Y’;
* All records with Personnel Category Code=’W’; and
* All records having Personnel Category Code in (N,V,Q), if PNL\_BGN\_DT is valid and prior or equal to first day of extract month AND PNL\_END\_DT is either blank or greater than or equal to the first day of the extract month.
* All records having Enrollment HCDP Code starting with 3, if MI\_EMC\_ENRL\_BGN\_DT is valid and prior or equal to first day of extract month AND MI\_EMC\_ENRL\_END\_DT is either blank or greater than or equal to the first day of the extract month.

Note that an ‘or’ separates these conditions (so, if the MED\_FAM\_BNF\_EXT\_CD=’N’ but the Member Category Code=’W’, that record shall be transmitted to the MDR).

1. Field Transformations and Deletions for MDR Database

* August 2010 notes: the changes in this specification should be applied *\*at least\** as far back as FY 2005 (all months) through the application of the Longitudinal VM6 (appendix G) and Walkback (appendix I) processors.
* March 2011 notes: the additional changes specified in the March 2011 version of this specification, if implemented after those specified in the August 2010 business rules, should be applied \*at least\* as far back as January 2011 through the application of the of the VM6 (appendix G) and Walkback (appendix I) processors.
* A series of MHS Derived fields associated with legacy processing of DEERS data are added to the VM6. Refer to Appendix A1 for a field listing and business rules.
* A primary record flag (0 or 1) is added to each record. The primary record flag allows for the selection of the record with the richest MHS benefit, among all records for a given person. See Appendix A2 for further detail.
* With the exception noted at the end of this bullet, the content of Medical Insured (MI) NED enrollment fields (all field names beginning with “MI\_HCDP\_”, “MI\_PCM\_”, “MI\_EMC\_”, “MI\_PLCY\_”, “MI\_PLOC\_”, “PCM\_NP\_”)) is replicated from the record having the “best” NED data among all records for an individual (i.e., all records having the same DOD\_EDI\_PN) onto the record selected as the primary record for the individual, into the corresponding “D\_MI\_” fields on the receiving record. An appended field (MDR\_NED\_DRV) indicates when Medical Insured NED data have been copied from a different record with the same DOD\_EDI\_PN: 1 indicates that the MI information has been obtained from a different record, 0 indicates that the enrollment data are unchanged from the input record. The algorithm for identifying the record with “best” NED information among all records with the same DOD\_EDI\_PN is as follows:

1. Remove records where D\_OBSOLETE=1
2. If there is just one record for a given DOD\_EDI\_PN, use that record.
3. If there are multiple records for a given DOD\_EDI\_PN, and just one record has non-blank fields in any of the MI fields, use that record.
4. If there are multiple records for a given DOD\_EDI\_PN having non-blank MI fields, use the following priority scheme to rank the records. Lower priorities are only used to break ties of all higher priorities.
5. If just one record indicates a current enrollment relationship (defined as (MI\_PCM\_SLCT\_BGN\_DT equal to or prior to the snapshot date (assumed to be the 1st of the month), and MI\_PCM\_SLCT\_END\_DT either blank or equal to or later than the snapshot date) OR (MI\_EMC\_ENRL\_BGN\_DT equal to or prior to the snapshot date (assumed to be the 1st of the month), and MI\_EMC\_ENRL \_END\_DT either blank or equal to or later than the snapshot date)), use that record.
6. If more than one record indicates a current enrollment relationship, use the record among those indicating a current enrollment relationship that has the most recent LST\_EXT\_DT. If multiple records tie for the most recent LST\_EXT\_DT, choose the last record encountered.
7. If no records indicate a current enrollment relationship, and just one record indicates a previous enrollment relationship (defined as (having both MI\_PCM\_SLCT\_BGN\_DT and MI\_PCM\_SLCT\_END\_DT prior to the snapshot date) or (having both MI\_EMC\_ENRL\_BGN\_DT and MI\_EMC\_ENRL\_END\_DT prior to the snapshot date)), use that record.
8. If more than one record indicates a past enrollment relationship, use the record among those indicating a past enrollment relationship that has the most recent LST\_EXT\_DT. If multiple records tie for the most recent LST\_EXT\_DT, choose the last record encountered.
9. If no records indicate either a current or past enrollment relationship, and just one record indicates a future enrollment relationship (defined as (MI\_PCM\_SLCT\_BGN\_DT after the snapshot date and MI\_PCM\_SLCT\_END\_DT either later than the snapshot date or blank) or (MI\_EMC\_ENRL\_BGN\_DT after the snapshot date and MI\_EMC\_ENRL \_END\_DT either later than the snapshot date or blank)), then use that record.
10. If more than one record indicates a future enrollment relationship, use the record among those indicating future relationship that has the most recent LST\_EXT\_DT. If multiple records tie for the most recent LST\_EXT\_DT, choose the last record encountered.
11. If MI\_PCM\_SLCT\_BGN\_DT and MI\_PCM\_SLCT\_END\_DT are both blank, then choose the last record encountered.

**Exception:** TYA enrollment information shall not be copied onto sponsor records (PN\_TYP\_CD=S). TYA is inherently a dependent program and therefore should not be copied onto sponsor records (for instance for a retiree family member who enlists).

* For extracts prior to 01 January 2018, TYA enrollment information is for MI\_HCDP\_PLN\_CVG\_CD values in (422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432).
* For extracts dated 01 January 2018 and later, TYA enrollment information is for MI\_HCDP\_PLN\_CVG\_CD values in (308, 330, 331, 332).
* A series of fields are added to describe a beneficiary’s enrollment status in DEERS. These fields are populated for enrollees in TRICARE Prime, TRICARE Plus, the Uniformed Services Family Health Plan (USFHP), and various other programs. Several fields needed to support development of M2 data feeds are also referenced in this section. Refer to Appendix B for a field listing and business rules.
* Beginning with the VM6 feed received from DMDC in April 2007, Legacy DDS is not populated on the raw record. DHA Decision Support has directed that all MDR processor(including snapshot and walkback/retrofit processors for person, eligibility, enrollment or encounter data types) shall prevent this deletion of the Legacy DDS information from affecting fields reporting Legacy DDS or based on Legacy DDS for extracts reporting March FY2007 and earlier data. Stated another way, any record in any extract, of any data type, that was populated with a non-blank Legacy DDS prior to April 2007 should continue to receive the same Legacy DDS assignment by MDR processors, even if other fields are retrofitted with subsequent information.

Furthermore, fields that report Legacy DDS or are based upon Legacy DDS on records reporting FY 2007 data later than March 2007 should be based on Legacy DDS as reported for the individual for March 2007.

For person and enrollment data types based on VM6 data, the following approach is recommended:

* For April 2007 through September 2007, the MDR processor shall populate this field **prior to any other processing steps (including MPI extraction or walkback/retrofitting)** by merging the raw VM6 files for these months with the March 2007 MPI file (see appendix F). This merge will be done based on the combination of Sponsor Person ID and DOD\_EDI\_PN\_ID. For those VM6 records matching records with the MPI file, the Legacy DDS shall be read from the February MPI file and placed in the Legacy DDS position of the raw VM6 file. For those VM6 records not matching records with the MPI file, the Legacy DDS field shall remain blank.
* After September 2007, the Legacy DDS field shall remain unpopulated for all records

It is recognized that despite implementing this step to populate the Legacy DDS field, the quality of the data in this field and fields derived based on this field will decrease after March 2007 due to the addition of people to the raw file who were not in the MPI as of March 2007.

1. Updating the Master Tables

N/A

1. File Layout and Content

The table below reflects the fields as they exist in the monthly MDR PITE files following processing. The original names from DEERS are used for fields that come from native DEERS (e.g. No appendix referenced). The “Transformation” column lists the appendices that contain the business rules used to derive all other fields.

The walkback processor generates a field, called D\_OBSOLETE, indicating whether a given record contains outdated information. After records have been processed according to the business rules in this specification (including application of the receiving ingest filters specified in section IV), only records with the D\_OBSOLETE=0 shall be placed into the MDR VM6BEN.

Table 2. MDR VM6BEN Format and Fields

| **Field** | **Format** | **SAS Name** | **Transformation** |
| --- | --- | --- | --- |
| Last Extract Date | N(8) | LST\_EXT\_DT | Convert to SAS Date |
| Sponsor Person Identifier | Char(9) | SPN\_PN\_ID | No transformation |
| Sponsor Person Identifier Type Code | Char(1) | SPN\_PN\_ID\_TYP\_CD | No transformation |
| Sponsor Duplicate Identifier | Char(1) | SPN\_DUP\_ID | No transformation |
| Multiple Membership Identifier | Char(1) | MLT\_MBR\_ID | No transformation |
| DMDC Dependent Suffix Code | Char(2) | DDS\_CD | No transformation |
| Person Type Code | Char(1) | PN\_TYP\_CD | No transformation |
| Person Identifier | Char(9) | PN\_ID | No transformation |
| Person Identifier Type Code | Char(1) | PN\_ID\_TYP\_CD | No transformation |
| Person Birth Date | N(8) | PN\_BRTH\_DT | Convert to SAS Date |
| Marital Status Code | Char(1) | MRTL\_STAT\_CD | No transformation |
| Person Sex Code | Char(1) | PN\_SEX\_CD | No transformation |
| Race Code | Char(1) | RACE\_CD | No transformation |
| Ethnicity National Origin Code | Char(1) | ETHNC\_NAT\_ORIG\_CD | No transformation |
| Person Death Date | N(8) | PN\_DTH\_DT | Convert to SAS Date |
| Person Death Code | Char(1) | PN\_DTH\_CD | No transformation |
| Medical Test Diagnostic Procedure Date | N(8) | MD\_TST\_DGP\_DT | Convert to SAS Date |
| Medicare A Begin Reason Code | Char(1) | MDC\_A\_BRSN\_CD | No transformation |
| Medicare A Effective Date | N(8) | MDC\_A\_EFF\_DT | Convert to SAS Date |
| Medicare A Expiration Date | N(8) | MDC\_A\_EXP\_DT | Convert to SAS Date |
| Medicare B Begin Reason Code | Char(1) | MDC\_B\_BRSN\_CD | No transformation |
| Medicare B Effective Date | N(8) | MDC\_B\_EFF\_DT | Convert to SAS Date |
| Medicare B Expiration Date | N(8) | MDC\_B\_EXP\_DT | Convert to SAS Date |
| Pharmacy Coverage Code | Char(3) | PHM\_CVG\_CD | No transformation |
| Legacy DEERS Dependent Suffix (DDS) Code | Char(2) | LEG\_DDS\_CD) | No transformation |
| Personnel Category Code | Char(1) | PNL\_CAT\_CD | No transformation |
| Service Branch Classification | Char(1) | SVC\_CD | No transformation |
| Retirement Type Code | Char(1) | RET\_TYP\_CD | No transformation |
| Pay Plan Code | Char(5) | PAY\_PLN\_CD | No transformation |
| Pay Grade Code | Char(2) | PG\_CD | No transformation |
| DoD Occupation Code | Char(6) | DOD\_OCC\_CD | No transformation |
| Attached Unit Identification Code | Char(8) | ATTCH\_UIC | No transformation |
| Assigned Unit Identification Code | Char(8) | ASSGN\_UIC | No transformation |
| Personnel Entitlement Condition Type Code | Char(2) | PNLEC\_TYP\_CD | No transformation |
| Personnel Entitlement Condition Begin Date | N(8) | PNLEC\_BGN\_DT | Convert to SAS Date |
| Personnel Entitlement Condition End Date | N(8) | PNLEC\_END\_DT | Convert to SAS Date |
| Member Category Code | Char(1) | MBR\_CAT\_CD | No transformation |
| Member Disposition Code | Char(1) | MBR\_DSPN\_CD | No transformation |
| Direct Care Benefit Type Code | Char(1) | DC\_CD | No transformation |
| Direct Care Benefit Type Begin Eligibility Calendar Date | N(8) | DC\_BELIG\_DT | Convert to SAS Date |
| Direct Care Benefit Type End Eligibility Calendar Date | N(8) | DC\_EELIG\_DT | Convert to SAS Date |
| Civilian Health Care Entitlement Type Code | Char(1) | CHC\_CD | No transformation |
| Civilian Health Care Entitlement Type Begin Eligibility Calendar Date | N(8) | CHC\_BELIG\_DT | Convert to SAS Date |
| Civilian Health Care Entitlement Type End Eligibility Calendar Date | N(8) | CHC\_EELIG\_DT | Convert to SAS Date |
| Mailing Address US Postal Region State Code | Char(2) | MA\_ST\_CD | No transformation |
| Mailing Address Country Code | Char(2) | MA\_CTRY\_CD | No transformation |
| Mailing Address US Postal Region ZIP Code | Char(5) | MA\_PR\_ZIP\_CD | No transformation |
| General Location Code | Char(1) | GEN\_LOC\_CD | No transformation |
| Unit Location US Postal Region Zip Code | Char(5) | ULOC\_PR\_ZIP\_CD | No transformation |
| Person Last Name | Char(26) | PN\_LST\_NM | No transformation |
| Person First Name | Char(20) | PN\_1ST\_NM | No transformation |
| Person Cadency Name | Char(4) | PN\_CDNCY\_NM | No transformation |
| Blood Type Code | Char(1) | BLD\_TYP\_CD | No transformation |
| Rank Code | Char(6) | RANK\_CD | No transformation |
| Medical Family Benefit Extract Indicator Code | Char(1) | MED\_FAM\_BNF\_EXT\_CD | No transformation |
| Derived Location Date | N(8) | DRVD\_LOC\_DT | Convert to SAS Date |
| Derived Location State Alpha Code | Char(2) | DRVD\_LOC\_ST\_CD | No transformation |
| Derived Location Country Code | Char(2) | DRVD\_LOC\_CTRY\_CD | No transformation |
| Derived Location US Postal Region ZIP Code | Char(5) | DRVD\_LOC\_PR\_ZIP\_CD | No transformation |
| Derived Location Military Health Service Region Code | Char(2) | DRVD\_LOC\_MHS\_RGN\_CD | No transformation |
| Race Ethnic Code | Char(1) | RACE\_ETHNC\_CD | No transformation |
| Catchment Area ID | Char(4) | D\_CATCH\_AREA\_CD | See Section A.1.6 for rules |
| Medical Privilege Code | Char(1) | D\_ELG\_CD | See Section A.1.3 for rules |
| Dependent Quantity | N(8) | D\_DEP\_QY | See Section A.1.14 for rules |
| Age Group Code | Char(1) | D\_AGE\_GROUP\_CD | See Section A.1.10 for rules |
| Derived Age Quantity | N(8) | D\_AGE\_QY | See Section A.1.9 for rules |
| Beneficiary Category | Char(3) | R\_BEN\_CAT\_CD | See Section A.1.1 for rules |
| PRISM Area ID | Char(4) | D\_PRISM\_CD | See Section A.1.7 for rules. |
| MHS Eligibility Indicator | Char(1) | D\_MHS\_ELIG\_INDIC | See Section A.1.4 for rules. |
| Population Sector | Char(1) | D\_MHS\_POP\_SECTOR\_CD | See Section A.1.11 for rules. |
| MHS-Derived Region | Char(2) | D\_REGION\_CD | See Section A.1.8 for rules. |
| MHS-Derived ZIP Code | Char(5) | D\_ZIP\_CD | See Section A.1.5 for rules. |
| Sponsor Service Aggregated | Char(1) | D\_SPON\_BR\_SVC\_CD | See Section A.1.2 for rules. |
| Primary Record Flag | Char(1) | D\_PRIMARY\_RECORD\_FLAG | See Section A.2 for rules. |
| Member Relationship Code | Char(1) | MBR\_REL\_CD | No transformation |
| Common Beneficiary Category | Char(1) | D\_COM\_BEN\_CAT\_CD | See Section A.1.12 for rules. |
| Medicare Eligibility Code | Char(1) | D\_MDC\_ELIG\_CD | See Section A.1.13 for rules. |
| Personnel Verification Status Code | Char(1) | PNL\_VER\_STAT\_CD | No transformation |
| Personnel Entitlement Condition Verification Status Code | Char(1) | PNLEC\_VER\_STAT\_CD | No transformation |
| Dental Insured Health Care Delivery Program Plan Coverage Code | Char(3) | DI\_HCDP\_PLN\_CVG\_CD | No transformation |
| Dental Insured Health Care Delivery Program Code | Char(3) | DI\_HCDP\_CD | No transformation |
| Dental Insured Health Care Delivery Program Begin Date | N(8) | DI\_HCDP\_BGN\_DT | Convert to SAS Date |
| Dental Insured Enrollment Management Contractor Enrollment Begin Date | N(8) | DI\_HCDP\_PEP\_BGN\_DT | Convert to SAS Date |
| Dental Insured Health Care Delivery Program Policy Enrollment Period End Date | N(8) | DI\_HCDP\_PEP\_END\_DT | Convert to SAS Date |
| Dental Insured Health Care Delivery Program Policy Enrollment Period End Reason Code | Char(1) | DI\_HCDP\_PEP\_ERSN\_CD | No transformation |
| Dental Insured Enrollment Management Contractor Enrollment Begin Date | N(8) | DI\_EMC\_ENRL\_BGN\_DT | Convert to SAS Date |
| Dental Insured Enrollment Management Contractor Enrollment End Date | N(8) | DI\_EMC\_ENRL\_END\_DT | Convert to SAS Date |
| Dental Insured Enrollment Management Contractor Enrollment End Reason Code | Char(1) | DI\_EMC\_ENRL\_ERSN\_CD | No transformation |
| Derived Medical Insured Health Care Delivery Program Plan Coverage Code | Char(3) | D\_MI\_HCDP\_PLN\_CVG\_CD | See Section V for rules. |
| Derived Medical Insured Health Care Delivery Program Code | Char(3) | D\_MI\_HCDP\_CD | See Section V for rules. |
| Derived Medical Insured Health Care Delivery Program Begin Date | N(8) | D\_MI\_HCDP\_BGN\_DT | See Section V for rules. |
| Derived Medical Insured Health Care Delivery Program Policy Enrollment Period Begin Date | N(8) | D\_MI\_HCDP\_PEP\_BGN\_DT | See Section V for rules. |
| Derived Medical Insured Health Care Delivery Program Policy Enrollment Period End Date | N(8) | D\_MI\_HCDP\_PEP\_END\_DT | See Section V for rules. |
| Derived Medical Insured Health Care Delivery Program Policy Enrollment Period End Reason Code | Char(1) | D\_MI\_HCDP\_PEP\_ERSN\_CD | See Section V for rules. |
| Derived Medical Insured Policy Health Care Delivery Program Contractor Code | Char(2) | D\_MI\_PLCY\_HCDP\_CNTC\_CD | See Section V for rules. |
| Derived Medical Insured Enrollment Management Contractor Enrollment Begin Date | N(8) | D\_MI\_EMC\_ENRL\_BGN\_DT | See Section V for rules. |
| Derived Medical Insured Enrollment Management Contractor Enrollment End Date | N(8) | D\_MI\_EMC\_ENRL\_END\_DT | See Section V for rules. |
| Derived Medical Insured Enrollment Management Contractor Enrollment End Reason Code | Char(1) | D\_MI\_EMC\_ENRL\_ERSN\_CD | See Section V for rules. |
| Derived Medical Insured Enrollment Health Care Delivery Program Contractor Code | Char(2) | D\_MI\_HCDP\_EMC\_CD | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Network Provider Type Code | Char(1) | D\_MI\_PCM\_PROV\_TYP\_CD | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Identifier | Char(32) | D\_MI\_PCM\_ID | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Identifier Type Code | Char(1) | D\_MI\_PCM\_ID\_TYP\_CD | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Enrolling Division DMIS Code | Char(4) | D\_MI\_PCM\_EDVSN\_DMIS\_ID | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Region Code | Char(2) | D\_MI\_PCM\_RGN\_CD | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Selection Begin Calendar Date | N(8) | D\_MI\_PCM\_SLCT\_BGN\_DT | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Selection End Calendar Date | N(8) | D\_MI\_PCM\_SLCT\_END\_DT | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Selection End Reason Code | Char(1) | D\_MI\_PCM\_SLCT\_ERSN\_CD | See Section V for rules. |
| Derived Special Program Insured Health Care Delivery Program Plan Coverage Code | Char(3) | D\_SI\_HCDP\_PLN\_CVG\_CD | See Section A.1.20 for rules. |
| Derived Special Program Insured Health Care Delivery Program Code | Char(3) | D\_SI\_HCDP\_CD | See Section A.1.20 for rules. |
| Derived Special Program Insured Enrollment Management Contractor Enrollment Begin Calendar Date | N(8) | D\_SI\_EMC\_ENRL\_BGN\_DT | See Section A.1.20 for rules. |
| Derived Special Program Insured Enrollment Management Contractor Enrollment End Calendar Date | N(8) | D\_SI\_EMC\_ENRL\_END\_DT | See Section A.1.20 for rules. |
| Derived Special Program Insured Enrollment Management Contractor Enrollment End Reason Code | Char(1) | D\_SI\_EMC\_ENRL\_ERSN\_CD | See Section A.1.20 for rules. |
| Derived Special Program Insured Health Care Delivery Program Contractor Code | Char(2) | D\_SI\_HCDP\_CNTC\_CD | See Section A.1.20 for rules. |
| DoD Electronic Data Interchange Person Identifier | Char(10) | DOD\_EDI\_PN\_ID | No transformation |
| Medicare A Verification Status Code | Char(1) | MDC\_A\_VER\_STAT\_CD | No transformation |
| Medicare B Verification Status Code | Char(1) | MDC\_B\_VER\_STAT\_CD | No transformation |
| Medicare Health Insurance Claim Identifier | Char(12) | MDC\_HI\_CLM\_ID | No transformation |
| Reserve Component Category Code | Char(2) | RSVCC\_CD | No transformation |
| ID Card End Date | N(8) | CRD\_END\_DT | Convert to SAS Date |
| ID Card End Reason Code | Char(1) | CRD\_ERSN\_CD | No transformation |
| Person Association Next Verification Date | N(8) | PNA\_NXT\_VER\_DT | Convert to SAS Date |
| Expanded Age Group Code | Char(1) | MDR\_AGEGRP\_CD | See Section B.1.6 for rules |
| Alternative Care Value (ACV) | Char(1) | MDR\_ACV | See Section B.1.1 for rules |
| Equivalent Lives Age Category | Char(1) | MDR\_EL\_AGECAT | See Section B.1.2 for rules |
| Equivalent Lives Beneficiary Group | Char(6) | MDR\_EL\_BENGRP | See Section B.1.3 for rules |
| Enrollment Indicator | Char(1) | MDR\_ENROLL | See Section B.1.4 for rules |
| TFL Indicator | Char(1) | MDR\_TFL | See Section B.1.5 for rules |
| Aggregate Marital Status | Char(1) | MDR\_MARITAL\_AGG | See Section B.1.7 for rules |
| Market Area ID | Char(3) | MDR\_MARKET | See Section B.1.8 for rules |
| M2 Dependent Quantity | N(8) | MDR\_M2\_DEP\_QY | See Section B.1.9 for rules |
| M2 Summary Privilege Code | Char(1) | MDR\_M2\_SUM\_PRIVCD | See Section B.1.10 for rules |
| NED Field Derivation Indicator | Char(1) | MDR\_NED\_DRV | See Section V for rules. |
| Special Operations Code | Char(2) | SPCL\_OPER\_CD | No transformation |
| Enrollment Region | Char(2) | D\_ENR\_RGN\_CD | See Section B.1.11 for rules |
| HSSC Residence Region | Char(1) | D\_HSSC\_RES\_RGN\_CD | See Section A.1.15 for rules. |
| HSSC Enrollment Region | Char(1) | D\_HSSC\_ENR\_RGN\_CD | See Section B.1.12 for rules |
| Derived Medical Insured Primary Care Manager Specialty Code | Char(3) | D\_MI\_PCM\_SPCL\_CD | See Section V for rules. |
| Medical Insured Primary Care Manager Mailing Address ZIP Code | Char(5) | D\_MI\_PCM\_MA\_ZIP\_CD | See Section V for rules. |
| VM6 Extract Month | Char(4) | D\_FDE\_EXT\_MONTH | See Section A.1.18 for rules. |
| Active Duty Strength Accounting Code | Char(3) | AD\_STR\_ACCT\_CD | No transformation |
| DEERS Family ID | Char(9) | DEERS\_FAM\_ID | No transformation |
| DEERS Beneficiary ID | Char(2) | DEERS\_BNFRY\_ID | No transformation |
| DoD Race Code | Char(3) | DOD\_RACE\_CD | No transformation |
| Personnel Begin Calendar Date | N(8) | PNL\_BGN\_DT | Convert to SAS Date |
| Personnel End Date | N(8) | PNL\_END\_DT | Convert to SAS Date |
| Personnel End Reason Code | Char(1) | PNL\_ERSN\_CD | No transformation |
| AGR Service Legal Authority Code | Char(1) | AGR\_SVC\_LGL\_AUTH\_CD | No transformation |
| Personnel Entitlement Condition End Reason Code | Char(1) | PNLEC\_ERSN\_CD | No transformation |
| DoD Beneficiary Type Code | Char(2) | DOD\_BNFRY\_TYP\_CD | No transformation |
| Other Health Insurance (OHI) Medical Coverage Indicator Code | Char(1) | OHI\_MED\_IND\_CD | No transformation |
| OHI Dental Coverage Indicator Code | Char(1) | OHI\_DNT\_IND\_CD | No transformation |
| OHI Inpatient Coverage Indicator Code | Char(1) | OHI\_INP\_IND\_CD | No transformation |
| OHI Outpatient Coverage Indicator Code | Char(1) | OHI\_OUTP\_IND\_CD | No transformation |
| OHI Long Term Care Coverage Indicator Code | Char(1) | OHI\_LTC\_IND\_CD | No transformation |
| OHI Pharmacy Coverage Indicator Code | Char(1) | OHI\_PHM\_IND\_CD | No transformation |
| OHI Mental Health Coverage Indicator Code | Char(1) | OHI\_MH\_IND\_CD | No transformation |
| OHI Vision Coverage Indicator Code | Char(1) | OHI\_VSN\_IND\_CD | No transformation |
| OHI Partial Hospitalization Coverage Indicator Code | Char(1) | OHI\_PART\_HOSP\_IND\_CD | No transformation |
| OHI Skilled Nursing Care Coverage Indicator Code | Char(1) | OHI\_SNC\_IND\_CD | No transformation |
| Person Association Reason Code | Char(2) | PNA\_RSN\_CD | No transformation |
| Person Association Begin Date | N(8) | PNA\_BGN\_DT | Convert to SAS Date |
| Person Association End Date | N(8) | PNA\_END\_DT | Convert to SAS Date |
| Person Association End Reason Code | Char(1) | PNA\_ERSN\_CD | No transformation |
| Underwritten Region | Char(1) | D\_UNDEREG | See Section B.1.13 for rules |
| Derived Death Code | Char(1) | D\_DTH\_CD | See Section A.1.16 for rules. |
| Derived Death Date | N(8) | D\_DTH\_DT | See Section A.1.17 for rules. |
| TRICARE Prime Remote Eligibility Flag | Char(1) | D\_TPR\_ELG\_CD | See Section B.1.14 for rules |
| Medicare Eligible Retiree Health Care Fund Direct Care Code | Char(1) | D\_MERHCF\_DC\_CD | See Section A.1.21 for rules. |
| Medicare Eligible Retiree Health Care Fund Purchased Care Code | Char(1) | D\_MERHCF\_PC\_CD | See Section A.1.22 for rules. |
| Sponsor Relationship Code | Char(1) | D\_SPSR\_REL\_CD | See Section A.1.23 for rules. |
| Walkback Record Source Extract | Char(4) | D\_EXT\_MONTH[[1]](#footnote-2) | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Person Death Code Change Flag | Char(1) | D\_DTH\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Person Death Code Source Extract | Char(4) | D\_DTH\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Direct Care Benefit Type Change Flag | Char(1) | D\_DC\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Direct Care Benefit Type Source Extract | Char(4) | D\_DC\_ELG\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Civilian Health Care Entitlement Type Change Flag | Char(1) | D\_CHC\_ELG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Civilian Health Care Entitlement Source Extract | Char(4) | D\_CHC\_ELG\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Medicare A Begin Reason Change Flag | Char(1) | D\_MDC\_A\_ELG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Medicare A Begin Reason Source Extract | Char(4) | D\_MDC\_A\_ELG\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Medicare B Begin Reason Change Flag | Char(1) | D\_MDC\_B\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Medicare B Begin Reason Source Extract | Char(4) | D\_MDC\_B\_ELG\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Personnel Entitlement Condition Type Change Flag | Char(1) | D\_PNLEC\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Personnel Entitlement Condition Type Source Extract | Char(4) | D\_PNLEC\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Enrollment Information Change Flag | Char(1) | D\_ENR\_CHG\_FLAG[[2]](#footnote-3) | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Enrollment Information Source Extract | Char(4) | D\_ENR\_EXTRACT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Derived Location US Postal Region ZIP Code Change Flag | Char(1) | D\_LOC\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Derived Location US Postal Region ZIP Code Source Extract | Char(4) | D\_LOC\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Personnel Category Change Flag | Char(1) | D\_PNL\_CAT\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Personnel Category Source Extract | Char(4) | D\_PNL\_CAT\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Mailing Address Change Flag | Char(1) | D\_MA\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Mailing Address Source Extract | Char(4) | D\_MA\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Unit Location Change Flag | Char(1) | D\_ULOC\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Unit Location Source Extract | Char(4) | D\_ULOC\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Dental Insured HCDP Change Flag | Char(1) | D\_DI\_HCDP\_CHG\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkack Dental Insured HCDP Source Extract | Char(4) | D\_DI\_HCDP\_EXT1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Contradictory Date Flag | Char(1) | D\_CONTRA\_DT\_FLAG1 | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Obsolete Record Flag | Char(1) | D\_OBSOLETE | Snapshot process: Leave blank  Walkback process: App.I |
| MHS Derived Country Code | Char(2) | D\_COUNTRY\_CD | See Section A.1.24 for rules. |
| TRICARE Young Adult Flag | Char(1) | D\_TYA\_FLAG | See Section B.1.15 for rules |
| MTF Service Area ID | Char(4) | D\_MTFSA\_CD | See Section A.1.25 for rules. |
| Medically Retired Sponsor Flag | Char(1) | D\_MEDICAL\_RET\_FLAG | See Section B.1.19 for rules |
| Prime Enrollee Risk Score – Untruncated | N(8,4) | D\_RISK\_TRUNC\_NO | See Section B.1.20 for rules |
| Prime Enrollee Risk Score – 500K Truncation | N(8,4) | D\_RISK\_TRUNC\_500 | See Section B.1.21 for rules |
| Prime Enrollee Risk Score – 250K Truncation | N(8,4) | D\_RISK\_TRUNC\_250 | See Section B.1.22 for rules |
| Prime Enrollee Risk Score – 100K Truncation | N(8,4) | D\_RISK\_TRUNC\_100 | See Section B.1.23 for rules |
| High Cost User Flag | Char(1) | D\_HIGH\_COST\_USER | See Section B.1.24 for rules |
| Dental Readiness Classification | Char(1) | D\_DRC | See Section A.1.26 for rules. |
| T3 Residence Region Code | Char(2) | D\_T3\_RES\_REGION\_CD | See Section A.1.27 for rules. |
| T3 Enrollment Region Code | Char(2) | D\_T3\_ENR\_RGN\_CD | See Section B.1.25 for rules. |
| T17 Residence Region Code | Char(2) | D\_T17\_RES\_REGION\_CD | See Section A.1.28 for rules. |
| Eligibility Group | Char(1) | D\_ELG\_GRP\_CD | See Section B.1.26 |
| Enrollment Group | Char(1) | D\_ENR\_GRP\_CD | See Section B.1.27 |
| TRICARE Eligibility/ Enrollment | Char(3) | D\_ELG\_ENR\_CD | See Section B.1.28 |
| Enrollment PCM Type | Char(1) | D\_PCM\_TYP\_CD | See Section B.1.29 |
| Summary Eligibility/ Enrollment | Char(2) | D\_SUM\_ELG\_ENR\_CD | See Section B.1.30 |
| Transitional Assistance Management Plan Flag | Char(1) | D\_TAMP\_FLAG | See Section B.1.31 |
| TRICARE for Life Flag | Char(1) | D\_TFL\_FLAG | See Section B.1.32 |
| TRICARE Reserve Select/TRICARE Reserve Retired Flag | Char(1~~3~~) | D\_TRS\_TRR\_CD | See Section B.1.33 |
| T17 Enrollment Region | Char(2) | D\_T17\_ENR\_RGN\_CD | See Section B.1.34 |
| Cost Share 1 Health Care Delivery Program Payment Factor Code | Char(3) | CS1\_HCDP\_PMT\_FCTR\_CD | No Transformation |
| Cost Share 1 Health Care Delivery Program Payment Factor Begin Calendar Date | N(8) | CS1\_HCDP\_PMT\_FCTR\_EFF\_DT | Convert to SAS Date |
| Cost Share 1 Health Care Delivery Program Payment Factor End Calendar Date | N(8) | CS1\_HCDP\_PMT\_FCTR\_END\_DT | Convert to SAS Date |
| Cost Share 1 Health Care Delivery Program Payment Factor End Reason Code | Char(1) | CS1\_HCDP\_PMT\_FCTR\_ERSN\_CD | No Transformation |
| Cost Share 2 Health Care Delivery Program Payment Factor Code | Char(3) | CS2\_HCDP\_PMT\_FCTR\_CD | No Transformation |
| Cost Share 2 Health Care Delivery Program Payment Factor Begin Calendar Date | N(8) | CS2\_HCDP\_PMT\_FCTR\_EFF\_DT | Convert to SAS Date |
| Cost Share 2 Health Care Delivery Program Payment Factor End Calendar Date | N(8) | CS2\_HCDP\_PMT\_FCTR\_END\_DT | Convert to SAS Date |
| Cost Share 2 Health Care Delivery Program Payment Factor End Reason Code | Char(1) | CS2\_HCDP\_PMT\_FCTR\_ERSN\_CD | No Transformation |
| Cost Share 3 Health Care Delivery Program Payment Factor Code | Char(3) | CS3\_HCDP\_PMT\_FCTR\_CD | No Transformation |
| Cost Share 3 Health Care Delivery Program Payment Factor Begin Calendar Date | N(8) | CS3\_HCDP\_PMT\_FCTR\_EFF\_DT | Convert to SAS Date |
| Cost Share 3 Health Care Delivery Program Payment Factor End Calendar Date | N(8) | CS3\_HCDP\_PMT\_FCTR\_END\_DT | Convert to SAS Date |
| Cost Share 3 Health Care Delivery Program Payment Factor End Reason Code | Char(1) | CS3\_HCDP\_PMT\_FCTR\_ERSN\_CD | No Transformation |
| Premium Override Action Code | Char(1) | PREM\_OVRD\_ACTN\_CD | No Transformation |
| Premium Override Effective Date | N(8) | PREM\_OVRD\_EFF\_DT | Convert to SAS Date |
| Premium Override End Date | N(8) | PREM\_OVRD\_END\_DT | Convert to SAS Date |
| Premium Override End Reason Code | Char(1) | PREM\_OVRD\_ERSN\_CD | No Transformation |
| Assigned Health Care Delivery Program Plan Coverage Code | Char(3) | ASG\_HCDP\_PLN\_CVG\_CD | No Transformation |
| Assigned Health Care Delivery Program Begin Calendar Date | N(8) | ASG\_HCDP\_BGN\_DT | Convert to SAS Date |
| Assigned Health Care Delivery Program End Calendar Date | N(8) | ASG\_HCDP\_END\_DT | Convert to SAS Date |
| Assigned Health Care Delivery Program End Reason Code | Char(1) | ASG\_HCDP\_ERSN\_CD | No Transformation |
| Uniformed Service Initial Entry Date | Num(8) | UNIF\_SVC\_INIT\_ENT\_DT | Convert to SAS Date |
| Walkback Assigned HCDP Change Flag | Char(1) | D\_ASG\_HCDP\_CHG\_FLAG | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Assigned HCDP Source Extract | Char(4) | D\_ASG\_HCDP\_EXT | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Cost Share 1 HCDP Payment Factor Change Flag | Char(1) | D\_CS1\_HCDP\_PMT\_FCTR\_CHG\_FLAG | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Cost Share 1 HCDP Payment Factor Source Extract | Char(4) | D\_CS1\_HCDP\_PMT\_FCTR\_EXT | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Cost Share 2 HCDP Payment Factor Change Flag | Char(1) | D\_CS2\_HCDP\_PMT\_FCTR\_CHG\_FLAG | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Cost Share 2 HCDP Payment Factor Source Extract | Char(4) | D\_CS2\_HCDP\_PMT\_FCTR\_EXT | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Cost Share 3 HCDP Payment Factor Change Flag | Char(1) | D\_CS3\_HCDP\_PMT\_FCTR\_CHG\_FLAG | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Cost Share 3 HCDP Payment Factor Source Extract | Char(4) | D\_CS3\_HCDP\_PMT\_FCTR\_EXT | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Premium Override Change Flag | Char(1) | D\_ PREM\_OVRD\_CHG\_FLAG | Snapshot process: Leave blank  Walkback process: App.I |
| Walkback Premium Override Source Extract | Char(4) | D\_ PREM\_OVRD\_EXT | Snapshot process: Leave blank  Walkback process: App.I |
| ACV Group | Char(2) | D\_ACV\_GROUP | See Section B.1.35 |
| Person Middle Name | Char(20) | PN\_MID\_NM | No transformation |
| Enrollment MEPRS Code | Char(4) | D\_MEPRS\_CODE | See Section B.1.17 |
| Derived Medically Insured Primary Care Manager Name | Char(40) | D\_MI\_PCM\_NM | See Section V for rules. |
| Derived Medically Insured Primary Care Manager Group ID | Char(32) | D\_MI\_PCM\_GRP\_ID | See Section V for rules. |
| Derived Medically Insured Place of Care ID | Char(32) | D\_MI\_PLOC\_ID | See Section V for rules. |
| Derived Primary Care Manager National Provider ID (NPI) | Char(10) | D\_PCM\_NP\_ID | See Section V for rules. |
| Derived Primary Care Manager NPI Entity Type Code | Char(1) | D\_PCM\_NP\_ID\_TYP\_CD | See Section V for rules. |

1. Refresh Frequency

As noted above:

* The information from each new raw VM6 file is used to update information in each of the previous six months’ raw VM6 files, creating adjusted raw files, using the walk-back methodology documented in appendix I.
* Periodic retrofits will also be conducted, usually extending farther back than six months, using the walk-back methodology documented in appendix I. Typically, retrofits are conducted to apply recent updates or corrections in logic or field derivation to a defined period of history (for example, certain fiscal years).

1. Special Outputs

The MDR VM6 file is used to prepare many other files. These are:

* MDR PITE Aggregate File (PITEAGG): This file is created by counting primary records for eligible beneficiaries (that is, D\_PRIMARY\_RECORD\_FLAG=1 and D\_MHS\_ELIG\_INDIC=1) and then tabulating. The format for the PITEAGG is provided in Appendix C.
* MDR PITE Address File: This file is created simultaneously with the MDR PITE by extracting the address fields in the source PITE together with a subset of fields from the MDR PITE. The format for the PITE Address file is in Appendix D.
* MDR TRICARE Relationship File (TRF). This file is created by keeping a subset of the fields of the primary records of only those eligibles who have designated relationships with MHS; for example, enrollment in TRICARE Prime, TRICARE Plus, TRICARE Reserve Select or the Uniformed Services Federal Health Plan. These records are identified as those having MDR\_ENROLL=1. The format for the TRF, with associated business rules is provided in Appendix E.
* Six MHS Mart (M2) extracts (described in separate M2 Functional Specification Documents):
  + DEERS Person Detail;
  + DEERS Population Summary;
  + TRICARE Relationship Detail;
  + TRICARE Relationship Summary;
  + Longitudinal Relationship; and
  + Special HCDP
* The Master Person Index (MPI) file (discussed in appendix F)
* The Longitudinal VM6 (LVM6) file (discussed in appendix G)
* Six special MDR merge files, one for each of the following (discussed in appendix H):
  + Medicare C;
  + Medicare D;
  + Special Insured Program;
  + Special Insured Tobacco Cessation Program;
  + Special Insured Weight Loss Program; and
  + Derived Special Insured Program.

**APPENDIX A: INITIAL PITE APPENDED FIELDS[[3]](#footnote-4)**

**A.1 Appended Field Requirements**

This section documents the requirements for the fields appended by the PITE processor during the Append Field process. These requirements were identified by the TRICARE Management Activity (TMA) Health Program Analysis and Evaluation (HPA&E). An overview of the appended fields and their requirement identification numbers are presented in Table A-1. The specific requirements for each field are discussed in a separate subsection.

Table A-1: Appended Field Requirements and Associated Field

| Requirement ID | Element | Name |
| --- | --- | --- |
| 1 | R\_BEN\_CAT\_CD | Beneficiary Category |
| 2 | D\_SPON\_BR\_SVC\_CD | Sponsor Service Aggregated |
| 3 | D\_ELG\_CD | Medical Privilege Code |
| 4 | D\_MHS\_ELIG\_INDIC | MHS Eligibility Indicator |
| 5 | D\_ZIP\_CD | MHS-Derived ZIP Code |
| 6 | D\_CATCH\_AREA\_CD | Catchment Area ID |
| 7 | D\_PRISM\_CD | PRISM Area ID |
| 8 | D\_REGION\_CD | MHS-Derived Region |
| 9 | D\_AGE\_QY | Derived Age Quantity |
| 10 | D\_AGE\_GROUP\_CD | Age Group Code |
| 11 | D\_MHS\_POP\_SECTOR\_CD | Population Sector |
| 12 | D\_COM\_BEN\_CAT\_CD | Common Beneficiary Category |
| 13 | D\_MDC\_ELIG\_CD | Medicare Eligibility Code |
| 14 | D\_DEP\_QY | Dependent Quantity |
| 15 | D\_HSSC\_RES\_RGN | HSSC Residence Region |
| 16 | D\_DEATH\_CD | Derived Death Code |
| 17 | D\_DEATH\_DT | Derived Death Date |
| 18 | D\_FDE\_MONTH | Extract Month |
| 19 | D\_PROC\_VER | Processor Version |
| 20 | D\_SI\_HCDP\_PLN\_CVG\_CD | Derived SI HCDP Plan Coverage Code |
| 21 | D\_SI\_HCDP\_CD | Derived SI HCDP Code |
| 22 | D\_SI\_EMC\_ENRL\_BGN\_DT | Derived SI EMC Enrollment Begin Calendar Date |
| 23 | D\_SI\_EMC\_ENRL\_END\_DT | Derived SI EMC Enrollment End Calendar Date |
| 24 | D\_SI\_EMC\_ENRL\_ERSN\_CD | D\_SI\_EMC\_ENRL\_ERSN\_CD |
| 25 | D\_SI\_HCDP\_CNTC\_CD | Derived SI HCDP Contractor Code |
| 26 | D\_MERHCF\_DC\_CD | MERHCF Direct Care Eligibility Code |
| 27 | D\_MERHCF\_PC\_CD | MERHCF Purchased Care Eligibility Code |
| 28 | D\_SPSR\_REL\_CD | Sponsor Relationship Code |
| 29 | D\_COUNTRY\_CD | MHS-Derived Country Code |
| 30 | D\_MTFSA\_CD | MTF Service Area ID |
| 31 | D\_DRC | Dental Readiness Classification |
| 32 | D\_T3\_RES\_REGION\_CD | T3 Residence Region Code |
| 33 | D\_T17\_RES\_REGION\_CD | T17 Residence Region Code |

A.1.1 Beneficiary Category (R\_BEN\_CAT\_CD)

The list of valid values for the field shall be:

* ACT (Active Duty);
* DA (Dependent of Active Duty);
* GRD (Guard/Reserve);
* DGR (Dependent of Guard/Reserve);
* IGR (Inactive Guard/Reserve);
* IDG (Inactive Dependent of Guard/Reserve);
* RET (Retiree);
* DR (Dependent of Retiree);
* DS (Survivor);
* OTH (Other); and
* Z (Unknown).

The logic for assigning the beneficiary category is as follows:

First, the beneficiary category for sponsor records is determined. (Sponsor records are those with Person Type not equal to “D”.) If the sponsor has a Person Death Code of “Y,” and his/her beneficiary category will be set to OTH – Other. Otherwise, the processor will look at the personnel category code to assign the beneficiary category. The assignment logic is shown in Table A-2.

Table A-2: Logic for Assigning Beneficiary Category to Sponsor Records

| Personnel Category Code  (PNL\_CAT\_CD) | Personnel Entitlement Condition Type Code (PNLEC\_TYP\_CD) | Beneficiary Category (R\_BEN\_CAT\_CD) |
| --- | --- | --- |
| A1 – Active duty member | Any | ACT |
| J1 – Academy student | Any | ACT |
| N1 – National Guard member,  V1 – Reserve member | (01-05)3 | GRD |
| Not (01-05)4 | IGR |
| Q1 – Reserve retiree not yet eligible for retired pay (‘Grey Area Retiree’) | Any | RET |
| R1 – Retired military eligible for retired pay | Any | RET |
| B1 – Presidential Appointee | Any | OTH |
| C1 – DoD Civil Service | Any | OTH |
| D1 – Disabled American Veteran | Any | OTH |
| E1 – DoD contractor | Any | OTH |
| F1 – Former member (Reserve service, discharged from RR or SR following notification of retirement eligibility) | Any | OTH |
| H1 – Medal of Honor | Any | OTH |
| I1 – Non-DoD civil service employee, except Presidential appointee | Any | OTH |
| K1 – Non-appropriated fund DoD employee (NAF) | Any | OTH |
| L1 – Lighthouse Service | Any | OTH |
| M1 – Non-government agency personnel | Any | OTH |
| O1 – Non-DoD Contractor | Any | OTH |
| T1 – Foreign military | Any | OTH |
| U1 – Foreign national employee | Any | OTH |
| Y1 – Service affiliates (including ROTC and Merchant Marine) | Any | OTH |
| W1 – DoD Beneficiary, a person who receives benefits from the DoD based on prior association, condition or authorization, an example is a former spouse | Any | DR |
| Any of the above2 | Any | OTH |
| Other | Any | Z |

1 And PNL\_BGN\_DT valid and less than or equal to snapshot date (first date of extract month) and PNL\_END\_DT either blank or greater than or equal to snapshot date

2 Or PNL\_BGN\_DT blank or PNL\_END\_DT prior to snapshot date

3 And PNLEC\_BGN\_DT valid and less than or equal to snapshot date) AND (PNLEC\_END\_DT greater than or equal to snapshot date or blank)

4 Or PNLEC\_BGN\_DT blank or PNL\_END\_DT prior to snapshot date Next, the beneficiary category of the dependent records (Person Type = “D”) is determined. If the dependent has a death code of “Y,” his/her beneficiary category will be set to OTH – Other. Otherwise, the processor will look at the dependent’s Family Sponsor Record’s beneficiary category to assign the dependent’s beneficiary category.

A “family” is defined as all records having the same Sponsor Person ID and Sponsor Duplicate ID. The Family’s Sponsor Record shall be the record having Person Type not equal to “D” (Dependent).

In cases where there is more than one potential sponsor record for a given family (meaning more than one record having the same Sponsor Person ID, Sponsor Duplicate ID, and non-“D” Person Type), the processor shall select the last sponsor record from the following sort:

1. Sponsor Person Identifier;
2. Sponsor Duplicate Identifier;
3. Primary Record Flag; and
4. Last Extract Date.

(See Section A.2 for a discussion of the Primary Record Identifier).

The assignment logic for dependent records is shown in Table A-3.

**Table A-3: Logic for Assigning Beneficiary Category to Dependent Records**

|  |  |
| --- | --- |
| Family Sponsor Record’s Beneficiary Category (R\_BEN\_CAT\_CD) | Dependent Beneficiary Category  (R\_BEN\_CAT\_CD) |
| ACT | DA |
| GRD | DGR |
| IGR | IDG |
| RET | DR |
| DR | DR |
| OTH (Sponsor is alive)\* | OTH |
| OTH (Sponsor is dead)\* | DS |
| Z | Z |

\*The sponsor record’s Beneficiary Category does not indicate whether the sponsor is dead. In this case, the processor also needs to know the value assigned to the sponsor’s Person Death Code.

A.1.2 Sponsor Service Aggregated (D\_SPON\_BR\_SVC\_CD)

The logic for assigning Sponsor Service Aggregated follows:

* First, the processor shall assign Sponsor Service Aggregated to sponsor records using the Service Branch, General Location Code, and derived Beneficiary Category. (See requirement 1 for Beneficiary Category.) General Location Code and Beneficiary Category are used to differentiate Navy and Navy Afloat. For all other categories, those two fields are irrelevant. Table A-4 presents the logic that will be used for sponsor records.

Table A-4: Logic for Assigning Sponsor Service Aggregated to Sponsor Records

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor Service Branch  (SVC\_CD) | Beneficiary Category (R\_BEN\_CAT\_CD) | General Location Code (GEN\_LOC\_CD) | Sponsor Service Aggregated (D\_SPON\_BR\_SVC\_CD) |
| A – Army | - | - | A – Army |
| C – Coast Guard | - | - | C – Coast Guard |
| F – Air Force | - | - | F – Air Force |
| M – Marine Corps | - | - | M – Marine Corps |
| N – Navy | - | Not 2 or 4 | N – Navy |
| Not ACT | 2 or 4 | N – Navy |
| ACT | 2 or 4 | V – Navy Afloat |
| D – Office of the Secretary of Defense | - | - | X – Other |
| H – The Commissioned Corps of the Public Health Service | - | - | X – Other |
| O – The Commissioned Corps of the National Oceanic and Atmospheric Administration | - | - | X – Other |
| 1 – Foreign Army | - | - | X – Other |
| 2 – Foreign Navy | - | - | X – Other |
| 3 – Foreign Marine Corps | - | - | X – Other |
| 4 – Foreign Air Force | - | - | X – Other |
| X – Not applicable | - | - | X – Other |
| Any other value | - | - | Z – Unknown |

Sponsor Service Aggregated for dependent records shall be set equal to the Sponsor Service Aggregated for the Family Sponsor Record. (See requirement 1 for a discussion of the Family Sponsor Record.)

A.1.3 Medical Privilege Code (D\_ELG\_CD)

Medical Privilege shall take on one of the following values:

* 0: Ineligible
* 1: Direct Care Only;
* 2: Direct Care plus Purchased Care Only;
* 3: Ineligible, some dependents eligible;
* 4: Transitional Direct Care only;
* 5: Transitional Direct Care plus Purchased Care Only;
* 6: Transitional Direct Care plus Medicare A;
* 7: Direct Care plus Medicare A;
* 8: Other;
* 9: Presumed Ineligible;
* A: Direct Care, MHS Purchased Care, and Medicare A;
* B: Transitional Direct Care, MHS Purchased Care, and Medicare A;
* C: Purchased Care Only;
* M: TRICARE for Life (TFL) Only; and
* U: USFHP Enrollee.

This variable describes the beneficiary’s entitlement to receive MHS benefits. The logic is presented in Table A-5 for extracts prior to 01 January 2018. Derivation logic for extracts dated 01 January 2018 and later are presented in exhibit A-6. For the 01 January 2018 snapshot only, a different derivation was used due to the lack of Assigned HCDP Code on that data. That derivation is shown in Appendix J. After the walkback, January 2018 data will be processed using the derivation in exhibit A-6.

Table A-5: Logic for Determining Medical Privilege Code (Extracts Prior to 01 January 2018)

| **Case** | **Person Death Code** | **Direct Care Code** | **D\_MI\_HCDP\_PLN\_CVG\_CD**  **D\_MI\_PCM\_PROV\_TYP\_CD** | **Civilian Health Care Entitle Type** | **Medicare A Begin Reason** | **Personnel Entitle Cond Type** | **Person Type Code** | **Dependent Quantity** | **Medical Privilege Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1a** | Y | Any | Any | Any | Any | Any | not D | >0 | 3 |
| **1b** | All other combinations | | 0 |
| **2** | Not Y | Any | (MI\_HCDP\_PLN\_CVG\_CD in (109, 114, 115, 118, 119, 133, 138, 139) or (MI\_HCDP\_PLN\_CVG\_CD in (107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 160, 161) and MI\_PCM\_PROV\_TYP\_CD=U))3 | Any | Any | Any | Any | Any | U |
| **3** | Any | MI\_HCDP\_PLN\_CVG\_CD in (401, 402, 405-414, 418-421,422-432)10 | Any | Not A,D,E, F, P, or R7 | Any | Any | Any | 2 |
| **4** | A,D,E,F, P, or R6 | A |
| **5** | S1 | All other combinations not identified for cases 2-4 | Not M5 | Not A,D,E, F, P, or R7 | Not 20-26, 31, 34-37, 39-419 | Any | Any | 1 |
| **6** | S1 | M4 | Any | Any | 2 |
| **7** | S1 | M4 | A,D,E,F, P, or R6 | Any | Any | A |
| **8** | S1 | Not M5 | Any | Any | 7 |
| **9** | N2 | M4 | Any | Any | Any | C |
| **10** | N2 | T4 | Any | Any | Any | M |
| **11** | S1 | Not M5 | Not A, D, E, F, P, or R7 | 20-26, 31, 34-37, 39-418 | Any | Any | 4 |
| **12** | S1, N2 | M4 | Any | Any | 5 |
| **13** | S1, N2 | M4 | A,D,E,F, P, or R6 | Any | Any | B |
| **14** | S1 | Not M5 | Any | Any | 6 |
| **15a** | Blank, N2, R1 | Not M5 | Any | Any | not D | >0 | 3 |
| **15b** | All other combinations | | 0 |
| **16** | E1 | All other combinations not identified for cases 2 -4 | Not M5 | Not A, D, E, F, P, or R7 | Any | Any | Any | 4 |
| **17** | E1 | M4 | Any | Any | 5 |
| **18** | E1 | M4 | A,D,E,F, P, or R6 | Any | Any | Any | B |
| **19** | E1 | Not M5 | Any | Any | 6 |
| **20** | D,F,L,O,P1 | Any | Any | Any | Any | Any | 8 |
| **21** | Any | F4 | Any | Any | Any | Any | 8 |
| **22** | Other | Any | Any | Any | Any | Any | 9 |

1 And DC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and DC\_EELIG\_DT either blank or after or equal to first day of extract month.

2 Or DC\_BELIG\_DT not prior or equal to first day of extract month or DC\_EELIG\_DT prior to first day of extract month.

3 and MI\_PCM\_SLCT\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_PCM\_SLCT\_END\_DT either blank or after or equal to first day of extract month.

4 And CHC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and CHC\_EELIG\_DT either blank or after or equal to first day of extract month

5 or CHC\_BELIG\_DT not prior or equal to first day of extract month or CHC\_EELIG\_DT prior to first day of extract month

6 and MDC\_A\_EFF\_DT is not blank and is prior or equal to first day of extract month and MDC\_A\_EXP\_DT either blank or after or equal to first day of extract month

7 Or MDC\_A\_EFF\_DT not prior or equal to first day of extract month or MDC\_A\_EXP\_DT prior to first day of extract month

8 and PNLEC\_BGN\_DT is not blank and is prior or equal to first day of extract month and PNLEC\_END\_DT either blank or after or equal to first day of extract month

9 Or PNLEC\_BGN\_DT not prior or equal to first day of extract month or PNLEC\_END\_DT prior to first day of extract month

10 and MI\_EMC\_ENRL\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_EMC\_ENRL\_END\_DT either blank or after or equal to first day of extract month.

Table A-6: Logic for Determining Medical Privilege Code (Extracts Dated 01 January 2018 and Later)

| **Case** | **DC\_CD** | **MI\_HCDP\_PLN\_CVG\_CD3 (and MI\_PCM\_PROV\_TYP\_CD)** | **ASG\_HCDP\_PLN\_CVG\_CD, CHC\_CD, MDC\_A\_BRSN\_CD (and MDC\_B\_BRSN for cases 12-19)** | **PNLEC\_TYP\_CD, ASG\_HCDP\_PLN\_CVG\_CD** | **Medical Privilege Code** |
| --- | --- | --- | --- | --- | --- |
| 1 | PN\_DTH\_CD=Y and PN\_TYP\_CD not D and Dependent Quantity > 0 | | | | 3 |
| 2 | PN\_DTH\_CD=Y and (PN\_TYP\_CD = D or Dependenty Quantity = 0) | | | | 0 |
| 3 | Any | (311, 313-315, 330-332) (and MI\_PCM\_PROV\_TYP\_CD=U or MI\_PCM\_EDVSN\_DMIS\_ID IN (0190-0199))11 | Any | Any | U |
| 4 | (303, 305-308, 310-313, 315, 331, 332)  (and MI\_PCM\_PROV\_TYP\_CD not U and MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | ASG\_HCDP\_PLN\_CVG\_CD not in (018, 020, 021, 023, 029)13 and CHC\_CD not T6 and MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | 2 |
| 5 | (304, 314) (and MI\_PCM\_PROV\_TYP\_CD not U and MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | 5 |
| 6 | (303, 305-308, 310-313, 315, 331, 332)  (and MI\_PCM\_PROV\_TYP\_CD not U and MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | ASG\_HCDP\_PLN\_CVG\_CD in (018, 020, 021, 023, 029)12 or CHC\_CD= T5 or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | A |
| 7 | (304, 314) (and MI\_PCM\_PROV\_TYP\_CD not U and MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | B |
| 8 | 330 (and MI\_PCM\_PROV\_TYP\_CD not U and MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | ASG\_HCDP\_PLN\_CVG\_CD not in (018, 020, 021, 023, 029)13 and CHC\_CD not T6  And MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | ASG\_HCDP\_PLN\_CVG\_CD <> 00613 and PNLEC\_TYP\_CD not in (20-26, 31, 34-37, 39-41, 48)10 | 2 |
| 9 | ASG\_HCDP\_PLN\_CVG\_CD = 00612 or PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | 5 |
| 10 | ASG\_HCDP\_PLN\_CVG\_CD in (018, 020, 021, 023, 029)12 or CHC\_CD= T5  or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | ASG\_HCDP\_PLN\_CVG\_CD <> 00613 and PNLEC\_TYP\_CD not in (20-26, 31, 34-37, 39-41, 48)10 | A |
| 11 | ASG\_HCDP\_PLN\_CVG\_CD = 00612 or PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | B |
| 12 | 345-348 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and MDC\_B\_BRSN\_CD=B14 | ASG\_HCDP\_PLN\_CVG\_CD = 00612 or PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | B |
| 13 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD <> B15 | 5 |
| 14 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and  MDC\_B\_BRSN\_CD <> B15 | 6 |
| 15 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD=B14 | 4 |
| 16 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and MDC\_B\_BRSN\_CD=B14 | ASG\_HCDP\_PLN\_CVG\_CD <> 00613 and PNLEC\_TYP\_CD not in (20-26, 31, 34-37, 39-41, 48)10 | A |
| 17 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD <> B15 | 2 |
| 18 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and  MDC\_B\_BRSN\_CD <> B15 | 7 |
| 19 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD=B14 | 1 |
|  |  |  |  |  |  |
| 20 | (E, S, W)1 | Blank16 | ASG\_HCDP\_PLN\_CVG\_CD not in (018, 020, 021, 023, 029)13 and CHC\_CD = N6 and MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | ASG\_HCDP\_PLN\_CVG\_CD <> 00613 and PNLEC\_TYP\_CD not in (20-26, 31, 34-37, 39-41, 48)10 | 1 |
| 21 | ASG\_HCDP\_PLN\_CVG\_CD in (018, 020, 021, 023, 029)12 or CHC\_CD = T5 or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | 7 |
| 22 | ASG\_HCDP\_PLN\_CVG\_CD not in (018, 020, 021, 023, 029)13 and CHC\_CD = M5 | 2 |
| 23 | ASG\_HCDP\_PLN\_CVG\_CD not in (018, 020, 021, 023, 029)13 and CHC\_CD = N6 and MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | ASG\_HCDP\_PLN\_CVG\_CD = 00612 or PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | 4 |
| 24 | ASG\_HCDP\_PLN\_CVG\_CD in (018, 020, 021, 023, 029)12 or CHC\_CD = T5 or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | 6 |
| 25 | ASG\_HCDP\_PLN\_CVG\_CD not in (018, 020, 021, 023, 029)13 and CHC\_CD = M5 | 5 |
| 26 | (D,F,L,O,P)1 | ASG\_HCDP\_PLN\_CVG\_CD=any and CHC\_CD = any and MDC\_A\_BRSN\_CD = Any | Any | 8 |
| 27 | R1 or N2 | ASG\_HCDP\_PLN\_CVG\_CD in (018, 020, 021, 023, 029)12 or CHC\_CD= T5 | M |
| 28 | ASG\_HCDP\_PLN\_CVG\_CD in (001, 002, 004, 008, 011, 014, 016, 027, 030)12 and CHC\_CD <> T6 | 1 |
| 29 | ASG\_HCDP\_PLN\_CVG\_CD = 00612 and CHC\_CD <> T6 | 4 |
| 30 | CHC\_CD = M5 and ASG\_HCDP\_PLN\_CVG\_CD not in (001, 002, 004, 008, 011, 014, 016, 018, 020, 021, 023, 027, 029, 030)13 | C |
| 31a | CHC\_CD = N6 and ASG\_HCDP\_PLN\_CVG\_CD not in (001, 002, 004, 008, 011, 014, 016, 018, 020, 021, 023, 027, 029, 030)13 and (PN\_TYP\_CD = D or Dependenty Quantity = 0) | 0 |
| 31b | CHC\_CD = N6 and ASG\_HCDP\_PLN\_CVG\_CD not in (001, 002, 004, 008, 011, 014, 016, 018, 020, 021, 023, 027, 029, 030)13 and PN\_TYP\_CD not D and Dependent Quantity > 0 | 3 |
| 32 | ASG\_HCDP\_PLN\_CVG\_CD not in (001, 002, 004, 008, 011, 014, 016, 018, 020, 021, 023, 027, 029, 030)13 and CHC\_CD not (T, M, N)5  And MDC\_A\_BRSN\_CD=Any | 8 |
| 33 | Any other combination | | | | 9 |

1 And DC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and DC\_EELIG\_DT either blank or after or equal to first day of extract month.

2 Or DC\_BELIG\_DT not prior or equal to first day of extract month or DC\_EELIG\_DT prior to first day of extract month.

3 and D\_MI\_EMC\_ENRL\_BGN\_DT is not blank and is prior or equal to first day of extract month and D\_MI\_EMC\_ENRL\_END\_DT either blank or after or equal to first day of extract month.

4 or MI\_PCM\_SLCT\_BGN\_DT not not prior or equal to first day of extract month or MI\_PCM\_SLCT\_END\_DT prior to first day of extract month

5 And CHC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and CHC\_EELIG\_DT either blank or after or equal to first day of extract month

6 or CHC\_BELIG\_DT not prior or equal to first day of extract month or CHC\_EELIG\_DT prior to first day of extract month

7 and MDC\_A\_EFF\_DT is not blank and is prior or equal to first day of extract month and MDC\_A\_EXP\_DT either blank or after or equal to first day of extract month

8 Or MDC\_A\_EFF\_DT not prior or equal to first day of extract month or MDC\_A\_EXP\_DT prior to first day of extract month

9 and PNLEC\_BGN\_DT is not blank and is prior or equal to first day of extract month and PNLEC\_END\_DT either blank or after or equal to first day of extract month

10 Or PNLEC\_BGN\_DT not prior or equal to first day of extract month or PNLEC\_END\_DT prior to first day of extract month

11 And MI\_PCM\_SLCT\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_PCM\_SLCT\_END\_DT either blank or after or equal to first day of extract month

12 And ASG\_HCDP\_BGN\_DT is not blank and is prior or equal to first day of extract month and ASG\_HCDP\_END\_DT either blank or after or equal to first day of extract month

13 or ASG\_HCDP\_BGN\_DT not prior or equal to first day of extract month or ASG\_HCDP\_END\_DT prior to first day of extract month

14 and MDC\_B\_EFF\_DT is not blank and is prior or equal to first day of extract month and MDC\_B\_EXP\_DT either blank or after or equal to first day of extract month

15 Or MDC\_B\_EFF\_DT not prior or equal to first day of extract month or MDC\_B\_EXP\_DT prior to first day of extract month

16 or MI\_EMC\_ENRL\_BGN\_DT not not prior or equal to first day of extract month or MI\_EMC\_ENRL\_END\_DT prior to first day of extract month

**A.1.4 MHS Eligibility Indicator (D\_MHS\_ELIG\_INDIC)**

If the Medical Privilege Code (Requirement 3) is equal to 0, 3, or 9, the Eligibility Indicator shall be set to 0 (Ineligible). If the Medical Privilege Code is equal to 1, 2, 4, 5, 6, 7, 8, A, B, C, M, or U the Eligibility Indicator shall be set to 1 (Eligible). If neither of those conditions is satisfied, the Eligibility Indicator shall be set to Z (Unknown).

**A.1.5 MHS-Derived ZIP Code (D\_ZIP\_CD)**

The MHS-derived ZIP Code will be set to the Derived LocationUS Postal Region ZIP Code from the input PITE record with two exceptions.

1. If the Derived LocationUS Postal Region ZIP Code from the input PITE record contains less than five characters. In this case, the MHS-Derived ZIP Code shall be blank.
2. Any records that belong to active duty Navy or Navy Afloat personnel AND that have an invalid Derived Location US PostalRegion ZIP Code will be processed through special ZIP Code logic. ZIP Codes are considered invalid if the ZIP Code is not found in the OmniCAD corresponding to the VM6 extract month or the ZIP Code is found in the OmniCAD but is either assigned to a blank catchment/noncatchment area or the assigned catchment/ noncatchment ID is a non-specific geographic location (DMISIDs 0982, 0983, 0998, or 0999). Records for which the processor needs to employ the special ZIP Code logic will be processed as follows:
3. Search the Navy BUPERS file for a record matching the sponsor’s Assigned UIC:

* **If the UIC is in the Navy BUPERS file**: use the Navy BUPERS file UIC record’s geolocation to search the geolocation file, and use that geolocation’s ZIP Code.
* **If not:** set the MHS-Derived ZIP Code to the Derived Location US Postal Region ZIP Code found on the input PITE record.

1. Search the OmniCAD for the zip code from the geolocation file.

* If the zip code is in the OmniCAD and assigned to a nonblank catchment/ noncatchment area that is also not a non-specific geographic location DMISID, set the MHS-derived ZIP Code to the ZIP Code from the geolocation file.
* If the ZIP Code from the geolocation file is not in the OmniCAD, or is assigned to a blank catchment/noncatchment area or a non-specific geographic location DMISID, either find another appropriate ZIP Code, or use the Derived Location US Postal Region ZIP Code found on the input PITE record.

Note that the OmniCAD and BUPERS file to be used in this process are those files corresponding to the given extract month. For instance, if retrofitting June 2006 data, use the most recently released June 2006 OmniCAD and BUPERS files.

**A.1.6 Catchment Area ID (D\_CATCH\_AREA\_CD)**

Using the MHS-derived ZIP Code field (requirement 5) and the Sponsor Service Aggregate, the processor will assign the Catchment/NoncatchmentArea ID to the record based on the “World” catchment/ noncatchment fields of the OmniCAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.) Note that CAD assignments are by Sponsor Service Department; employ the following mapping for Sponsor Service Aggregate:

* Army Sponsor Service Aggregate: use Army CAD assignments;
* Air Force Sponsor Service Aggregate: use Air Force CAD assignments;
* Navy, Navy Afloat, Marine Sponsor Service Aggregate: use Navy CAD assignments; and
* All other Sponsor Service Aggregate codes: use Other CAD assignment.

If the processor is unable to assign a catchment/noncatchment area to the record because the MHS-derived ZIP Code is not in the OmniCAD or is assigned to a blank catchment/noncatchment area, it will set the Catchment/ Noncatchment Area ID to 0999 – Unknown Catchment Area.

**A.1.7 PRISM Area ID (D\_PRISM\_CD)**

The processor will assign the PRISM Catchment/Noncatchment Area ID using the same logic as that described for the assignment of the Catchment/Noncatchment Area ID (requirement 6) except it will use the PRISM fields of the OmniCAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.) Note that PRISM CAD assignments are by Sponsor Service Department; employ the following mapping for Sponsor Service Aggregate:

* Army Sponsor Service Aggregate: use Army PRISM CAD assignments;
* Air Force Sponsor Service Aggregate: use Air Force PRISM CAD assignments;
* Navy, Navy Afloat, Marine Sponsor Service Aggregate: use Navy PRISM CAD assignments; and
* All other Sponsor Service Aggregate codes: use Other PRISM CAD assignment.

If the processor is unable to assign a catchment/noncatchment area to the record because the MHS-derived ZIP Code is not in the OmniCAD or is assigned to a blank catchment/noncatchment area, set the PRISM Area ID to 0999 – Unknown Catchment Area.

**A.1.8 MHS-Derived Region (D\_REGION\_CD)**

The processor will assign the MHS-Derived Region using the “World” Region field from the OmniCAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.). In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of 16 – Unknown Region.

**A.1.9 Derived Age Quantity (D\_AGE\_QY)**

Valid age values range from zero to 130. If the Person Death Code <> “Y”, calculate the person’s age using the Extract Date and the Person Birth Date. If the Person Death Code = “Y”, calculate the person’s age using the Person Death Date and the Person Birth Date. If the Person Birth Date is blank or after the extract date, or the calculated age is greater than 130, set the Derived Age Quantity to blank. If the Person Death Code is not in (“N”,”Y”) write an error message to a log file.

**A.1.10 Age Group Code (D\_AGE\_GROUP\_CD)**

Assign the person’s Age Group Code using the Derived Age Quantity (requirement 8) and the age group ranges in Table A-7.

**Table A-7: Mapping of Derived Age Quantity Range to Age Group Code**

|  |  |
| --- | --- |
| Derived Age Quantity Range (years) (D\_AGE\_QY) | Age Group Code (D\_AGE\_GROUP\_CD) |
| 0 to 4 | A |
| 5 to 14 | B |
| 15 to 17 | C |
| 18 to 24 | D |
| 25 to 34 | E |
| 35 to 44 | F |
| 45 to 64 | G |
| 65 and over | H |
| Blank | Z |

**A.1.11 Population Sector (D\_MHS\_POP\_SECTOR\_CD)**

This field represents the broad population class to which the person belongs:

* 1 (=Active Duty);
* 2 (=Active Duty Dependents less than 65);
* 3 (=Non Active Duty Dependent less than 65);
* 4 (=Non Active Duty Greater than 65 (includes all beneficiary categories other than Active Duty who are age 65+);
* Z (=Unknown);

Assign the person’s Population Sector using the Beneficiary Category and Age Group mappings in Table A-8.

Table A-8: Mapping of Beneficiary Category and Age Group Code to Population Sector

| Beneficiary Category (R\_BEN\_CAT\_CD) | Personnel Entitlement Condition Type Code1 (PNLEC\_TYP\_CD) | Age Group (D\_AGE\_GROUP\_CD) | Extracts Prior to 01 January 2018 | Extracts Dated On or After 01 January 2018 | Population Sector (D\_MHS\_POP\_  SECTOR\_CD) |
| --- | --- | --- | --- | --- | --- |
| Civilian Health Care Entitlement Type Code (CHC\_CD) | D\_MHS\_ELIG\_CD |
| ACT, GRD | Any | Any | Any | Any | 1 |
| DA, DGR | Any | A, B, C, D, E, F, G | Any | Any | 2 |
| RET, DR, DS, OTH | Any | A, B, C, D, E, F, G | Any | Any | 3 |
| DA, DGR, RET, DR, DS, OTH, | Any | H | Any | Any | 4 |
| DA, DGR, RET, DR, DS, OTH, IDG | Any | Z | Any | Any | Z |
| Z | Any | Any | Any | Any | Z |
| IGR | 33 | Any | Any | Any | 1 |
| (20-26, 31, 34-37, 39-41)1 | A, B, C, D, E, F, G | Any | Any | 3 |
| H | Any | Any | 4 |
| Z | Any | Any | Z |
| Other | A, B, C, D, E, F, G | M2 | 1 | 3 |
| H | 4 |
| Z | Z |
| Any | Not M (or extract date outside of CHC\_BELIG\_ DT, CHC\_EELIG\_DT window) | 0 | Z |
| IDG | 33 | A, B, C, D, E, F, G | Any | Any | 2 |
| Any Other | A, B, C, D, E, F, G | Any | Any | 3 |
| Any | H | Any | Any | 4 |
| Z | Any | Any | Z |

1 and Personnel Entitlement Condition Begin Date is not blank and is prior or equal to first day of extract month and Personnel Entitlement Condition End Date is blank or after or equal to first day of extract month.

2 and CHC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and CHC\_END\_DT is blank or after or equal to first day of extract month.

**A.1.12 Common Beneficiary Category (D\_COM\_BEN\_CAT\_CD)**

This field represents another broad stratification of population class:

* 1 (=Dependent of Active Duty/Guard);
* 2 (=Retired);
* 3 (=All Others); and
* 4 (=Active Duty and Guard (military services only)).

Table A-9 presents the mapping of Beneficiary Category to Common Beneficiary Category.

Table A-9: Mapping of Beneficiary Category to Common Beneficiary Category

|  |  |
| --- | --- |
| Beneficiary Category (R\_BEN\_CAT\_CD) | Common Beneficiary Category (D\_COM\_BEN\_  CAT\_CD) |
| ACT | 4 |
| DA | 1 |
| GRD | 4 |
| IGR | 3 |
| DGR | 1 |
| IDG | 3 |
| RET | 2 |
| DR | 3 |
| DS | 3 |
| OTH | 3 |
| Z | 3 |

A.1.13 Medicare Eligibility Code (D\_MDC\_ELIG\_CD)

The Medicare eligibility field will have the following values, based on eligibility for Medicare at the time of the PITE extract;

* A: Medicare A Only
* B: Medicare B Only
* C: Medicare A and Medicare B
* N: No Medicare eligibility.

The logic for deriving Medicare eligibility is presented in table A-10.

Table A-10: Medicare Eligibility Derivation Logic

|  |  |  |  |
| --- | --- | --- | --- |
| Case | Medicare A Begin Reason Code | Medicare B Begin Reason Code | Medicare Eligibility Code |
| 1 | (A,D,E,F,P,R)1 | (B,D,R)3 | C | |
| 2 | (A,D,E,F,P,R)1 | Not in (B,D,R)4 | A | |
| 3 | Not in (A,D,E,F,P,R)2 | (B,D,R)3 | B | |
| 4 | Not in (A,D,E,F,P,R)2 | Not in (B,D,R)4 | N | |

1 AND Medicare A Effective Calendar Date valid and prior to extract date AND Medicare A Expiration Calendar Date either blank or equal to or later than extract date.

2 OR Medicare A Effective Calendar Date after extract date OR Medicare A Expiration Calendar Date prior to extract date.

3 AND Medicare B Effective Calendar Date valid and prior to extract date AND Medicare B Expiration Calendar Date either blank or equal to or later than extract date.

4 OR Medicare B Effective Calendar Date after extract date OR Medicare B Expiration Calendar Date prior to extract date.

A.1.14 Dependent Quantity (D\_DEP\_QY)

This field shall contain the number of dependents, per sponsor, who are eligible for DoD-sponsored medical benefits. This number shall be the same on the record of every member of the same family. (Recall that a family is defined as all records having the same Sponsor Person ID and the same Sponsor Duplicate ID.) For example, if a given family consists of a sponsor and four dependents, three of whom are eligible, the dependent quantity on all five records (sponsor and four dependents) will be three. However, one must also note that the dependent quantity will reflect the results of both the Primary Record Indicator and the MHS Eligibility Indicator process (see Section A.1.4). For example, suppose that a sponsor has five dependent records but only four have Primary Record flags = 1. Only those four records are considered. Of these, one is ineligible and three eligible according to the MHS Eligibility Indicator. In this case, the sponsor has only three eligibile dependents, because one of the eligible records represents an individual who is already accounted for elsewhere in the data (either among this sponsor’s dependents, another sponsor’s dependents, or as a sponsor in his or her own right). Therefore, the dependent quantity on all six records will be three.

If a sponsor record’s Member Category Code=W (Unremarried Former Spouse), then the sponsor record shall also be counted in the dependent quantity, otherwise, the sponsor record shall not be counted in the dependent quantity.

A.1.15 HSSC Residence Region (D\_HSSC\_RES\_RGN\_CD)

The processor will assign the HSSC Residence Region using the HSSC Region field from the OmniCAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.) In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of blank – Unknown HSSC Residence Region.

A.1.16 Derived Death Code (D\_DEATH\_CD)

For sponsors, the processor will look up DOD EDI Person ID in the Master Death File corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released Master Death File for June 2006.) If the DOD EDI Person ID is in the Master Death File, then Derived Death Code will be set to ‘Y’. Otherwise, Derived Death Code will be set equal to the PITE Person Death Code.

A.1.17 Derived Death Date (D\_DEATH\_DT)

For sponsors, the processor will look up DOD EDI Person ID in the Master Death File corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released Master Death File for June 2006.) If the DOD EDI Person ID is in the Master Death File, then Derived Death Date will be set to the date in the Casualty File. Otherwise, Derived Death Date will be set equal to the PITE Person Death Date.

A.1.18 VM6 Extract Month (D\_FDE\_EXT\_MONTH)

The processor will assign the VM6 Extract Month as the last two digits of the calendar year and two digits representing calendar month, in *yymm* format. For instance, June 2004 would be 0406. This will help identify the original source of the record when records from different extracts are combined.

A.1.19: Processor Version (D\_PROC\_VER)

The processor will assign a field indicating what version of the processor was used to process the data. This will help interpret data across extracts when different versions of the processor have been used to process the data.

A.1.20: Derived Special Program Insured (SI) Fields

* Derived SI Health Care Delivery Program (HCDP) Plan Coverage Code (D\_SI\_HCDP\_PLN\_CVG\_CD);
* Derived SI HCDP Code (D\_SI\_HCDP\_CD);
* Derived SI Enrollment Management Contractor (EMC) Enrollment Begin Calendar Date (D\_SI\_EMC\_ENRL\_BGN\_DT);
* Derived SI EMC Enrollment End Calendar Date (D\_SI\_EMC\_ENRL\_END\_DT);
* Derived SI EMC Enrollment End Reaon Code (D\_SI\_EMC\_ENRL\_ERSN\_CD);
* Derived SI HCDP Contractor Code (D\_SI\_HCDP\_CNTC\_CD).

The processor shall compare contents of the following three fields:

* SI\_HCDP\_CD;
* SI Tobacco Cessation HCDP Code; and
* SI Weight Management HCDP Code.

The processor shall implement the logic presented in table A-11.

A.1.21 MERHCF Direct Care Code (D\_MERHCF\_DC\_CD)

The MERHCF Direct Care Code indicates whether direct care provided to the beneficiary is eligible for MERHCF coverage. Table A-12 presents the logic for deriving this field.

A.1.22 MERHCF Purchased Care Code (D\_MERHCF\_PC\_CD)

The MERHCF Purchased Care Code indicates whether purchased care provided to the beneficiary is eligible for MERHCF coverage. Table A-13 presents the logic for deriving this field.

Table A-11: Logic for Derived Special Insured Program fields

|  |  |  |  |
| --- | --- | --- | --- |
| Derived Field | Case 1 | Case 2 | Case 3 |
| If SI\_HCDP\_CD not blank1; or  (SI\_HCDP\_CD and SI\_TBCO\_HCDP\_CD and SI\_WGHT\_HCDP\_CD blank)2 | If  SI\_HCDP\_CD blank3; and SI\_TBCO\_HCDP\_CD not blank4 | If  SI\_HCDP\_CD and SI\_TBCO\_HCDP\_CD blank5; and  SI\_WGHT\_HCDP\_CD not blank6 |
| D\_SI\_HCDP\_PLN\_CVG\_CD | SI\_HCDP\_PLN\_CVG\_CD | SI\_TBCO\_HCDP\_PLN\_CVG\_CD | SI\_WGHT\_HCDP\_PLN\_CVG\_CD |
| D\_SI\_HCD\_CD | SI\_HCDP\_CD | SI\_TBCO\_HCDP\_CD | SI\_WGHT\_HCDP\_CD |
| D\_SI\_EMC\_ENRL\_BGN\_DT | SI\_EMC\_ENRL\_BGN\_DT | SI\_TBCO\_EMC\_ENRL\_BGN\_DT | SI\_WGHT\_EMC\_ENRL\_BGN\_DT |
| D\_SI\_EMC\_ENRL\_END\_DT | SI\_EMC\_ENRL\_END\_DT | SI\_TBCO\_EMC\_ENRL\_END\_DT | SI\_WGHT\_EMC\_ENRL\_END\_DT |
| D\_SI\_EMC\_ENRL\_ERSN\_CD | SI\_EMC\_ENRL\_ERSN\_CD | SI\_TBCO\_EMC\_ENRL\_ERSN\_CD | SI\_WGHT\_EMC\_ENRL\_ERSN\_CD |
| D\_SI\_HCDP\_CNTC\_CD | SI\_HCDP\_CNTC\_CD | SI\_TBCO\_HCDP\_CNTC\_CD | SI\_WGHT\_HCDP\_CNTC\_CD |

1and (SI\_EMC\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date).

2or not (((SI\_EMC\_ENRL\_BGN DT not blank and prior or equal to snapshot date) and (SI\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date)).or ((SI\_TBCO\_EMC\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_TBCO\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date)) or ((SI\_WGHT\_EMC\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_WGHT\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date)))

.3or not ((SI\_EMC\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date))

4and ((SI\_EMC\_TBCO\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_EMC\_TBCO\_ENRL\_END\_DT either blank or equal to or after snapshot date))

5 or not (((SI\_EMC\_ENRL\_BGN DT not blank and prior or equal to snapshot date) and (SI\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date)).or ((SI\_TBCO\_EMC\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_TBCO\_EMC\_ENRL\_END\_DT either blank or equal to or after snapshot date)))

6and ((SI\_EMC\_WGHT\_ENRL\_BGN\_DT not blank and prior or equal to snapshot date) and (SI\_EMC\_WGHT\_ENRL\_END\_DT either blank or equal to or after snapshot date))

Table A-12: Logic for Deriving MERHCF Direct Care Code

| Case | MHS Eligibility Indicator (D\_MHS\_  ELIG\_INDIC) | Beneficiary Category (R\_BEN\_  CAT\_CD) | Extracts Prior to 01 Jzanuary 2018 | Extracts Dated On or After 01 January 2018 | Person Association Reason Code (PNA\_RSN\_CD) | Member Relationship Code (MBR\_REL\_CD) | Medicare Eligibility Code (D\_MDC\_ELIG\_CD) | | Age Group (D\_AGE\_GROUP\_CD) | MERHCF Direct Care Code (D\_MERHCF \_DC\_CD) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alternate Care Value (MDR\_ ACV) | D\_MI\_HCDP\_  PLN\_ CVG\_CD |
| 1 | 1 | ACT, DA, GRD, DGR | Any | | | | | | | A (Active Duty) |
| 2 | IGR, IDG, or (OTH and PNL\_CAT\_CD not F) | Any | | | | | | | N (Not MERHCF) |
| 3 | RET, DR, DS or (OTH and PNL\_CAT\_CD = F) | R | 3061 | Any | | | | | N (Not MERHCF) |
| 4 | Not R | not 3062 | AD, AE, AF,AH, AI, AX, BB or BG | Any | | | | N (Not MERHCF) |
| 5 | Blank | D, E or F | Any | | | N (Not MERHCF) |
| 6 | Any | Any | B or N | Any | | N (Not MERHCF) |
| 7 | Not (AD, AE, AF, AH, AI, AX, BB, BG, Blank) | Any | A or C | Not H | | U (MERHCF Under Age 65) |
| 8 | H | | T (MERHCF TFL) |
| 9 | Blank | Not D, E, F | Not H | | U (MERHCF Under Age 65) |
| 10 | H | | T (MERHCF TFL |
| 11 | All other combinations | | | | | | | | N (Not MERHCF) |
| 12 | Not 1 | Any | | | | | | | | N (Not MERHCF) |

1 and MI\_EMC\_ENRL\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_EMC\_ENRL\_END\_DT either blank or after or equal to first day of extract month.

2 or MI\_EMC\_ENRL\_BGN\_DT blank or after first day of extract month or MI\_EMC\_ENRL\_END\_DT prior to to first day of extract month.

Table A-13: Logic for Deriving MERHCF Purchased Care Code

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case | MHS Eligibility Indicator (D\_MHS\_  ELIG\_INDIC) | Beneficiary Category (R\_BEN\_CAT\_CD) | Extracts Prior to 01 January 2018 | Extracts Dated On or After 01 January 2018 | Person Association Reason Code (PNA\_RSN\_CD) | Member Relationship Code (MBR\_REL\_CD) | Medicare Eligibility Code (D\_MDC\_ELIG\_CD) | | | Age Group (D\_AGE\_GROUP\_CD) | MERHCF Purchased Care Code (D\_MERHCF \_PC\_CD) |
| Alternate Care Value (MDR\_ ACV) | D\_MI\_HCDP\_  PLN\_CVG\_CD |
| 1 | 1 | ACT, DA, GRD, DGR | Any | | | | | | | | A (Active Duty) |
| 2 | IGR, IDG, or (OTH and PNL\_CAT\_CD not F) | Any | | | | | | | | N (Not MERHCF) |
| 3 | RET, DR, DS or (OTH and PNL\_CAT\_CD = F) | R | 3061 | Any | | | | | | N (Not MERHCF) |
| 4 | R | not 3062 | AD, AE, AF,AH, AI, AX, BB or BG | Any | | | | | N (Not MERHCF) |
| 5 | Blank | D, E or F | | Any | | | N (Not MERHCF) |
| 6 | Any | Any | | A, B, or N | Any | | N (Not MERHCF) |
| 7 | Not (AD, AE, AF, AH, AI, AX, BB, BG, Blank) | Any | | C | Not H | | U (MERHCF Under Age 65) |
| 8 | H | | T (MERHCF TFL) |
| 9 | Blank | Not D, E, F | | Not H | | U (MERHCF Under Age 65) |
| 10 | H | | T (MERHCF TFL) |
| 11 | All other combinations | | | | | | | | | N (Not MERHCF) |
| 12 | Not 1 | Any | | | | | | | | | N (Not MERHCF) |

1 and MI\_EMC\_ENRL\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_EMC\_ENRL\_END\_DT either blank or after or equal to first day of extract month.

2 or MI\_EMC\_ENRL\_BGN\_DT blank or after first day of extract month or MI\_EMC\_ENRL\_END\_DT prior to to first day of extract month.

A.1.23 Sponsor Relationship Code (D\_SPSR\_REL\_CD)

The Sponsor Relationship Code reports the relationship of the beneficiary to the sponsor. The logic for deriving this field is presented in table A-14.

Table A-14: Logic for Deriving Sponsor Relationship Code

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case** | **Person Association Reason Code (PNA\_RSN\_CD)** | **Member Relationship Code (MBR\_REL\_CD)** | **Description** | **Sponsor Relationship Code (D\_SPSR\_REL\_CD)** |
| 1 | AA, BC, BE, | Any | Spouse or Former Spouse | 3 |
| 2 | AB, AC, AF, BG | Child | 1 |
| 3 | AD, AE, AH, AI, AX, BB, BF, CA | Other | 4 |
| 4 | Other not blank | Self | 2 |
| 5 | Blank | B,G,H,I,J,K | Spouse or Former Spouse | 3 |
| 6 | C, D, L | Child | 1 |
| 7 | E, F, | Other | 4 |
| 8 | Other (including blank) | Self | 2 |

A.1.24 MHS-Derived Country Code (D\_COUNTRY\_CD)

The MHS-Derived Country Code shall be derived based on a merge with the DMIS ID Index for the current month, based on D\_PRISM\_CD in the VM6 Data and DMISID from the DMIS ID Index, and the logic in exhibit A-15.

Table A-15: Logic for Deriving MHS-Derived Country Code

|  |  |  |  |
| --- | --- | --- | --- |
| **Case** | **D\_PRISM\_CD** | **DMIS ID Index Country Code** | **D\_COUNTRY\_CD** |
| 1 | 0999 | N/A | Set equal to VM6 DRVD\_LOC\_CTRY\_CD |
| 2 | Any | No match with DMIS ID Index | Set equal to VM6 DRVD\_LOC\_CTRY\_CD |
| 3 | Any | First Character=X | Set equal to VM6 DRVD\_LOC\_CTRY\_CD |
| 4 | Any | All Other | Set equal to DMIS ID FACCNTRY |

A.1.25 MTF Service Area ID (D\_MTFSA\_CD)

Using the MHS-derived ZIP Code field (requirement 5) and the Sponsor Service Aggregate, the processor will assign the MTF Service Area ID to the record based on the BPA Catchment Area DMIS ID / MTF Service Area fields of the OmniCAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.) Note that CAD assignments are by Sponsor Service Department; employ the following mapping for Sponsor Service Aggregate:

* Army Sponsor Service Aggregate: use A\_BPA;
* Air Force Sponsor Service Aggregate: use F\_BPA;
* Navy, Navy Afloat, Marine Sponsor Service Aggregate: use N\_BPA; and
* All other Sponsor Service Aggregate codes: use O\_BPA.

If the processor is unable to assign a catchment/noncatchment area to the record set the MTFSA\_CD to 0999 – Unknown MTFSA.

A.1.26 Dental Readiness Classification (D\_DRC)

Through a merge to the most recent Dental Readiness File (DRF) for the ***same*** month as that of the VM6 data extract, obtain Dental Readiness Classification (DRC) for the given DOD\_EDI\_PN\_ID. If the DOD\_EDI\_PN\_ID for the VM6 record is not on the DRF file, assign a blank as the value for this field.

A.1.27 T3 Residence Region Code (D\_T3\_RES\_REGION\_CD)

The processor will assign the MHS-Derived Region using the T3 Region field from the OmniCAD SAS dataset corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.). In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of blank – Unknown Region.

A.1.28 T17 Residence Region Code (D\_T17\_RES\_REGION\_CD)

The processor will assign the MHS-Derived Region using the T17 Region field from the OmniCAD SAS dataset corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.). In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of blank – Unknown Region.

A.2 Primary Record Flag (D\_Primary\_Record\_ Identifier) Requirements

This field shall identify whether the record should be considered the primary record for the individual. In most cases, each individual is represented by one record in the extract: for these individuals, the Primary Record Identifier will be set equal to 1. In a few cases, multiple records exist with the same DOD\_EDI\_PN. A de-duping (duplicate record removal) process has been developed for determining which record should be used to represent the individual in the MDR. This primary record will have a Primary Record Identifier of 1; all other (nonprimary) records will have a Primary Record Identifier of 0. All records having D\_OBSOLETE=1 assigned by the walkback/retrofit processor shall have Primary Record Flag=0 and be excluded entirely from the Primary Record Flag determination. The prioritization logic relies upon assigning six priority values, based upon the contents of each record. The logic for assigning the six priority values is presented in Table A-16. Any code not specified in the table shall be assigned a priority value of zero. After assigning these priority values, an overall priority index is computed by summing the seven priority values for each record. Within each group of records having the same DOD\_EDI\_PN, the record having the highest sum of priority values (the priority index) shall have Primary Record Identifier=1; all others in the group shall have Primary Record Identifier=0. If multiple records within a DOD\_EDI\_PN group tie for the highest priority index, the record having the most recent Last Extract Date among those tying shall have Primary Record Identifier=1; all others in the group shall have Primary Record Identifier=0. If multiple records among those tying for highest priority value have the same most recent Last Extract Date, the last record encountered in the raw file among those tied for most recent Last Extract Date shall have Primary Record Identifier=1; all other records in the group shall have Primary Record Identifier=0.

Table A-16: Record Prioritization Logic for Primary Record Identifier.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Value 1 | Priority Value 2 | Priority Value 3 | | Priority Value 4 | | Priority Value 5  (for records where MHS Eligiblity <> 0) | | Priority Value 6:  (for records where MHS Eligibility=0) | | Priority Value 7 (for records where MHS Eligibility <>0) | |
| MHS Eligibility | Beneficiary Category | Medical Privilege | PV3 Value | D\_MDC\_ELIG\_CD | PV4 Value | R\_BEN\_CAT\_CD | PV5 Value | PNA Analysis | PV6 Value | Enrollment Dates | PV7 Value |
| If MHS Eligibility=1, then PV1 = 10,000,000;  else PV1 = 0 | If ACT then PV2 = 2,000,000;  Else if GRD then PV2= 1,000,000;  Else PV2 = 0. | U (Designated Provider Enrollee) | 130,000 | C | 5,000 | ACT | 1,000 | Current Sponsor: PNA\_RSN\_CD=BD1 | 1,000 | All records with latest MI\_EMC\_ENRL\_BGN\_DT | 10 |
| A (MHS Purchased Care plus Medicare plus Direct Care | 120,000 | A,B | 3,000 | GRD | 900 | Current Spouse:  PNA\_RSN\_CD in {AA,BE}2 | 900 |
| B (Transitional MHS Purchased Care plus Medicare plus Direct Care) | 110,000 | N | 0 | DA | 800 | Current Other Relationship: PNA\_RSN\_CD not in {AA, BD, BE}2  Additives:  R\_BEN\_CAT\_CD=IDG  Records with Oldest PNA\_BGN\_DT among Other Relatioship records | 800  +50  +25 |
| 2 (MHS Purchased Care plus Direct Care) | 100,000 |  | | DGR | 700 |  | |
| 5 (Transitional MHS Purchased Care plus Direct Care) | 90,000 | RET | 600 |
| 7 (Medicare plus Direct Care) | 80,000 | IGR | 500 | Former Spouse (AA,BC,BE)3, Former Sponsor (BD)4  Additives:  Sponsor records with PNL\_END\_DT > PNA\_END\_DT on all ineligible spouse records  Spouse records with PNA\_END\_DT > PNL\_END\_DT on all ineligible sponsor records  Spouse records with most recent PNA\_END\_DT among ineligible spouse records | 700  +50  +50  +25 |
| 6 (Transitional Medicare plus Direct Care) | 70,000 | DR | 400 |
| 1 (Direct Care Only) | 60,000 | DS | 300 |
| 4 (Transitional Direct Care Only) | 50,000 | IDG | 200 |
| C (MHS Purchased Care Only???) | 40,000 | OTH | 100 |
| M (TRICARE Life Only) | 30,000 | Z | 0 |
| 8 (Other) | 20,000 |  | | Former Other Relationship Records3  Additives:  Records with most recent PNA\_END\_DT among ineligible Other relationship records | 600  +50 |
| 3 (Sponsor Ineligible, some dependents may be eligible) | 10,000 |

1and PNL\_BGN\_DT <= extract date and (PNL\_END\_DT >= extract date or blank)

2and PNA\_BGN\_DT <= extract date and (PNA\_END\_DT >= extract date or blank)

3and PNA\_END\_DT < extract date

4and PNL\_END\_DT < extract date

### APPENDIX B: Appended Fields

This appendix describes fields which are enrollment related, however a few represent new, more detailed fields to support TRICARE for Life (MDR\_AGEGRP\_CD and MDR\_TFL)

**Table B: Enrollment-Related Derived Fields**

| Requirement ID | Element | Name |
| --- | --- | --- |
| 1 | MDR\_ACV | Alternate Care Value |
| 2 | MDR\_EL\_AGECAT | Equivalent Lives Age Group |
| 3 | MDR\_EL\_BENGRP | Equivalent Lives Beneficiary Group |
| 4 | MDR\_ENROLL | Enrollment Indicator |
| 5 | MDR\_TFL | TFL Indicator |
| 6 | MDR\_AGEGRP\_CD | Expanded Age Group Code |
| 7 | MDR\_MARITAL\_AGG | Marital Status Aggregated (MCFAS) |
| 8 | MDR\_MARKET | MDR Market Area ID |
| 9 | MDR\_M2\_DEP-QY | M2 Dependent Quantity |
| 10 | MDR\_M2\_SUM\_PRIVCD | M2 Summary Privilege Code |
| 11 | D\_ENR\_RGN\_CD | Enrollment Region |
| 12 | D\_HSSC\_ENR\_RGN\_CD | HSSC Enrollment Region |
| 13 | D\_UNDEREG | Underwritten Region |
| 14 | D\_TPR\_ELG\_CD | TRICARE Prime Remote Eligibility Code |
| 15 | D\_TYA\_FLAG | TRICARE Young Adult Flag |
| 16 | D\_MED\_HOME | Medical Home Flag |
| 17 | D\_MEPRS\_CODE | Enrollment MEPRS Code |
| 18 | D\_ACCRED | NCQA Recognition (Accreditation Level) |
| 19 | D\_MEDICAL\_RET\_FLAG | Medically Retired Sponsor Flag |
| 20 | D\_RISK\_TRUNC\_NO | Prime Enrollee Risk Score – Untruncated |
| 21 | D\_RISK\_TRUNC\_500 | Prime Enrollee Risk Score – 500K Truncation |
| 22 | D\_RISK\_TRUNC \_250 | Prime Enrollee Risk Score – 250K Truncation |
| 23 | D\_RISK\_TRUNC \_100 | Prime Enrollee Risk Score – 100K Truncation |
| 24 | D\_HIGH\_COST\_USER | High Cost User Flag |
| 25 | D\_T3\_ENR\_RGN\_CD | T3 Enrollment Region |
| 26 | D\_ELG\_GRP\_CD | Eligibility Group |
| 27 | D\_ENR\_GRP\_CD | Enrollment Group |
| 28 | D\_ELG\_ENR\_CD | TRICARE Eligibility/Enrollment |
| 29 | D\_PCM\_TYP\_CD | Primary Care Manager Type |
| 30 | D\_SUM\_ELG\_ENR\_CD | Summary TRICARE Eligibility/Enrollment |
| 31 | D\_TAMP\_FLAG | Transitional Assistance Management Plan Flag |
| 32 | D\_TFL\_FLAG | TRICARE for Life Flag |
| 33 | D\_TRS\_TRR\_CD | TRICARE Reserve Select/TRICARE Reserve Retired Flag |
| 34 | D\_T17\_ENR\_RGN\_CD | T17 Enrollment Region |
| 35 | D\_ACV\_GROUP | ACV Group |

**B.1.1 Alternate Care Value (MDR\_ACV)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.** The list of valid values for the field shall now be:

* A: TRICARE Prime Active Duty
* B: TRICARE Overseas Prime Remote Active Duty
* C: Standard CHAMPUS
* D: TRICARE Senior Prime
* E: TRICARE Prime, CHAMPUS Eligible
* F: TRICARE Overseas Prime Remote, CHAMPUS Eligible
* G: TRICARE Plus, with Standard CHAMPUS
* H: TRICARE Overseas Prime Active Duty
* I: FEHBP Demonstration
* J: TRICARE Overseas Prime, CHAMPUS Eligible
* K: Med Excel
* L: TRICARE Plus, w/o Standard CHAMPUS
* M: Active Duty not reported as enrolled
* N: Not eligible for TRICARE benefits
* P: CHAMPUS Reform Initiative
* Q: Active Duty enrolled to OP Forces
* R: TRS
* S: Continued Health Care Benefits Program (CHCBP)
* U: Uniformed Services Federal Health Plan (USFHP)
* V: TRICARE Retired Reserve (TRR)
* W: TRICARE Senior Supplement
* Z: Not Enrolled

All The logic used to derive the MDR Alternate Care Value is detailed in Exhibit B-1.

**Exhibit B-1: MDR Alternate Care Value Derivation Logic**

| D\_MI\_HCDP\_PLN\_CVG\_CD | Begin Date Window Field | End Date Window Field | D\_MI\_PCM\_PROV\_TYP\_CD | R\_BEN\_CAT\_CD, D\_MI\_PCM\_ EDVSN\_DMIS\_ID | MDR\_ACV |
| --- | --- | --- | --- | --- | --- |
| 106, 128, 155, 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023, 120, 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 156,157, 140, 142, 144, 146, 147, 149, 152, 123, 124, 125, 126, 153,154, 105, 141, 143, 145, 148, 150, 151, 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024, 101, 121, 122, 109, 114, 115, 118, 119, 133, 138, 139, 127 | D\_MI\_PCM\_SLCT\_BGN\_DT prior to or equal to first day of month of extract | D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of month of extract or blank | Any | R\_BEN\_CAT\_CD in (ACT, GRD) and D\_MI\_PCM\_ EDVSN\_DMIS\_ID in (3000-4000, 6301-6323) | Q |
| 106, 128 | D\_MI\_PCM\_SLCT\_BGN\_DT prior to or equal to first day of month of extract | D\_MI\_PCM\_SLCT\_END\_DT equal to or after first day of month of extract or blank | Any | Not (R\_BEN\_CAT\_CD in (ACT,GRD) and D\_MI\_PCM\_ EDVSN\_DMIS\_ID not in (3000-4000, 6301-6323) | A |
| 155 | Any | B |
| 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023 | Any | C |
| 120 | Any | D |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 160, 161 | Not U | E |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137, 160, 161 | U | U |
| 156,157 | Any | F |
| 140, 142, 144, 146, 147, 149 | Any | G |
| 152 | Any | H |
| 123, 124, 125, 126 | Any | I |
| 153,154 | Any | J |
| 105 | Any | K |
| 141, 143, 145, 148, 150, 151 | Any | L |
| 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024 | Any | N |
| 101 | Any | P |
| 127 | Any | W |
| 121, 122 | Any | S |
| 109, 114, 115, 118, 119, 133, 138, 139 | Any | U |
| 401, 402, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 424 | D\_MI\_EMC\_ENRL\_BGN\_DT prior to or equal to first day of month of extract | D\_MI\_EMC\_ENRL\_END\_DT equal to or after first day of month of extract or blank | Any | Any | R |
| 418, 419, 420, 421, 425 | Any | Any | V |
| 426, 427, 428 | Any | Any | E |
| 429 | Any | Any | J |
| 430 | Any | Any | F |
| 431, 432 | Any | Any | G |
| Any | Any | Any | Any | R\_BEN\_CAT\_CD in (ACT,GRD) and D\_MI\_PCM\_EDVSN\_DMIS\_ID blank | M |
| Any | Assumed extract date outside of date window | | Any | R\_BEN\_CAT\_CD in (ACT,GRD) | M |
| Any Other | Any Other | Any Other | Any | Any Other | Z |

**B.1.2 Equivalent Lives Age Group (MDR\_EL\_AGECAT)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.** This field is used to classify beneficiaries into homogeneous groups in terms of costliness and demand for primary care. The list of valid values for the field shall be:

* 1: Age 0-1
* 2: Age 2-11
* 3: Age 12-17
* 4: Age 18-44 Single Female, or Age 18-37 Single Male
* 5: Age 18-44 Married Female, or Age 18-37 Married Male
* 6: Age 45-54 Female, or Age 38-54 Male
* 7: Age 55-64
* 8: Age 65-74
* 9: Age 75+

The business rules for preparing the Equivalent Lives Age Category field are detailed in the table below (Closed brackets indicate inclusive ranges).

Exhibit B-2: Equivalent Lives Age Category Derivation Logic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Derived Age Quantity (D\_AGE \_QY) | Person Sex (PN\_SEX\_CD) | Marital Status Aggregated (MDR \_MARITAL \_AGG) | Beneficiary Category (R\_BEN\_CAT\_CD) | Medical Privilege (D\_ELG\_CD) | Member Relationship (MBR\_REL \_CD) | Equivalent Lives Age Category (MDR\_EL \_AGECAT) |
| [0,1] | Any | Any | Any | Any | Any | 1 |
| [2-11] | Any | Any | 2 |
| [12-17] | Any | Any | 3 |
| [18-44] | F | <>M | 4 |
| [18-37] | <>F | <>M | 4 |
| [18-44] | F | M | 5 |
| [18-37] | <>F | M | 5 |
| [45-54] | F | Any | 6 |
| [38-54] | <>F | Any | 6 |
| [55-64] | Any | Any | 7 |
| [65-74] | Any | Any | 8 |
| [75+ | Any | Any | 9 |
| <missing> | Any | <>M | ACT,GRD, IGR | Any | Any | 4 |
| Any | M | ACT,GRD, IGR | Any | Any | 5 |
| Any | Any | DA,DGR, IDG | Any | B,H,I,J,K | 5 |
| Any | Any | DA,DGR, IDG | Any | C | 1 |
| Any | Any | DA, DGR, IDG | 6,7 | not B,C,H,I,J,K | 8 |
| Any | Any | DA,DGR, IDG | not 6,7 | not B,C,H,I,J,K | 7 |
| Any | Any | not ACT, GRD, IGR, DA, DGR, IDG | 6,7 | Any | 8 |
| Any | Any | not ACT, GRD, IGR, DA, DGR, IDG | not 6,7 | Any | 7 |

**B.1.3 Equivalent Lives Beneficiary Group (MDR\_EL\_BENGRP)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.** This field is used to classify beneficiaries into homogeneous groups in terms of costliness and primary care utilization. The list of valid values for the field shall be:

* ADA: Active Duty Army
* ADAF: Active Duty Air Force
* ADN: Active Duty, all other services
* RTA: Retired Army
* RTAF: Retired Air Force
* RTN: Retired All Other
* ADFMLY: Active Duty Family Members
* RTFMLY: Retiree Family Members/Others

The assignment logic is reflected in exhibit B-3.

Exhibit B-3: Equivalent Lives Beneficiary Group Derivation Logic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member Category Code  (MBR\_CAT\_CD) | Alternate Care Value  (MDR\_ACV) | Sponsor Branch of Service  (SVC\_CD) | Person Type Code  (PN\_TYP\_CD) | Equivalent Lives Beneficiary Group  (MDR\_EL\_BENGRP) |
| A, B, C, F, G, J, N, P, S, V | Any | A, 1 | Not D | ADA |
| A, B, C, F, G, J, N, P, S, V | Any | F, 4 | Not D | ADAF |
| A, B, C, F, G, J, N, P, S, V | Any | Not A, 1, F, 4 | Not D | ADN |
| Q,R | Not A,B,H | A, 1 | Not D | RTA |
| Q,R | Not A,B,H | F, 4 | Not D | RTAF |
| Q,R | Not A,B,H | Not A, 1, F, 4 | Not D | RTN |
| Q,R | A, B, H | A, 1 | Not D | ADA |
| Q,R | A, B, H | F, 4 | Not D | ADAF |
| Q,R | A, B, H | Not A, 1, F, 4 | Not D | ADN |
| A, B, C, F, G, J, N, P, S, V | Any | Any | D | ADFMLY |
| Not A, B, J, E, N, V, C, F, P, Q, R | E, F, J | Any | D | ADFMLY |
| All other combinations | | | | RTFMLY |

**B.1.4 Enrollment Indicator (MDR\_ENROLL)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.** This variable describes whether a beneficiary has a designated relationship with the MHS. Records with alternate care values of A, B, D, E, F, G, H, J, L, M, Q, R, U, V, receive an MDR\_ENROLL value of 1. All other records are assigned the value 0. As of the date of this spec, there is no fiscal year restriction on the assignment of this field, once the MDR\_ACV has been assigned. (For instance, the value of M was originally developed in FY 2005, but should be assigned to records for previous years by any retrofits conducted for those years.)

**B.1.5 Requirement 5: TFL Indicator (MDR\_TFL)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.** This indicator variable holds (0,1) values, where a 1 indicates that a beneficiary is TFL eligible for network care, and a 0 indicates that the beneficiary is not TFL eligible for network care. The business rules for deriving this variable are detailed in exhibit B-4.

Exhibit B-4: TFL Indicator Derivation Logic

|  |  |  |  |
| --- | --- | --- | --- |
| Civilian Health Care Entitlement Type Code (CHC\_CD) | Civilian Health Care Entitlement Begin Calendar Date (CHC\_BELIG\_DT) | Civilian Health Care Entitlement End Calendar Date (CHC\_EELIG\_DT) | TFL Indicator (MDR\_TFL) |
| T | Prior to or equal to extract date | Equal to or after extract date or blank | 1 (TFL Eligible) |
| Any Other | Any Other | Any Other | 0 (Not TFL Eligible) |

**B.1.6 Expanded Age Group (MDR\_AGEGRP\_CD)**

This variable holds values that indicate beneficiary age group, to include expanded categories for beneficiaries of Medicare age, using the mapping in Exhibit B-5.

Exhibit B-5: Expanded Age Group Derivation Logic

|  |  |
| --- | --- |
| Derived Age Quantity (D\_AGE\_QY) | Expanded Age Group (MDR\_AGEGRP\_  CD) |
| 0 to 4 | A |
| 5 to 14 | B |
| 15 to 17 | C |
| 18 to 24 | D |
| 25 to 34 | E |
| 35 to 44 | F |
| 45 to 64 | G |
| 65 to 69 | H |
| 70 to 74 | I |
| 75-79 | J |
| 80-84 | K |
| 85+ | L |
| Blank | Z |

**B.1.7 Marital Status Aggregated (MDR\_MARITAL\_AGG)**

This variable holds values that indicate a beneficiary’s marital status:

* M (=Married); and
* S (=Single).

The business rules for deriving this variable are detailed in exhibit B-6.

Exhibit B-6: Marital Status Aggregated Logic

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Case | Person Type Code (PN\_TYP\_CD) | Marital Status Code (MRTL\_STAT\_CD ) | Person Association Reason Code | Member Relationship Code (MBR\_REL\_CD) | Beneficiary Category Code (R\_BEN\_CAT\_CD) | Member Category Code (MBR\_CAT\_CD) | Marital Status Aggregated (MDR\_MARITAL\_  AGG) |
| 1 | S | I or M | Any | Any | Not DS | Not W | M |
| 2 | S | Not I or M | Any | Any | Any | Not W | S |
| 3 | Any | Any | Any | Any | Any | W | S |
| 4 | Any | Any | Any | Any | DS | Any | S |
| 5 | Not S | Any | AA or BE | Any | Not DS | Not W | M |
| 6 | Not S | Any | Not AA, BE, blank | Any | Any | Any | S |
| 7 | Not S | Any | blank | B | not DS | Not W | M |
| 8 | Not S | Any | blank | not B | Any | Any | S |
| 9 | All other combinations | | | | | | S |

**B.1.8 Market Area ID (MDR\_Market)**

Using the MHS-derived ZIP Code field (requirement 5), the processor will assign the Market Area ID to each record based on the Market Area ID (also known as LAMARKET) column in the MDR Omni CAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.) Note that DHA Decision Support occasionally will provide a Market Area table, external to the OmniCAD, to be applied retroactively for a given time frame. Each zip code can be assigned to only one market area ID in the MDR Omni-CAD. If a the processor is unable to assign a market area to the record (because the MHS-derized ZIP Code is either blank or not in the CAD, or because it is mapped to a blank, missing, or null Market Area ID), the processor will assign a value of ‘999’.

**B.1.9 M2 Dependent Quantity (MDR\_M2\_DEP\_QY)**

Set the MDR\_M2\_DEP\_QY = D\_DEP\_QY if common beneficiary category code (D\_COM\_BEN\_CAT\_CD) has a value of 2 or 4. If common beneficiary code is not 2 or 4, set the MDR\_M2\_DEP\_QY value to 0.

**B.1.10 M2 Summary Privilege Code (MDR\_M2\_SUM\_PRIVCD)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.**

Table B-7: M2 Summary Privilege Code Logic Table

|  |  |  |
| --- | --- | --- |
| Medical Privilege Code  (D\_ELG\_CD) | M2 Summary Privilege Code Description | M2 Summary Privilege Code  (MDR\_M2\_SUM\_PRIVCD) |
| U | USTF | U |
| 1, 4 | Direct Care Only | D |
| 2, 5, A, B, C | CHAMPUS Eligible | C |
| 6, 7, M | Medicare Eligible, not CHAMPUS eligible | M |
| Any other | Other | O |

**B.1.11 Enrollment Region (D\_ENR\_RGN\_CD)**

Find the D\_MI\_PCM\_EDVSN\_DMIS\_ID on the DMIS ID Index table and populate D\_ENR\_RGN\_CD with the enrollment region (MOD\_REG) from the DMIS ID Index table.

**B.1.12 HSSC Enrollment Region (D\_HSSC\_ENR\_RGN\_CD)**

Find the D\_MI\_PCM\_EDVSN\_DMIS\_ID on the DMIS ID Index table and Populate D\_HSSC\_ENR\_RGN\_CD with the HSSC enrollment region (HSSCREG) from the DMIS ID Index table.

**B.1.13 Requirement 13: PPS Equivalent Lives (D\_PPS\_LIVES\_QY)**

*Requirement Removed*

**B.1.14 Requirement 14: Per Member Per Month (PMPM) Equivalent Lives (D\_PMPM\_LIVES\_QY)**

*Requirement Removed*

**B.1.13 Underwritten Region (D\_UNDEREG)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2018 or later.** The logic for deriving the Underwritten Region is presented in table B-9.

Table B-9: Underwritten Region Logic

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case | MHS Eligibility indicator | Primary Record Flag | Common Beneficiary Category | Medical Privilege Code | Alternate Care Value | Substr( Medicare A Effective Date, 1, 6) | D\_MI\_PCM\_RGN \_CD | D\_MI\_PCM \_EDVSN\_ DMIS\_ID | MHS Derived Region | Under- written Region |
| 1 | 0 | Any | | | | | | | | Blank |
| 2 | Any | 0 | Any | | | | | | |
| 3 | Any | | 4 | Any | | | | | |
| 4 | Any | | | Not in (2,5,C) | Any | | | | |
| 5 | Any | | | | In (U,R) | Any | | | |
| 6 | Any | | | | | Valid, not blank, and prior or equal to CY||CM of snapshot date | Any | | |
| 7 | 1 | 1 | Not 4 | In (2,5,C) | In (A,B,D, E,F,H,J) | (Not valid) or blank or after CY||CM of snapshot date | In (01,02,05,17) | Any | Any | N |
| 8 | Any | In (6917,7917) |
| 9 | In (03,04,06,18) | Not in (6917, 7917) | S |
| 10 | Not in (01,02,05,17) | In (6918,7918) |
| 11 | In (07,08,09, 10,11,12,19) | Not in (6917, 6918,7917,7918) | W |
| 12 | Not in (01-06,17,18) | In (6919,7919) | Not AK |
| 13 | AK | Blank |
| 14 | Not in (U, R, A, B, D, E, F, H, J) | Any | Any | In (01,02, 05,17) | N |
| 15 | In (03,04, 06,18) | S |
| 16 | In (07,08, 09,10,11, 12,19) | W |

**B.1.14 TRICARE Prime Remote (TPR) Eligibility (D\_TPR\_ELG\_CD)**

The logic for deriving the TRICARE Prime Remote Eligibility varies for sponsors and family members. The logic for deriving this field for sponsors (Person Type Code not equal ‘D’) is presented in table B-10. As indicated in the table, deriving values for this field requires a merge to the OmniCAD to determine whether both the Mailing Address US Postal Region ZIP Code and the Derived Location US Postal Region ZIP Code have TPRFlag=’Y’. Use the OmniCAD corresponding to the VM6 extract month. (For example, if retrofitting June 2006 VM6 data, use the most recently released OmniCAD for June 2006.)

**Exhibit B-10: Logic for Deriving TPR Eligibility Code for Sponsor Records.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Case | MHS Eligibility Indicator (D\_MHS\_ELIG \_INDIC) | Member Category Code (MBR\_CAT \_CD) | Service Branch Classification Code  (SVC\_CD) | Mailing Address US Postal Region ZIP Code (MA\_PR\_ZIP\_CD) | Derived Location US Postal REgion ZIP Code (DRVD\_LOC\_PR\_ZIP\_CD) | TPR Eligibility Code (D\_TPR\_ ELG\_CD) |
| 1 | 1 | A,J,G, or S | A,F,N,M,C,H, or O | OmniCAD TPRFlag for MA\_PR\_ZIP\_CD=’Y’ | OmniCAD TPRFlag for DRVD\_LOC\_PR\_ZIP\_CD=’Y’ | Y |
| 2 | All other combinations | | | | | N |

For dependents, the processor will look at the family sponsor’s Record to assign the dependent’s TPR Eligibility. Specifically, the processor shall obtain the following fields from the family sponsor’s record:

* Mailing Address US Postal Region ZIP Code; and
* Derived Location US Postal Region ZIP Code.

A “family” is defined as all records having the same Sponsor Person ID and Sponsor Duplicate ID. The Family’s Sponsor Record shall be the record having Person Type not equal to “D” (Dependent). In cases where there is more than one potential sponsor record for a given family (meaning more than one record having the same Sponsor Person ID, Sponsor Duplicate ID, and non-“D” Person Type), the processor shall select the last sponsor record with Primary Record Identifier = 1 as the Family Sponsor Record. (See Section A.2 for a discussion of the Primary Record Identifier).

The logic for assigning TPR Eligibility Code to family member records is presented in exhibit B-11.

**Exhibit B-11: Logic for Assigning D\_TPR\_ELG\_CD to Dependent Records**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case** | **Member Category Code (MBR\_CAT \_CD)** | **Member Disposition Code (MBR\_DSPN\_CD)** | **Sponsor ZIP Code Test** | **Family Member ZIP Code Test** | **TPR Eligibility Code** |
| 1 | A,J,G,S | Any | OmniCAD TPRFlag for both sponsor record DRVD\_LOC\_PR\_ZIP\_CD and sponsor record MA\_PR\_ZIP\_CD equal ‘Y’ | Family member Derived Location Postal Region ZIP Code:  1.) matches sponsor Mailing Address Postal Region ZIP Code; and  2.) has TPR Flag=’Y’ in OmniCAD | Y |
| 2 | P | 2 | None | Derived Location Postal Region ZIP Code in OmniCAD has TPRFlag=’Y’ | Y |
| 3 | All other combinations | | | | N |

**B.1.15 TRICARE Young Adult Flag (D\_TYA\_FLAG)**

**NOTE: For extracts prior to 01 January 2018, use the following logic:** The TYA Flag will be derived as follows:

* If the D\_MI\_HCDP\_PLN\_CVG\_CD is in {422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432}; AND
* D\_MI\_EMC\_ENRL\_BGN\_DT prior to or equal to first day of month of extract; AND
* D\_MI\_EMC\_ENRL\_END\_DT equal to or after first day of month of extract or blank.

then set D\_TYA\_FLAG=1. Otherwise, set D\_TYA\_FLAG=0.

**For extracts dated 01 January 2018 or later, use the following logic:**

* If the D\_MI\_HCDP\_PLN\_CVG\_CD is in {308, 330, 331, 332}; AND
* D\_MI\_EMC\_ENRL\_BGN\_DT prior to or equal to first day of month of extract; AND
* D\_MI\_EMC\_ENRL\_END\_DT equal to or after first day of month of extract or blank.

then set D\_TYA\_FLAG=1. Otherwise, set D\_TYA\_FLAG=0.

**B.1.16 Medical Home Flag (D\_MED\_HOME)**

The Medical Home Flag will be derived based on a merge to the Enrollment MEPRS Code File concurrent (i.e., having the same year and month) with the DEERS VM6 data being processed. The merge key is PATUNIQ in the Enrollment MEPRS Code File and MDR TRICARE Relationship File (DOD\_EDI\_PN\_ID in the MDR VM6 Beneficiary-Level File), where BDATE and EDATE in the Enrollment File span the 1st of the month corresponding to the year and month of the DEERS data file being processed. If there is a matching record in the Enrollment MEPRS Code file corresponding to these criteria, then set D\_MED\_HOME=MED\_HOME on the matching Enrollment MEPRS Code record. Otherwise, set D\_MED\_HOME=blank

**B.1.17 Enrollment MEPRS Code (D\_MEPRS\_CODE)**

The Enrollment MEPRS Code will be derived based on a merge to the Enrollment MEPRS Code File concurrent (i.e., having the same year and month) with the DEERS VM6 data being processed. The merge key is PATUNIQ in the Enrollment MEPRS Code File and MDR TRICARE Relationship File (DOD\_EDI\_PN\_ID in the MDR VM6 Beneficiary-Level File), where BDATE and EDATE in the Enrollment File span the 1st of the month corresponding to the year and month of the DEERS data file being processed. If there is a matching record in the Enrollment MEPRS Code file corresponding to these criteria, then set D\_MEPRS\_CODE=MEPRS\_CODE on the matching Enrollment MEPRS Code record. Otherwise, set D\_MEPRS\_CODE=blank

**B.1.18 NCQA Recognition (Accreditation Level) (D\_ACCRED)**

The NCQA Recognition Level will be derived based on a merge to the Enrollment MEPRS Code File concurrent (i.e., having the same year and month) with the DEERS VM6 data being processed. The merge key is PATUNIQ in the Enrollment MEPRS Code File and MDR TRICARE Relationship File (DOD\_EDI\_PN\_ID in the MDR VM6 Beneficiary-Level File), where BDATE and EDATE in the Enrollment File span the 1st of the month corresponding to the year and month of the DEERS data file being processed. If there is a matching record in the Enrollment MEPRS Code file corresponding to these criteria, then set D\_ACCRED=ACCRED on the matching Enrollment MEPRS Code record. Otherwise, set D\_ACCRED=blank

**B.1.19 Medically Retired Sponsor Flag**

If Retirement Type Code (RET\_TYPC\_CD in D, E) then set D\_MEDICAL\_RET\_FLAG=1. Otherwise, set D\_MEDICAL\_RET\_FLAG=0

**B.1.20 Prime Enrollee Risk Score – Untruncated (D\_RISK\_TRUNC\_NO),**

**B.1.21 Prime Enrollee Risk Score – 500K (D\_RISK\_TRUNC\_500),**

**B.1.22 Prime Enrollee Risk Score – 250K (D\_RISK\_TRUNC\_250),**

**B.1.23 Prime Enrollee Risk Score – 100K (D\_RISK\_TRUNC\_100),**

**B.1.24 High Cost User Flag (D\_HIGH\_COST\_USER**

The Prime Enrollee Risk Score fields shall be derived based on a merge to the MDR Risk Adjustment Key file corresponding to the ***same*** month as the DEERS VM6 data being processed.

* The Risk Adjustment Key File is described in the MDR Risk Adjustment specification.
* The Risk Adjustment Key file is prepared monthly, with each monthly file targeting a merge with a particular DEERS VM6 month’s extract (“The reporting period is defined by the DEERS month to which the risk scores will be appended”).
* If the Risk Adjustment Key file contemporaneous with the DEERS VM6 month is not available, the most recent month should be used.
* Note for “walkback” processing, the Risk Adjustment Key file should be the file contemporaneous with the month being walked back (e.g., in October 2014, the October 2014 VM6 snapshot processing should use either the October 2014 Risk Adjustment Key file or the most recent file, if October 2014 is not available; while the July 2014 VM6 “walkback” occurring in October 2014 should use the July 2014 Risk Adjustment Key file).

The merge key is PATUNIQ in the Risk Adjustment Key File and DOD\_EDI\_PN\_ID in the MDR VM6 Beneficiary-Level File. If there is a matching record in the MDR Risk Adjustment Key File corresponding to these criteria, then set:

* D\_RISK\_TRUNC\_NO= RISK\_TRUNC\_NO on the matching Risk Adjuctment Key File record;
* D\_RISK\_TRUNC\_500= RISK\_TRUNC\_500 on the matching Risk Adjuctment Key File record;
* D\_RISK\_TRUNC\_250= RISK\_TRUNC\_250 on the matching Risk Adjuctment Key File record; and
* D\_RISK\_TRUNC\_100= RISK\_TRUNC\_100 on the matching Risk Adjuctment Key File record.
* D\_HIGH\_COST\_USER= HIGH\_COST\_USER on the matchting Risk Adjustment Key File record.

Otherwise, set all four Prime Enrollee Risk Score fields and the High Cost User Flag to zero.

**B.1.25 T3 Enrollment Region (D\_T3\_ENR\_RGN\_CD)**

Find the D\_MI\_PCM\_EDVSN\_DMIS\_ID on the DMIS ID Index table and populate D\_T3\_ENR\_RGN\_CD with the T3 enrollment region (T3\_REG) from the DMIS ID Index table.

**B.1.26 Eligibility Group (D\_ELG\_GRP\_CD)**

Eligibility Group specifies a beneficiary’s basic relationship with the MHS. It is based on D\_MI\_HCDP\_PLN\_CVG\_CD and ASG\_HCDP\_PLN\_CVG\_CD values and date field contents, presented in exhibit B-12. This field was left blank for the 01 January 2018 snapshot due to the lack of Assigned HCDP Code on that data, but will be populated after the walkback, and for all extracts dated February 2018 and later.

**Exhibit B-12: Eligibility Group Values**

| **Case** | **Assigned HCDP Plan Coverage Code (and CHC\_CD)** | **Enrolled HCDP Value** | **Eligibility Group Value** | **Eligibility Group Meaning** |
| --- | --- | --- | --- | --- |
| 0 | Extract Date prior to 01 January 2018 | | Blank | Pre-2018 |
| 1 | (001, 002, 004, 006, 008, 011, 013, 014, 016, 027, 030)1 and CHC\_CD not T5 | 3453 or not (121, 122, 303-308, 310-332, 346-348)4 | D | Direct Care Only |
| 2 | (018-023, 029)1 or CHC\_CD = T6 | Not (121, 122, 306-308, 330-332)4 | L | TFL |
| 3 | Not (018-023, 029)2 and CHC\_CD not T5 | (303-305, 310-315, 346-348)3 | E | TRICARE Eligible |
| 4 | Any | 3063 | S | TRS |
| 5 | 3073 | R | TRR |
| 6 | (308, 330-332)3 | Y | TYA |
| 7 | (121, 122)3 | C | CHCBP |
| 8 | Other2 | Other 4 | Z | None |

1 And ASG\_HCDP\_PLN\_BGN\_DT valid and less than or equal to extract date and ASG\_HCDP\_PLN\_END\_DT either greater than or equal to extract date or blank.

2 Or ASG\_HCDP\_PLN\_BGN\_DT greater than extract date or ASG\_HCDP\_PLN\_END\_DT prior to extract date

3 And D\_MI\_EMC\_ENRL\_BGN\_DT valid and less than or equal to extract date and D\_MI\_EMC\_ENRL\_END\_DT either greater than or equal to extract date or blank.

4 Or D\_MI\_EMC\_ENRL\_BGN\_DT greater than extract date or D\_MI\_EMC\_ENRL\_END\_DT prior to extract date

5 or CHC\_BELIG\_DT not prior or equal to first day of extract month or CHC\_EELIG\_DT prior to first day of extract month

6 And CHC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and CHC\_EELIG\_DT either blank or after or equal to first day of extract month

**B.1.27 Enrollment Group (D\_ENR\_GRP\_CD)**

Enrollment Group reports the enrolled relationship that the beneficiary has with the MHS. It is based on Enrolled HCDP values and dates. Recommended values and derivation logic are presented in exhibit B-13. This field was left blank for the 01 January 2018 snapshot due to the lack of Assigned HCDP Code on that data, but will be populated after the walkback, and for all extracts dated February 2018 and later.

**Exhibit B-13: Enrollment Group Values and Logic**

| **Case** | **Eligibility Group Code** | **D\_MI\_HCDP\_PLN\_CVG\_CD** | **D\_MI\_PCM\_**  **EDVSN\_DMIS\_ID,**  **D\_MI\_PCM\_**  **PROV\_TYP\_CD** | **Enrollment Group Code** | **Enrollment Group Meaning** |
| --- | --- | --- | --- | --- | --- |
| 0 | Extract date prior to 01 October 2017 | | | Blank | Pre-FY18 |
| 1 | Extracts in October-December 2017 | | | See Appendix L | |
| 2 | Any | (310 – 315, 330 – 332)1 | (D\_MI\_PCM\_EDVSN\_DMIS\_ID not in (0190 – 0199) and D\_MI\_PCM\_PROV\_TYP\_CD <> U)4 | P | TRICARE Prime |
| 3 | (D\_MI\_PCM\_EDVSN\_DMIS\_ID in (0190 – 0199) or D\_MI\_PCM\_PROV\_TYP\_CD=U)3 | U | Designated Provider (USFHP) |
| 4 | (303 – 308)1 | Any | S | TRICARE Select |
| 5 | E, L | 346-3481 | Any | L | TRICARE Plus |
| 6 | Any | 3451 | Any | L | TRICARE Plus |
| 7 | D | Other2 | Any | D | Direct Care Only |
| 8 | Any | Z | Not Enrolled |

1 And D\_MI\_EMC\_ENRL\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_EMC\_ENRL\_END\_DT either greater than or equal to snapshot date or blank.

2 Or D\_MI\_EMC\_ENRL\_BGN\_DT not less than or equal to snapshot date or D\_MI\_EMC\_ENRL\_END\_DT less than snapshot date.

3 And D\_MI\_PCM\_SLCT\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_ PCM\_SLCT\_END\_DT either greater than or equal to snapshot date or blank.

4 Or D\_MI\_ PCM\_SLCT\_BGN\_DT not less than or equal to snapshot date or D\_MI\_ PCM\_SLCT\_END\_DT less than snapshot date.

For extracts dated October-December 2017, a different derivation will be used to make this field available for the entirety of FY18. That derivation is shown in Appendix L. Extracts for January 2018 and later use the derivation shown above in Exhibit B-13.

**B.1.28 TRICARE Eligibility/Enrollment (D\_ELG\_ENR\_CD)**

This field was left blank for the 01 January 2018 snapshot due to the lack of Assigned HCDP Code on that data, but will be populated after the walkback, and for all extracts dated February 2018 and later.

In order to streamline the logic for exrtracts dated 01 January 2018 and later, three intermediate fields are derived for those extracts:

* D\_COMB\_HCDP\_CD (a combination of D\_MI\_HCDP\_PLN\_CVG\_CD and ASG\_HCDP\_PLN\_CVG\_CD)
* D\_COMB\_HCDP\_BGN\_DT (a combination of D\_MI\_EMC\_ENRL\_BGN\_DT and ASG\_HCDP\_BGN\_DT); and
* D\_COMB\_HCDP\_END\_DT (a combination of D\_MI\_EMC\_ENRL\_END\_DT and ASG\_HCDP\_END\_DT).

The logic for deriving these fields is presented in exhibit A-5.

Table B-14: Logic for Deriving Intemediate COMB\_HCDP fields (Extracts dated 01 January 2018 and later)

| **Intermediate Field** | **Case 1:**  **D\_MI\_EMC\_ENRL\_BGN\_DT valid and <= extract date and D\_MI\_EMC\_ENRL\_END\_DT blank or >= extract date** | **Case 2:**  **D\_MI\_EMC\_ENRL\_BGN\_DT blank or > extract date or D\_MI\_EMC\_ENRL\_ENDT\_DT < extract date and ASG\_HCDP\_BGN\_DT valid and <= extract date and ASG\_HCDP\_END\_DT blank or >= extract date** | **Case 3:**  **Not Case 1 and Not Case 2** |
| --- | --- | --- | --- |
| D\_COMB\_HCDP\_CD | D\_MI\_HCDP\_PLN\_CVG\_CD | ASG\_HCDP\_PLN\_CVG\_CD | Blank |
| D\_COMB\_HCDP\_BGN\_DT | D\_MI\_EMC\_ENRL\_BGN\_DT | ASG\_HCDP\_BGN\_DT | Blank |
| D\_COMB\_HCDP\_END\_DT | D\_MI\_EMC\_ENRL\_END\_DT | ASG\_HCDP\_END\_DT | Blank |

Using these values and the mappings from Exhibit B-15.

**Exhibit B-15: Derivation of D\_ELG\_ENR\_CD, D\_SUM\_ELG\_ENR\_CD \_CD, D\_TYA\_FLAG, D\_TRS\_TRR\_CD (Post 01 January 2018)**

|  | **D\_COMB\_HCDP\_CD1 (and CHC\_CD)** | **Description** | **Prop~~p~~osed MDR Fields and Values** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **D\_ELG\_ENR\_CD** | **D\_SUM\_ELG\_ENR\_CD** | **D\_TYA\_FLAG** | **D\_TRS\_TRR\_CD** |
| Extract date prior to 01 January 2018 | | | Blank | Blank | Blank | blank |
| **Direct Care Only** | 001 | Direct Care (DC) for Active Duty Sponsors | TE | TE | 0 | N |
| 002 | DC for ADFM | TE | TE | 0 | N |
| 004 | DC for Active Duty Deceased Sponsors | TE | TE | 0 | N |
| 006 | DC for Transitional Health Care Family Members | TE | TE | 0 | N |
| 008 | DC for Retired Sponsors and Family Members | TE | TE | 0 | N |
| 011 | DC for CONUS DoD Affiliates | TE | TE | 0 | N |
| 013 | DC for OCONUS DoD Affiliates | TE | TE | 0 | N |
| 014 | DC for Transit’l Survivors of AD Deceased Spons | TE | TE | 0 | N |
| 016 | DC for Survivors of Grd/Rsv Deceased Sponsors | TE | TE | 0 | N |
| 027 | DC for Early Alert for Guard/Reserve SMs | TE | TE | 0 | N |
| 030 | DC for Medically Retired Sponsors and FMs | TE | TE | 0 | N |
| **Direct Care and TFL** | 018 | TFL for Ret Sponsors and FMs and Medal of Honor | TFL | TE | 0 | N |
| 020 | TFL for Transit’l Surv of AD Deceased Spons (OBE) | TFL | TE | 0 | N |
| 021 | TFL for Survivors of AD Deceased Sponsors | TFL | TE | 0 | N |
| 023 | TFL for Survivors of Grd/Rsv Deceased Sponsors | TFL | TE | 0 | N |
| 029 | TFL for Medically Ret Sponsors and FMs | TFL | TE | 0 | N |
| D\_COMB\_HCDP\_CD is blank and CHC\_CD = T2 | TRICARE for Life | TFL | TE | 0 | N |
| **TRICARE Select** | 303 | TRICARE Select-Active Duty Family Members | TS | TS | 0 | N |
| 304 | TRICARE Select-TAMP Sponsors and FMs | TS | TS | 0 | N |
| 305 | TRICARE Select-Retired Sponsors and FMs | TS | TS | 0 | N |
| 306 | TRICARE Select-Reserve Select Sponsors and FMs | TRS | TS | 0 | S |
| 307 | TRICARE Select-Ret Reserve Sponsors and FMs | TRR | TS | 0 | R |
| 308 | TRICARE Select-Young Adults | TS | TS | 1 | N |
| **TRICARE Prime** (withD\_MI\_PCM\_PROV\_TYP\_CD <> U5) | 310 | TRICARE Prime-Active Duty Sponsors | TP | TP | 0 | N |
| 311 | TRICARE Prime-Active Duty Family Members | TP | TP | 0 | N |
| 312 | TRICARE Prime Remote-Active Duty Sponsors | TP | TP | 0 | N |
| 313 | TRICARE Prime Remote-Active Duty FMs | TP | TP | 0 | N |
| 314 | TRICARE Prime-TAMP Sponsors and FMs | TP | TP | 0 | N |
| 315 | TRICARE Prime-Retired Sponsors and FMs | TP | TP | 0 | N |
| **TRICARE Prime - Young Adult** (withD\_MI\_PCM\_PROV\_TYP\_CD <>U5) | 330 | TRICARE Prime-Young Adult Active Duty/TAMP | TP | TP | 1 | N |
| 331 | TRICARE Prime-Young Adult Retired | TP | TP | 1 | N |
| 332 | TRICARE Prime Remote-Young Adult Active Duty | TP | TP | 1 | N |
| **TRICARE Plus** | 345-348 | TRICARE Plus | TPL | TE | 0 | N |
| **USFHP Enrollees** (withD\_MI\_PCM\_PROV\_TYP\_CD = U4) | 311 | TRICARE Prime-Active Duty Family Members | U | U | 0 | N |
| 314 | TRICARE Prime-TAMP Sponsors and FMs | U | U | 0 | N |
| 315 | TRICARE Prime-Retired Sponsors and FMs | U | U | 0 | N |
| 330 | TRICARE Prime-Young Adult Active Duty/TAMP | U | U | 1 | N |
| 331 | TRICARE Prime-Young Adult Retired | U | U | 1 | N |
| All Other3 | | | Z | Z | 0 | N |

1 and D\_COMB\_HCDP\_BGN\_DT valid and prior to or equal to extract date and D\_COMB\_HCDP\_END\_DT greater than or equal to extract date or blank.

2 and CHC\_BELIG\_DT valid and prior to or equal to extract date and CHC\_EELIG\_DT greater than or equal to extract date or blank.

3 including D\_COMB\_HCDP\_BGN\_DT > extract date or D\_COMB\_HCDP\_END\_DT < extract date.

4 And D\_MI\_PCM\_SLCT\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_ PCM\_SLCT\_END\_DT either greater than or equal to snapshot date or blank.

5 Or D\_MI\_ PCM\_SLCT\_BGN\_DT not less than or equal to snapshot date or D\_MI\_ PCM\_SLCT\_END\_DT less than snapshot date.

**B.1.29 Primary Care Manager Type (D\_PCM\_TYP\_CD)**

Enrollment PCM Type shall be derived for those beneficiaries whose Enrollment Group Code is P, U, or L. All other records shall have Enrollment PCM Type set equal to Z. The values and methodology for assigning Enrollment PCM Type are presented in table B-16. This field was left blank for the 01 January 2018 snapshot due to the lack of Assigned HCDP Code on that data, but will be populated after the walkback, and for all extracts dated February 2018 and later.

**Exhibit B-16: Enrollment PCM Type Values and Logic**

| **Case** | **D\_ENR\_GRP\_CD** | **D\_MI\_PCM\_**  **PROV\_TYP\_CD** | **D\_MI\_PCM\_**  **EDVSN\_DMIS\_ID** | **Enrollment PCM Type Values** | **Meanings** |
| --- | --- | --- | --- | --- | --- |
| 0 | Extract date prior to 01 October 2017 | | | Blank | Pre-FY18 |
| 1 | Extracts in October-December 2017 | | | See Appendix L | |
| 2 | U | Any | Any | U | Designated Provider |
| 3 | P | C1 | Not in (7913-7924) | C | Network PCM |
| 4 | P | In (7913-7924) | R | TRICARE Prime Remote |
| 5 | P | D1 | In (3000-4000, 6301-6343) | O | Ops Forces |
| 6 | P or L | Not in (3000-4000, 6301-6343) | M | MTF PCM |
| 7 | P or L | N1 or None2 | Any | N | No PCM |
| 8 | All Others | Any | Any | Z | Not Enrolled |

1 AND D\_MI\_PCM\_SLCT\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_PCM\_SLCT\_END\_DT either greater than or equal to snapshot date or blank.

2 Or D\_MI\_PCM\_SLCT\_BGN\_DT not less than or equal to snapshot date or D\_MI\_PCM\_SLCT\_END\_DT prior to snapshot date.

For extracts dated October-December 2017, a different derivation will be used to make this field available for the entirety of FY18. That derivation is shown in Appendix L. Extracts for January 2018 and later use the derivation shown above in Exhibit B-13.

**B.1.30 Summary TRICARE Eligibility/Enrollment (D\_SUM\_ELG\_ENR\_CD )**

Summary TRICARE Eligibility/Enrollment shall be derived based upon the TRICARE Eligibility/Enrollment Code, as presented in exhibit B-17. This field was left blank for the 01 January 2018 snapshot due to the lack of Assigned HCDP Code on that data, but will be populated after the walkback, and for all extracts dated February 2018 and later.

**Exhibit B-17: Summary TRICARE Eligibility/Enrollment Derivation**

| **Case** | **D\_ELG\_ENR\_CD** | **D\_SUM\_ELG\_ENR\_CD** |
| --- | --- | --- |
| 0 | Extract date prior to 01 January 2018 | blank |
| 1 | U | U |
| 2 | TP | TP |
| 3 | TS, TRS, TRR | TS |
| 4 | TE, TFL, TPL | TE |
| 5 | Other | Z |

**B.1.31 Transitional Assistance Management Plan Flag (D\_TAMP\_FLAG)**

Transitional Assistance Management Plan Flag shall be based upon D\_ELG\_CD:

* If D\_ELG\_CD in (4,5,6,B) then D\_TAMP\_FLAG=1;
* Otherwise, D\_TAMP\_FLAG=0.

**B.1.32 TRICARE for Life (TFL) Flag (D\_TFL\_FLAG)**

TFL Flag shall be based upon a combination of ASG\_HCDP\_PLN\_CVG\_CD and CHC\_CD:

* If extract date is prior to 01 January 2018, then set blank
* Else:
  + IF ASG\_HCDP\_PLN\_CVG\_CD in (018, 020, 021, 023, 029) and ASG\_HCDP\_BGN\_DT prior or equal to the extract date and ASG\_HCDP\_END\_DT is either equal to or after the extract date or blank, then D\_TFL\_FLAG=1;
  + Else if CHC\_CD=T and CHC\_BELIG\_DT prior to extract date and CHC\_EELIG\_DT either equal to or after the extract date or blank, then D\_TFL\_FLAG=1; and
  + Otherwise, D\_TFL\_FLAG=0.

This field was left blank for the 01 January 2018 snapshot due to the lack of Assigned HCDP Code on that data, but will be populated after the walkback, and for all extracts dated February 2018 and later.

**B.1.33 TRICARE Reserve Select/TRICARE Reserve Retired Code (D\_TRS\_TRR\_CD)**

TRICARE Reserve Select/TRICARE Reserve Retired Flag shall be set based upon D\_MI\_HCDP\_PLN\_CVG\_CD:

* If extract date is prior to 01 January 2018, then:
  + If D\_MI\_HCDP\_PLN\_CVG\_CD in (401, 402, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 424) and D\_MI\_EMC\_ENRL\_BGN\_DT prior or equal to the extract date and D\_MI\_EMC\_ENRL\_END\_DT is either equal to or after the extract date or blank, then D\_TRS\_TRR\_CD=S;
  + If D\_MI\_HCDP\_PLN\_CVG\_CD in (418, 419, 420, 421, 425) and D\_MI\_EMC\_ENRL\_BGN\_DT prior or equal to the extract date and D\_MI\_EMC\_ENRL\_END\_DT is either equal to or after the extract date or blank, then D\_TRS\_TRR\_CD=R;
  + Otherwise, D\_TRS\_TRR\_CD=N.
* If extract date is 01 January 2018 or later, then:
  + If D\_MI\_HCDP\_PLN\_CVG\_CD in (306) and D\_MI\_EMC\_ENRL\_BGN\_DT prior or equal to the extract date and D\_MI\_EMC\_ENRL\_END\_DT is either equal to or after the extract date or blank, then D\_TRS\_TRR\_CD=S
  + If D\_MI\_HCDP\_PLN\_CVG\_CD in (307) and D\_MI\_EMC\_ENRL\_BGN\_DT prior or equal to the extract date and D\_MI\_EMC\_ENRL\_END\_DT is either equal to or after the extract date or blank, then D\_TRS\_TRR\_CD=R;
  + Otherwise, D\_TRS\_TRR\_CD=N

**B.1.34 T17 Enrollment Region (D\_T17\_ENR\_RGN\_CD)**

T17 Enrollment Region shall be based upon D\_MI\_PCM\_EDVSN\_DMIS\_ID or D\_MI\_HCDP\_EMC\_CD:

* If D\_ENR\_GRP\_CD = S then:
  + If D\_MI\_HCDP\_EMC\_CD = 53 then D\_T17\_ENR\_RGN\_CD = OE
  + Else if D\_MI\_HCDP\_EMC\_CD = 54 then D\_T17\_ENR\_RGN\_CD = OP
  + Else if D\_MI\_HCDP\_EMC\_CD = 55 then D\_T17\_ENR\_RGN\_CD = OL
  + Else if D\_MI\_HCDP\_EMC\_CD = 57 then D\_T17\_ENR\_RGN\_CD = E
  + Else if D\_MI\_HCDP\_EMC\_CD = 58 then D\_T17\_ENR\_RGN\_CD = W
* Else: Find the D\_MI\_PCM\_EDVSN\_DMIS\_ID on the DMIS ID Index table and populate D\_T17\_ENR\_RGN\_CD with the T17 enrollment region (T17\_REG) from the DMIS ID Index table.

**B.1.35 ACV Group (D\_ACV\_GROUP)**

**NOTE: This field is to be blank-filled for extracts dated 01 January 2019 or later.**

For each extract dated 01 January 2018 then apply the logic in table B-18.

**Table B-18: ACV Group Logic (Extracts Dated 01 January 2018 and Later)**

| **Case** | **D\_ENR\_GRP\_CD** | **D\_PCM\_TYP\_CD** | **D\_ELG\_GRP\_CD** | **D\_COM\_BEN\_CAT\_CD** | **D\_ACV\_GROUP** | **Description** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | P | Not O | Any | Any | PR | TRICARE Prime |
| 2 | O | R | MHS-Reliant |
| 3 | L | Any | PL | TRICARE Plus |
| 4 | U | DP | Designated Provider |
| 5 | Not (P, L, U) | Any | In (R, S) | Any | O | Other |
| 6 | Any | Not in (R, S) | 4 | R | MHS-Reliant |
| 7 | All other combinations | | | | O | Other |

For extracts dated prior to 01 January 2018, use the logic in table B-19.

**Table B-19: ACV Group Logic (Extracts Dated Prior to 01 January 2018)**

| **Case** | **MDR\_ACV** | **D\_COM\_BEN\_CAT\_CD** | **D\_ACV\_GROUP** | **Description** |
| --- | --- | --- | --- | --- |
| 1 | In (A, E, H, J) | Any | PR | TRICARE Prime |
| 2 | In (B, F) | OP | TRICARE Overseas Prime Active Duty |
| 3 | In (G, L) | PL | TRICARE PLUS |
| 4 | U | DP | Designated Provider |
| 5 | In (R, V) | O | Other |
| 6 | In (M, Q) | R | MHS-Reliant |
| 7 | Any Other | 4 | R | MHS-Reliant |
| 8 | All Other combinations | | O | Other |

For the 01 January 2018 snapshot only, a different derivation was used due to the lack of Assigned HCDP Code on that data. That derivation is shown in Appendix J. After the walkback, January 2018 data will be processed using the derivation in Table B-18.

**Appendix C: Extraction rules and file format for the MDR “VM6AGG” file**

Frequency: The VM6AGG file is prepared each time an MDR VM6 is processed (monthly), as a summary of a subset of records from the MDR VM6. The variable Popqy is simply the sum of the number of records in each row of the aggregate table. The PITE AGG files are monthly SAS datasets, with one member per month.

Extraction Rules: Only include primary records (D\_PRIMARY\_RECORD\_FLAG=1) where beneficiary is eligible for MHS Health Care (D\_MHS\_ELIG\_INDIC=1)

File Format: see table C-1

**Table C-1: VM6AGG File Format**

| **PITEAGG Field** | **SAS Name** | **MDR PITE Field** | **Format** |
| --- | --- | --- | --- |
| Catchment Area ID | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| Assigned UIC | ASSGNUIC | ASSGN\_UIC | Char(8) |
| Sponsor Service Aggregated | DSPONSVC | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Gender | PNSEXCD | PN\_SEX\_CD | Char(1) |
| Race/Ethnicity | RACEETHN | RACE\_ETHNC\_CD | Char(1) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Age | DAGEQY | D\_AGE\_QY | Numeric(3) |
| Medical Privilege Code | DMEDELG | D\_ELG\_CD | Char(1) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| MHS-Derived Zip Code | DZIPCD | D\_ZIP\_CD | Char(5) |
| PRISM Area ID | DPRISM | D\_PRISM\_CD | Char(4) |
| Population Sector | DPOPSECT | D\_MHS\_POP\_SECTOR\_CD | Char(1) |
| Health Service Region | DHSREG | D\_REGION\_CD | Char(2) |
| T3 Residence Region | DT3REG | D\_T3\_RES\_REGION\_CD | Char(2) |
| T17 Residence Region | DT17REG | D\_T17\_RES\_REGION\_CD | Char(2) |
| HSSC Residence Region | DHSSCRES | D\_HSSC\_REGION\_CD | Char(1) |
| Country Code | CNTRY | DRVD\_LOC\_CTRY\_CD | Char(2) |
| Eligibility Group | DELGGRP | D\_ELG\_GRP\_CD | Char(1) |
| Enrollment Group | DENRGRP | D\_ENR\_GRP\_CD | Char(1) |
| TRICARE Eligibility/Enrollment | DELGENR | D\_ELG\_ENR\_CD | Char(3) |
| Primary Care Manager Type | DPCMTYP | D\_PCM\_TYP\_CD | Char(1) |
| Summary TRICARE Eligibility/Enrollment | DSUMELGENR | D\_SUM\_ELG\_ENR\_CD | Char(2) |
| Transitional Assistance Management Plan Flag | DTAMPFLG | D\_TAMP\_FLAG | Char(1) |
| TRICARE for Life Flag | DTFLFLG | D\_TFL\_FLAG | Char(1) |
| TRICARE Reserve Select/TRICARE Reserve Retired Flag | DTRSTRR | D\_TRS\_TRR\_CD | Char(3) |
| Population Count | POPQY | \*\* Sum of records in each row \*\* | Numeric |

**Appendix D: Extraction Rules and File Format for the MDR DEERS Address file**

Frequency: The PITE Address file is prepared each time an MDR PITE is processed (monthly). This file is created simultaneously with the MDR PITE by extracting the address fields in the source PITE together with a subset of fields from the MDR PITE. The PITE Address files are monthly SAS datasets

Extraction Rules: Include one record for each DOD\_EDI\_PN\_ID that appears in the data. If any DOD\_EDI\_PN\_ID appears on more than one record, select the record containing populated (i.e., nonblank) Mailing Address, Line1 and City. If more than one record has populated Mailing Address, Line1 and City, select the record that has the most recent Last Extract Date.

File Format:

|  |  |  |  |
| --- | --- | --- | --- |
| **PITE Address Field** | **SAS Name** | **MDR PITE Field** | **Format** |
| Unique Person ID | PATUNIQ | DOD\_EDI\_PN\_ID | Char(10) |
| Mailing Address, Line 1 | ADDLN1 | MA\_LN1\_TX | Char(40) |
| Mailing Address, Line 2 | ADDLN2 | MA\_LN2\_TX | Char(40) |
| City | CITY | MA\_CITY\_NM | Char(20) |
| Country | CTRY | MA\_CTRY\_CD | Char(2) |
| State | STATE | MA\_ST\_CD | Char(2) |
| Zip Code | ZIP | MA\_PR\_ZIP\_CD | Char(5) |
| Zip Code Extender | ZIPX | MA\_PR\_ZIPX\_CD | Char(4) |
| Last Name | LSTNAME | PN\_LST\_NM | Char(26) |
| First Name | FRSTNAME | PN\_1ST\_NM | Char(20) |
| Cadency | CADENCY | PN\_CDNCY\_NM | Char(4) |
| Work Telephone Number | WKTNUM | WK\_TNUM\_CD | Char(20) |
| Home Telephone Number | HMTNUM | HM\_TNUM\_CD | Char(20) |
| Last Extract Date | LSTEXTDT | LST\_EXT\_DT | Char(8) |
| Person Identifier | BENSSN | PN\_ID | Char(9) |

**Appendix E: Extraction Rules and File Format for the TRICARE Relationship File (TRF)**

**<< TRF Not to be Produced for Extracts dated 01 January 2018 and later.>>**

Frequency: The TRF is prepared each time an MDR VM6 is processed (monthly), as a simple extraction of selected fields from the processed VM6.

Extraction Rules: Only include records that meet all of the following conditions:

* Primary records (D\_PRIMARY\_RECORD\_FLAG=1).
* Beneficiary is eligible for MHS Health Care (D\_MHS\_ELIG\_INDIC=1).
* Beneficiary is enrolled in a program designated by MDR\_ENROLL=1; including
* Enrolled in TRICARE;
* Active Duty not enrolled;
* Enrolled in TRICARE Plus;
* Enrolled in the USFHP Program
* Purchased TRICARE Reserve Select

**Table E-1: TRICARE Relationship File (TRF) File Format**

| TRICARE Relationship Field | SAS Name | VM6 Field/Transformation | Format |
| --- | --- | --- | --- |
| Enrollee Name | NAME | PN\_LST\_NM (1st 19), PN\_1ST\_NAME (10) | Char(29) |
| Sponsor Person ID | SPONSSN | SPN\_PN\_ID | Char(9) |
| DEERS Dependent Suffix1 | DDS1 | LEG\_DDS\_CD1 | Char(2) |
| Sponsor Service Aggregated | SERVICE | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Unique Person ID | PATUNIQ | DOD\_EDI\_PN\_ID | Char(10) |
| Date of Birth | DOB | PN\_BRTH\_DT | Char(8) |
| ACV Start Date | ACVBEG | If MDR\_ACV in {R,V} or if D\_MI\_HCDP\_PLN\_CVG\_CD in {426,427,428,429,430,431,432}: D\_ MI\_EMC\_ENRL\_BGN\_DT, where extract date within D\_MI\_ EMC\_ENRL\_BGN\_DT and D\_ MI\_EMC\_ENRL\_END\_DT window as described in table B-1;  Else if MDR\_ACV not in {R,V}: D\_MI \_PCM\_SLCT\_BGN\_DT, where extract date within D\_MI\_PCM\_ SLCT\_BGN\_DT and D\_MI\_ PCM\_SLCT\_END\_DT window as described in table B-1;  else blank fill | Char(8) |
| Alternate Care Value (ACV) | ACV | MDR\_ACV; | Char(1) |
| Enrollment DMISID | DMISID | D\_MI\_PCM\_EDVSN\_DMIS\_ID; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(4) |
| ACV End Date | ACVEND | If MDR\_ACV in {R,V} or if D\_MI\_HCDP\_PLN\_CVG\_CD in {426,427,428,429,430,431,432}: D\_ MI\_EMC\_ENRL\_END\_DT, where extract date within D\_MI\_ EMC\_ENRL\_BGN\_DT and D\_ MI\_EMC\_ENRL\_END\_DT window as described in table B-1;  Else if MDR\_ACV not in {R,V}: D\_MI \_PCM\_SLCT\_END\_DT, where extract date within D\_MI\_PCM\_ SLCT\_BGN\_DT and D\_MI\_ PCM\_SLCT\_END\_DT window as described in table B-1;  else blank fill | Char(8) |
| Member Category Code | SPONSTAT | MBR\_CAT\_CD | Char(1) |
| Enrollment Region | REGION | D\_ENR\_RGN\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(2) |
| Gender | GENDER | PN\_SEX\_CD | Char(1) |
| Marital Status | MARITAL | MDR\_MARITAL\_AGG | Char(1) |
| Age | AGE | D\_AGE\_QY | Numeric(3) |
| Equivalent Lives Ben Group | BENCAT | MDR\_EL\_BENGRP | Char(6) |
| Equivalent Lives Age Group | ELAGE | MDR\_EL\_AGECAT | Char(1) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Pay Grade | PAYGRD | PG\_CD | Char(2) |
| Pay Plan | PAYPLAN | PAY\_PLN\_CD | Char(5) |
| Population Sector | DPOPSECT | D\_MHS\_POP\_SECTOR\_CD | Char(1) |
| MHS-Derived Zip Code | DZIPCD | D\_ZIP\_CD | Char(5) |
| Catchment Area ID | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| PRISM Area ID | DPRISM | D\_PRISM\_CD | Char(4) |
| Medical Privilege Code | DMEDELG | D\_ELG\_CD | Char(1) |
| Medicare Eligibility Code | DMEDCARE | D\_MDC\_ELIG\_CD | Char(1) |
| PCM ID | PCMID | D\_MI\_PCM\_ID; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(32) |
| PCM ID Type | PCMIDTP | D\_MI\_PCM\_ID\_TYP\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill. | Char(1) |
| Common Beneficiary Category | COMBEN | D\_COM\_BEN\_CAT\_CD | Char(1) |
| Filler | N/A – Drop from SAS file | Obsolete Field (FMP), Blank-fill | Char(2) |
| PRIME | PRIME | Derived. If ACV in (A, B, D, E, F, H, J, M, Q) then PRIME=1, else PRIME=0 | Char(1) |
| Fiscal Month | FM | Derived from MDR PITE file name | Char(2) |
| Fiscal Year | FY | Derived from MDR PITE file name | Char(4) |
| Calendar Month | CM | Derived from MDR PITE file name | Char(2) |
| Calendar Year | CY | Derived from MDR PITE file name | Char(4) |
| Person Identifier | BENSSN | PN\_ID | Char(9) |
| Person ID Type Code | PNIDTP | PN\_ID\_TYP\_CD | Char(1) |
| Family Sequence ID | FSN | SPN\_DUP\_ID | Char(1) |
| Summary Privilege Code | SUMPRIV | MDR\_M2\_SUM\_PRIVCD | Char(1) |
| Market Area | MARKET | MDR\_MARKET | Char(3) |
| PPS Equivalent Lives | PPSLIVES | D\_PPS\_LIVES\_QY | Number(4) |
| HSSC Enrollment Region | DHSSCENR | D\_HSSC\_ENR\_RGN\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT; window as described in table B-1; else blank fill. | Char(1) |
| PCM Provider Type | PCMPRVTP | D\_MI\_PCM\_PROV\_TYP\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill | Char(1) |
| PCM Specialty | PCMSPCLY | D\_MI\_PCM\_SPCL\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT window as described in table B-1; else blank fill | Char(3) |
| Bed Days MHS Norm | DAYSPER | D\_NORM\_MHS\_DAYS | N(8.6) |
| Admissions MHS Norm | DISPPER | D\_NORM\_MHS\_ADM | N(8.6) |
| Full Cost MHS Norm | FCOSPER | D\_NORM\_MHS\_FULL\_COST | N(6.2) |
| Variable Cost MHS Norm | VCOSPER | D\_NORM\_MHS\_VAR\_COST | N(6.2) |
| RVUs MHS Norm | RVUSPER | D\_NORM\_MHS\_RVU | N(8.4) |
| Bed Days MHS Peer Norm | PDAYSPER | D\_NORM\_MHS\_PEER\_DAYS | N(8.6) |
| Admissions MHS Peer Norm | PDISPPER | D\_NORM\_MHS\_PEER\_ADM | N(8.6) |
| Full Cost MHS Peer Norm | PFCOSPER | D\_NORM\_MHS\_PEER\_FULL\_COST | N(6.2) |
| Variable Cost MHS Peer Norm | PVCOSPER | D\_NORM\_MHS\_PEER\_VAR\_COST | N(6.2) |
| RVUs MHS Peer Norm | PRVUSPER | D\_NORM\_MHS\_PEER\_RVU | N(8.4) |
| PMPM Equivalent Lives | PMPMLIVES | D\_PMPM\_LIVES\_QY | N(5,3) |
| Underwritten Region | DUNDEREG | D\_UNDEREG | Char(1) |
| Person Association Reason Code | PNARSN | PNA\_RSN\_CD | Char(2) |
| MTF Service Area ID | MTFSA | D\_MTFSA\_CD | Char(4) |
| Medical Home Flag | MED\_HOME | D\_MED\_HOME | Char(1) |
| Enrollment MEPRS Code | MEPRS\_CODE | D\_MEPRS\_CODE | Char(4) |
| NCQA Recognition (Accreditation Level) | ACCRED | D\_ACCRED | Char(1) |
| Prime Enrollee Risk Score – Untruncated | RISK\_TRUNC\_NO | D\_RISK\_TRUNC\_NO | N(8.4) |
| Prime Enrollee Risk Score – 500K Truncation | RISK\_TRUNC\_500 | D\_RISK\_TRUNC\_500 | N(8.4) |
| Prime Enrollee Risk Score – 250K Truncation | RISK\_TRUNC\_250 | D\_RISK\_TRUNC \_250 | N(8.4) |
| Prime Enrollee Risk Score – 100K Truncation | RISK\_TRUNC\_100 | D\_RISK\_TRUNC \_100 | N(8.4) |
| High Cost User Flag | HIGH\_COST\_USER | D\_HIGH\_COST\_USER | Char(1) |
| T3 Enrollment Region | DT3ENR | D\_T3\_ENR\_RGN\_CD; where extract date within D\_MI\_PCM\_SLCT\_BGN\_DT and D\_MI\_PCM\_SLCT\_END\_DT; window as described in table B-1; else blank fill. | Char(2) |

1Legacy DDS on the raw DEERS VM6 record is populated by source file for March 2007 and earlier; it is populated by a merge to the February 2007 MPI file for March 2007 through September 2007, and remain unpopulated for FY 2008 and later.**Appendix F: Extraction rules and file format for the Master Person Index (MPI) files**

Frequency: The MPI files are extracted from the raw FDE file every time that a new raw FDE file is received.

Extraction Rules: Include all records from the raw FDE.

File layout: Bar delimited flat file. Table F-1 displays the contents and layout of the MPI. File should be sorted by DOD\_EDI\_PN\_ID.

**Table F-1: MDR MPI Format and Fields**

| Variable Name | Description | Length |
| --- | --- | --- |
| DOD\_EDI\_PN\_ID | DOD Electronic Data Interchange Person ID | Char(10) |
| SPN\_PN\_ID | Sponsor Person Identifier | Char(9) |
| LEG\_DDS\_CD1 | Legacy DEERS Dependent Suffix Code1 | Char(2) |
| PN\_SEX\_CD | Person Sex Code | Char(1) |
| PN\_BRTH\_DT | Person Birth Date | Char(8) |
| D\_MPI\_REL\_CD | MPI Relationship Code | Char(1) (see table F-2) |
| MBR\_REL\_CD | Member Relationship Code | Char(1) |
| PN\_LST\_NM | Person Last Name | Char(26) |
| PN\_1ST\_NM | Person First Name | Char(20) |
| PN\_MID\_NM | Person Middle Name | Char(20) |
| PN\_CDNCY\_NM | Person Cadency Name | Char(4) |
| PNA\_RSN\_CD | Person Association Reason Code | Char(2) |
| PN\_ID | Person Identifier | Char(9) |
| SPN\_PN\_ID\_TYP\_CD | Sponsor Person Identifier Type Code | Char(1) |
| PN\_ID\_TYP\_CD | Person Identifier Type Code | Char(1) |

1Legacy DDS on the raw DEERS VM6 record is populated by source file February 2007 and earlier; it is populated by a merge to the February 2007 MPI file for March 2007 through September 2007, and remain unpopulated for FY 2008 and later.

**Table F-2: MPI Relationship Code Logic**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case** | **Person Association Reason Code** | **Member Relationship Code** | **Description** | **MPI Relationship Code** |
| 1 | AA, BC, BE, | Any | Spouse or Former Spouse | 3 |
| 2 | AB, AC, AF, BG | Child | 1 |
| 3 | AD, AE, AH, AI, AX, BB, BF, CA | Other | 4 |
| 4 | Other not blank | Self | 2 |
| 5 | Blank | B,G,H,I,J,K | Spouse or Former Spouse | 3 |
| 6 | C, D, L | Child | 1 |
| 7 | E, F, | Other | 4 |
| 8 | Other (including blank) | Self | 2 |

Appendix G: Extraction rules and file format for the Longitudinal VM6 (LVM6)

G.1 File Content

The Longitudinal VM6 (LVM6) files are fiscal year text files, based on the content of the MDR DEERS VM6 file and its predecessors (MDR DEERS FDE and MDR DEERS Point in Time Extract). Each fiscal year file contains one record for each beneficiary (defined as DoD EDIPN) that has any MHS Eligibility (Direct Care, MHS sponsored civilian health care) within the fiscal year. The LVM6 is updated every time that a new raw FDE file is received.

G.2 Update Process Overview

Each month, after the VM6 walkback processing (see Appendix I) has been performed, selected fields (“code” fields and related date fields) are extracted for each beneficiary having MHS Eligibility (D\_MHS\_ELIG\_INDIC=1) during the FY, from the most recently retrofitted VM6 extract for the FY and up to six months into the following FY. (Therefore, the first six months of a given FY will be used in creating/updating two FY files: the previous FY and the current FY.) For each DOD\_EDI\_PN\_ID, construct record segments based on the extracted data, with the end result being a single record that reports the beneficiary’s key ***changeable*** attributes (for example, beneficiary category, medical privilege, enrollment, and location) throughout the FY, along with key ***stable*** (unchanging or rarely changing)demographics (for example. Date of birth (DOB), race, ethnicity, gender) and ***identifiers*** (to be used in matching to other data sources).

* The beneficiary ***identifiers*** are obtained from the most recent extract in which the beneficiary had MHS eligibility. Identifier information is obtained from primary records (D\_PRIMARY\_RECORD\_FLAG=1) and non-primary records for that month, as detailed in section G.5.
* Beneficiary ***stable*** demographics are obtained from the primary record for the individual in most recent extract in which the beneficiary had MHS eligibility.
* Beneficary ***changeable*** demographics, along with begin and end dates for each type of demographic, are obtained from all extracts for the FY (and up to six months beyond) in which the beneficiary has MHS eligibility. From this information, construct the beneficiary’s profile for each changeable demographic “type” throughout the FY, with information from more recent extacts assumed to be more accurate than earlier extracts in cases of conflict. This is critical because the LVM should not report overlapping time periods for a given information type. As examples:
  + If a more recent VM6 extract has an eligibility or enrollment begin date prior to the end date of a prior eligibility or enrollment reported on previous VM6 extracts, the end date for the LVM segment reporting the prior eligibility or enrollment is adjusted to be equal to one day prior to the begin date reported on the most recent extract.
  + If a more recent VM6 extract has a different begin date or end date for ***the same*** eligibility or enrollment value reported on previous extracts, the more recently reported date range is assumed to be correct, and will be reported in the LVM extract.

G.3 File Format

The LVM6 file layout is presented in table G-1. The LVM6 file is a variable length text file; however, the first 47 characters of the file are always fixed. These first 47 characters represent the beneficiary identifiers (DoD EDIPN and Sponsor SSNs, DDSs, and Relationship flags), a record header containing stable demographics associated with the primary record, and an occurrence count, which indicates the number of changeable demographic segments that are included in the record. Each record will always have at least 5 occurrences; one representing each of the non-enrollment-based changeable demographic fields below (A through D and G). Those beneficiaries who are enrolled at the start of the fiscal year will always have at least 8 occurrences. Additional occurrences are present whenever one of the demographics changes within the fiscal year. Therefore, the minimum file length is 157 characters, and the maximum file length is 2,159 characters (key+header+occurrence count+(length of repeating segment\*maximum number of segments in FY). Sort file by EDIPN.

Table G-1: Layout for MDR Longitudinal VM6 file

| Record Portion | Longitudinal VM6 Field | Pos | Format | SAS Name | Notes |
| --- | --- | --- | --- | --- | --- |
| **Person Identifier/Stable Demographics** | EDIPN | 1 | $10. | EDI\_PN |  |
| Sponssn 1 | 11 | $9. | LSSN1 | See SPONSSN Derivation Rules. This is the first of two Sponsor SSNs that will be held in the LVM6. |
| Relationship 1 | 20 | $1. | LREL1 | See SPONSSN Derivation Rules. Beneficiary’s relationship to sponsor with SSN 1. Using Person Association Reason Code, recode the following way: If BD then ‘2’ (Self); else if in (AA, BC, BE then ‘3’ (Spouse); else if AB, AC, AF, BG then ‘1’ (Child); else ‘4’ (Other); |
| DDS 1(if FY 2007 or earlier, else blank fill) | 21 | $2. | LDDS1 | See SPONSSN Derivation Rules. DEERS specific code indicating the relationship of the beneficiary to the sponsor with SSN1. |
| Sponssn 2 | 23 | $9. | LSSN2 | See SPONSSN Derivation Rules.This is the second of two Sponsor SSNs that will be held in the LVM6. See SPONSSN Derivation Rules. |
| Relationship 2 | 32 | $1. | LREL2 | See SPONSSN Derivation Rules. Beneficiary’s relationship to sponsor with SSN 2. Using Person Association Reason Code, recode the following way: If BD then ‘2’ (Self); else if in (AA, BC, BE then ‘3’ (Spouse); else if AB, AC, AF, BG then ‘1’ (Child); else ‘4’ (Other); |
| DDS 2 (if FY07 or earlier, else blank fill) | 33 | $2. | LDDS2 | See SPONSSN Derivation Rules. DEERS specific code indicating the relationship of the beneficiary to the sponsor with SSN2. |
| Gender | 35 | $1. | LSEX | From Primary Record |
| DOB | 36 | $8. | LDOB | From Primary Record |
| Race | 44 | $1. | LRACE | From Primary Record |
| Ethnicity | 45 | $1. | LETHNIC | From Primary Record |
| Occurrence Count | 46 | 2 | LOCCT | Indicates the number of field segments contained on the record. The field will always have a value of at least 5 and will always be less than or equal to 96 (8 segments per month) |
| The following segments are repeated for each occurrence, as noted in section G-4 text | | | | | |
| **Changeable Demographicsg** | Changeable Demographic Segment Code | x | $1. | LCHGFLD{i} | A=Bencat  B=Zip Code  C=Sponsor Service Aggregated || Sponsor Service || MDR Marital Agg || TPR Eligibility Code  Pre-01 Jan 2018:  D=Privilege Code || Medicare Flag || TRICARE Young Adult Flag  E=ACV || Enrollment DMISID  F=HCDP || PCMID  01 Jan 2018+:  D=Privilege Code || Medicare Flag||blank||TAMP Flag  E=PCM Type || Enrollment DMISID  F= 3 blanks||PCMID  G=ASG\_HCDP||Eligibility Group||CHC\_CD  H=MI\_HCDP || Enrollment Group||TYA Flag |
| Changeable Demographic Value | x+1 | $5. | If LCHGFLD{i}=A then LBENCAT  If LCHGFLD{i}=B then LZIP  If LCHGFLD{i}=C then:   * position 1 = LSVCAGG * position 2 = LSPONSVC * position 3 = LMARITAL * position 4 = TPR Eligibility Code   If LCHGFLD{i}=D then:   * position 1 = LPRIVCD * position 2 = LMEDCARE * position 3 = LTYA (pre-01 Jan 2018) * position 4 = LTAMP (01 Jan 2018+)   If LCHGFLD{i}=E then   * position 1:   = LACV (pre-01 Jan 2018)  = PCM Type (01 Jan 2018+)   * positions 2-5 = LENRMTF   If LCHGFLD{i}=F then   * position 1-3:   = LHCDP (pre-01 Jan 2018)  = 3 blanks (01 Jan 2018+)   * positions 4-5 = first 2 characters of LPCMID   01 Jan 2018+:  If LCHGFLD(i)=G then   * position 1-3 = LASGHCDP * position 4 = LELGGRP * position 5 = LCHCCD   If LCHGFLD(i)=H then   * position 1-3 = LENRHCDP * position 4 = LENRGRP * position 5 = LTYA (01 Jan 2018+) | See description below |
| Begin Date  (or PCM\_ID continued) | x+6 | YYYYMMDD  (or $8.) | If LCHGFLD{i} in {A,B,C,D,E,G,H} then LBGNDT;  Else if LCHGFLD{i}=F then characters 3-10 of LPCMID | Begin date associated with field number and value. If LCHGFLD=”E”, this is the date for both this and the next (“F”) segments. |
| End Date  (or PCM\_ID continued) | x+14 | YYYYMMDD  (or $8.) | If LCHGFLD{i} in {A,B,C,D,E,G,H} then LENDDT;  Else if LCHGFLD{i}=F then characters 11-18 of LPCMID | End date associated with field number and value. If LCHGFLD=”E”, this is the date for both this and the next (“F”) segments. |

Although they are not stored in the LVM itself, both Common Beneficiary Category and ACV Group can be derived from fields that appear in the LVM. Common Beneficiary Category can be derived from Bencat as in Table A-9. ACV Group has different derivations depending on the time-period. If the date of interest is before January 1, 2018, ACV Group can be derived from ACV and Common Beneficiary Category as in Table B-19. If the date of interest is in January 2018 before that data was walked back, ACV Group can be derived from Enrollment HCDP Code, Enrollment DMIS ID and Common Beneficiary Category as in Table J-2. If the date of interest is on or after February 1, 2018, or on or after January 1, 2018 after the January data has been walked back, ACV Group can be derived from Enrollment Group, PCM Type, Eligibility Group, and Common Beneficiary Category as in Table B-18. If a file is merged to the LVM and does not match any LVM records, ACV Group should be set to “O”.

Starting on January 1, 2019, ACV Group should no longer be populated. After the LVM merge, rather than deriving the ACV Group or setting it to O, it should be left blank.

Derivations for Enrollment Group and Enrollment PCM Type are available for data from October-December 2017 (See Appendix L), but those fields are not available in the LVM until January 1, 2018. Instead, they can be derived from ACV and Enrollment DMIS ID, which are in the LVM for those dates. For data with an end date of care greater than or equal to October 1, 2017 and a begin date of care less than January 1, 2018, after ACV and Enrollment DMIS ID have been added from the LVM, Enrollment Group can be derived as in Exhibit L-1, and Enrollment PCM Type can be derived as in Exhibit L-2. For data with a begin date of care on or after January 1, 2018, those fields should be added from the LVM directly.

G.4 Appended Fields for LVM6

G.4.1 Modified End Dates

The raw VM6 data often use blanks for end dates, in conjunction with definite begin dates, to indicate an indeterminate end date. LVM6 processing shall replace blank end dates with defined end dates for selected fields. For the initial round of processing (FY 2004, FY 2005), this defined end date was December 31, 2020 (represented as 20201231). Future processing should advance the date farther into the future, to December 31 of the 15th year after that of the extract (so the defined end date for any 2015 extract shall be December 31, 2030; for any 2016 extract, it shall be 2031, etc.). The logic for creating the modified date fields is presented in table G-2:

Table G-2: Modified End Date Logic for Selected Fields

| Appended field | Condition | Appended field value |
| --- | --- | --- |
| D\_MOD\_DC\_EELIG\_DT | DC\_BELIG\_DT not blank and  DC\_EELIG\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | DC\_EELIG\_DT |
| D\_MOD\_CHC\_EELIG\_DT | CHC\_BELIG\_DT not blank and  CHC\_EELIG\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | CHC\_EELIG\_DT |
| D\_MOD\_MDC\_A\_EXP\_DT | MDC\_A\_EFF\_DT not blank and  MDC\_A\_EXP\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | MDC\_A\_EXP\_DT |
| D\_MOD\_PNL\_END\_DT | PNL\_BGN\_DT not blank and  PNL\_END\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | PNL\_END\_DT |
| D\_MOD\_PNLEC\_END\_DT | PNLEC\_BGN\_DT not blank and  PNLEC\_END\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | PNLEC\_END\_DT |
| D\_MOD\_PCM\_SLCT\_END\_DT | D\_MI\_PCM\_SLCT\_BGN\_DT not blank and  D\_MI\_PCM\_SLCT\_END\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | D\_MI\_PCM\_SLCT\_END\_DT |
| D\_MOD\_EMC\_ENRL\_END\_DT | D\_MI\_EMC\_ENRL\_BGN\_DT not blank and  D\_MI\_EMC\_ENRL\_END\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | D\_MI\_EMC\_ENRL\_END\_DT |
| D\_MOD\_ASG\_HCDP\_END\_DT | ASG\_HCDP\_BGN\_DT not blank and ASG\_HCDP\_END\_DT blank | Predefined date (December 31 of the 15th year after that of the extract) |
| All other | ASG\_HCDP\_END\_DT |
| D\_MOD\_MDC\_B\_EXP\_DT | MDC\_B\_EFF\_DT not blank and  MDC\_B\_EXP\_DT blank | Predefined date (December 31 of the 15th year after that of the extract ) |
| All other | MDC\_B\_EXP\_DT |

G.4.2 HCDP, Privilege Code, Beneficiary Category, Eligibility Group/TYA and Enrollment Group Begin and End Dates

Date fields to use constructing the Enrollment, Privilege Code, and Beneficiary Category Segments on LVM records depend upon the value of the particular field.

**G.4.2.1 HCDP Begin and End Dates (Pre-01 January 2018 Extracts Only)**

Assigning records to Alternate Care Values requires checking different date fields, depending upon the valued of the Derived Medical Insured Health Care Plan Coverage Code (D\_MI\_HCDP\_PLN\_CVG\_CD). In order to streamline the logic presented in this spec, two new date fields, MI HCDP Begin Date (D\_MI\_HCDP\_BGN\_DT) and MI HCDP End Date (D\_MI\_HCDP\_END\_DT) have been developed, with derivations as shown in table G-3.

Table G-3: Logic for Deriving D\_MI\_HCDP\_BGN\_DT and D\_MI\_HCDP\_END\_DT

| Appended field | Condition | Appended field value |
| --- | --- | --- |
| D\_MI\_HCDP\_BGN\_DT | D\_MI\_HCDP\_PLN\_CVG\_CD in TRICARE Reserve Select (TRS) or TRICARE Reserve Retired (TRR): 401,402, 405-414, 418-421 or enrolled TRICARE Young Adult (TYA): 424-432 | D\_MI\_EMC\_ENRL\_BGN\_DT |
| 422, 423 (TYA Standard) |
| All other | D\_MI\_PCM\_SLCT\_BGN\_DT; if blank, then use D\_MI\_EMC\_ENRL\_BGN\_DT |
| D\_MI\_HCDP\_END\_DT | D\_MI\_HCDP\_PLN\_CVG\_CD in TRS, TRR, or enrolled TYA: 401,402, 405-414, 418-421; 424-432 | Earliest of:   * D\_MOD\_MI\_EMC\_ENRL\_END\_DT; or * PN\_DTH\_DT; or * (if PN\_DTH\_CD=Y and PN\_DTH\_DT missing) last day of month prior to extract |
| 422, 423 (TYA Standard) |
| All other | Earliest of:   * D\_MOD\_MI\_PCM\_SLCT\_END\_DT (if D\_MI\_PCM\_SLCT\_BGN\_DT is blank then use D\_MOD\_MI\_EMC\_ENRL\_END\_DT); or * PN\_DTH\_DT; or * (if PN\_DTH\_CD=Y and PN\_DTH\_DT missing) last day of month prior to extract |

G.4.2.2 Privilege Code Begin and End Dates

In order to streamline the logic presented in this spec, two new date fields, Privilege Begin Date (D\_PRIV\_BGN\_DT) and Privilege End Date (D\_PRIV\_END\_DT) have been developed, with derivations as shown in table G-4 (for pre-01 January 2018 extracts) and table G-5 (01 January 2018 and later extracts). Note that begin and end dates are derived for each extract on which a beneficiary appears. These begin and end dates will be compared across extracts in deriving the LVM record for the beneficiary.

Table G-4: Logic for Identifying LVM Medical Privilege Begin (D\_PRIV\_BGN\_DT) and End (D\_PRIV\_END\_DT) Fields (Pre-01 January 2018)

| **Case** | **Medical Privlege Code** | **MI\_HCDP\_PLN\_CVG\_CD** | **PNLEC\_TYP\_CD** | **D\_PRIV\_BEGIN\_DT** | | **D\_PRIV\_END\_DT** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D\_MDC\_ELIG\_CD in {A,N}** | **D\_MDC\_ELIG\_CD in {B,C}** | **D\_MDC\_ELIG\_CD in {A,N}** | **D\_MDC\_ELIG\_CD in {B,C}** |
| **1** | U | Any | Any | D\_MI\_HCDP\_BGN\_DT | Use the latter value of the date fields indicated for the case in the column to the left and MDC\_B\_EFF\_DT | D\_MI\_HCDP\_END\_DT | Use the earlier value of the date fieldss indicated for the case in the column to the left and D\_MOD\_MDC\_B\_EXP\_DT |
| **2** | 2 | D\_MI\_HCDP\_PLN\_CVG\_CD in (401, 402, 405-414, 418-421,422-432)1 |
| **3** | A | Latter of D\_MI\_HCDP\_BGN\_DT, MDC\_A\_EFF\_DT | Earlier of D\_MI\_HCDP\_END\_DT, D\_MOD\_MDC\_A\_EXP\_DT |
| **4** | 2 | D\_MI\_HCDP\_PLN\_CVG\_CD not in (401, 402, 405-414, 418-421,422-432)2 | Not 20-26, 31, 34-37, 39-413 | The latter of DC\_BELIG\_DT and CHC\_BELIG\_DT | The earlier of D\_MOD\_DC\_EELIG\_DT and D\_MOD\_CHC\_EELIG\_DT |
| **5** | A | The latest of DC\_BELIG\_DT, CHC\_BELIG\_DT, and MDC\_A\_EFF\_DT | The earliest of D\_MOD\_DC\_EELIG\_DT, D\_MOD\_CHC\_EELIG\_DT, and D\_MOD\_MDC\_A\_EXP\_DT |
| **6** | 1 | Any | DC\_BELIG\_DT | D\_MOD\_DC\_EELIG\_DT |
| **7** | 4 |
| **8** | 5 | The latter of DC\_BELIG\_DT and CHC\_BELIG\_DT | The earlier of D\_MOD\_DC\_EELIG\_DT and D\_MOD\_CHC\_EELIG\_DT |
| **9** | B | The latest of DC\_BELIG\_DT, CHC\_BELIG\_DT, and MDC\_A\_EFF\_DT | The earliest of D\_MOD\_DC\_EELIG\_DT, D\_MOD\_CHC\_EELIG\_DT, and D\_MOD\_MDC\_A\_EXP\_DT |
| **10** | 7 | The latter of DC\_BELIG\_DT and MDC\_A\_EFF\_DT | The earlier of D\_MOD\_DC\_EELIG\_DT and D\_MOD\_MDC\_A\_EXP\_DT |
| **11** | 6 |
| **12** | C | CHC\_BELIG\_DT | D\_MOD\_CHC\_EELIG\_DT |
| **13** | M |
| **14** | 4 | 20-26, 31, 34-37, 39-414 | PNLEC\_BGN\_DT | D\_MOD\_PNLEC\_END\_DT |
| **15** | 5 |
| **16** | B | The latter of PNLEC\_BGN\_DT and MDC\_A\_EFF\_DT | The earlier of D\_MOD\_PNLEC\_END\_DT and D\_MOD\_MDC\_A\_EXP\_DT |
| **17** | 6 |
| **18** | 8 and DC\_CD in {D,F,L,O,P} | Any | DC\_BELIG\_DT | D\_MOD\_DC\_EELIG\_DT |
| **19** | 8 and CHC\_CD=F | Any | CHC\_BELIG\_DT | D\_MOD\_CHC\_EELIG\_DT |

1and D\_MI\_HCDP\_BGN\_DT not blank and less than or equal to extract date and D\_MI\_HCDP\_END\_DT greater than or equal to extract date or blank.

2or D\_MI\_HCDP\_BGN\_DT blank or greater than extract date or D\_MI\_HCDP\_END\_DT less than extract date

3or PNLEC\_BGN\_DT blank or greater than extract date or D\_MOD\_PNLEC\_END\_DT less than extract date

4and PNLEC\_BGN\_DT not blank and less than or equal to extract date and D\_MOD\_PNLEC\_END\_DT greater than or equal to extract date or blank.

**Table G-5: Logic for Identifying LVM Medical Privilege Begin (D\_PRIV\_BGN\_DT) and End (D\_PRIV\_END\_DT) Fields (01 January 2018 and later)**

| **Case** | **Medical Privilege Code** | **ASG\_HCDP\_PLN\_CVG\_CD** | **D\_PRIV\_BEGIN\_DT** | **D\_PRIV\_END\_DT** |
| --- | --- | --- | --- | --- |
| **1** | 1 | (002, 004, 008, 014, 016, 030)1 | ASG\_HCDP\_BGN\_DT | D\_MOD\_ASG\_HCDP\_END\_DT |
| **2** | Any Other | DC\_BELIG\_DT | D\_MOD\_DC\_EELIG\_DT |
| **3** | 2 | Any | D\_MI\_EMC\_ENRL\_BGN\_DT | D\_MOD\_MI\_EMC\_ENRL\_END\_DT |
| **4** | 4 | 0061 | ASG\_HCDP\_BGN\_DT | D\_MOD\_ASG\_HCDP\_END\_DT |
| **5** | Any Other | PNLEC\_BGN\_DT | D\_MOD\_PNLEC\_END\_DT |
| **6** | 5 | Any | D\_MI\_EMC\_ENRL\_BGN\_DT | D\_MOD\_MI\_EMC\_ENRL\_END\_DT |
| **7** | 6 | 0061 | Later of (ASG\_HCDP\_BGN\_DT, earlier of (CHC\_BELIG\_DT, MDC\_A\_EFF\_DT)) | Earlier of (D\_MOD\_ASG\_HCDP\_END\_DT, later of (D\_MOD\_CHC\_EELIG\_DT, D\_MOD\_MDC\_A\_EXP\_DT)) |
| **8** | 6 | Any Other | Later of (PNLEC\_BGN\_DT and earlier of (CHC\_BELIG\_DT, MDC\_A\_EFF\_DT) | Earlier of (D\_MOD\_PNLEC\_END\_DT, later of (D\_MOD\_CHC\_EELIG\_DT, D\_MOD\_MDC\_A\_EXP\_DT)) |
| **9** | 7 | (018, 020, 021, 023, 029)1 | ASG\_HCDP\_BGN\_DT | D\_MOD\_ASG\_HCDP\_END\_DT |
| **10** | (002,004,008,014,016,030)1 | Later of (ASG\_HCDP\_BGN\_DT, earlier of (CHC\_BELIG\_DT, MDC\_A\_EFF\_DT)) | Earlier of (D\_MOD\_ASG\_HCDP\_END\_DT, later of (D\_MOD\_CHC\_EELIG\_DT, D\_MOD\_MDC\_A\_EXP\_DT)) |
| **11** | Any Other | Later of (DC\_BELIG\_DT, earlier of (CHC\_BELIG\_DT, MDC\_A\_EFF\_DT)) | Earlier of (D\_MOD\_DC\_EELIG\_DT, later of (D\_MOD\_CHC\_EELIG\_DT, D\_MOD\_MDC\_A\_EXP\_DT)) |
| **12** | 8 | Any | Later of (DC\_BELIG\_DT, earlier of (CHC\_BELIG\_DT, MDC\_A\_EFF\_DT)) | Earlier of (D\_MOD\_DC\_EELIG\_DT, later of (D\_MOD\_CHC\_EELIG\_DT, D\_MOD\_MDC\_A\_EXP\_DT)) |
| **13** | A | Any | Later of (D\_MI\_EMC\_ENRL\_BGN\_DT, earlier of (CHC\_BELIG\_DT, MDC\_A\_EFF\_DT)) | Earlier of (D\_MOD\_MI\_EMC\_ENRL\_END\_DT, later of (D\_MOD\_CHC\_EELIG\_DT, D\_MOD\_MDC\_A\_EXP\_DT)) |
| **14** | B |
| **15** | U | Any | D\_MI\_EMC\_ENRL\_BGN\_DT | D\_MOD\_MI\_EMC\_ENRL\_END\_DT |

1 AND ASG\_HCDP\_BGN\_DT valid and less than or equal to snapshot date and ASG\_HCDP\_END\_DT either greater than or equal to snapshot date or blank.

G.4.2.3 Beneficiary Category Begin and End Dates

In order to streamline the logic presented in this specification, two new fields, Beneficiary Category Begin Date (D\_BEN\_BGN\_DT) and Beneficiary Category End Date (D\_BEN\_END\_DT) have been developed, with derivations shown in table G-6. Note that begin and end dates are derived for each extract on which a beneficiary appears. These begin and end dates will be compared across extracts in deriving the LVM record for the beneficiary.

**Table G-6: Logic for Identifying VM Record Beneficiary Category Begin (D\_BEN\_BGN\_DT) and End (D\_BEN\_END\_DT) Fields**

| **Case** | **R\_BEN\_CAT\_CD** | **Other Codes** | **D\_BEN\_BGN\_DT** | **D\_BEN\_END\_DT** |
| --- | --- | --- | --- | --- |
| 1 | ACT, RET, DR | PN\_TYP\_CD=S | PNL\_BGN\_DT | D\_MOD\_PNL\_END\_DT |
| 2 | OTH | PN\_TYP\_CD=S, PN\_DTH\_CD=N,  D\_MOD\_PNL\_END\_DT >= Extract Date | PNL\_BGN\_DT | Later of D\_MOD\_PNL\_END\_DT, D\_MOD\_PNLEC\_END\_DT |
| 3 | OTH | PN\_TYP\_CD=S, PN\_DTH\_CD=N, D\_MHS\_ELIG\_INDIC=1,  D\_MOD\_PNL\_END\_DT < Extract Date | D\_MOD\_PNL\_END\_DT + 1 Day | D\_PRIV\_END\_DT |
| 4 | OTH | PN\_TYP\_CD=S, PN\_DTH\_CD=Y | PNL\_BGN\_DT | PN\_DTH\_DT (if it exists),  Last day of month prior to extract otherwise |
| 5 | GRD | Any | PNLEC\_BGN\_DT | D\_MOD\_PNLEC\_END\_DT |
| 6 | IGR | PNLEC\_TYP\_CD = 01, PNLEC\_BGN\_DT > Extract date | \*\* Set R\_BEN\_CAT\_CD = GRD for LVM \*\* PNLEC\_BGN\_DT | D\_MOD\_PNLEC\_END\_DT |
| 7 | IGR | PNLEC\_TYP\_CD = 01  PNLEC\_END\_DT < Extract Date | PNLEC\_END\_DT + 1 day | D\_MOD\_PNL\_END\_DT |
| 8 | IGR | PNLEC\_TYP\_CD <> 01 | PNLEC\_BGN\_DT; if PNLEC\_BGN\_DT is blank, use PNL\_BGN\_DT | D\_MOD\_PNL\_END\_DT |
| 9 | DA, DGR, IDG, DR, DS, OTH | PN\_TYP\_CD=D, PN\_DTH\_CD=N,  D\_MHS\_ELIG\_INDIC=0,  PNA\_END\_DT < (PNL\_BGN\_DT or beginning of FY) | Don’t create LVM segment | |
| 10 | PN\_TYP\_CD=D, PN\_DTH\_CD=N,  D\_MHS\_ELIG\_INDIC=1,  PNA\_END\_DT < (PNL\_BGN\_DT or beginning of FY) | D\_PRIV\_BGN\_DT | D\_PRIV\_END\_DT |
| 11 | OTH | PN\_TYP\_CD=D,  PN\_DTH\_CD=Y | More recent of PNL\_BGN\_DT, PNA\_BGN\_DT | Earliest of PNA\_END\_DT1, PN\_DTH\_DT (if populated), last day of month prior to extract. |
| 12 | OTH | PN\_TYP\_CD=D,  PN\_DTH\_CD=N,  D\_MHS\_ELIG\_INDIC=1,  PNL\_END\_DT>=Extract Date or blank,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | More recent of PNL\_BGN\_DT, PNA\_BGN\_DT | If PNA\_END\_DT1 >= Extract date, then earlier of PNA\_END\_DT, D\_MOD\_PNL\_END\_DT;  Else D\_MOD\_PNL\_END\_DT |
| 13 | OTH | PN\_TYP\_CD=D,  PN\_DTH\_CD=N,  D\_MHS\_ELIG\_INDIC=1,  PNL\_END\_DT< Extract Date or blank,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | D\_MOD\_PNL\_END\_DT + 1 Day | D\_PRIV\_END\_DT |
| 14 | DA, DR | PN\_TYP\_CD=D,  D\_MHS\_ELIG\_INDIC=1,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | More recent of PNL\_BGN\_DT, PNA\_BGN\_DT | If (PNA\_END\_DT1 and D\_MOD\_PNL\_END\_DT) >= Extract date, then earlier of PNA\_END\_DT, D\_MOD\_PNL\_END\_DT;  Else D\_PRIV\_END |
| 15 | DS | If PNL\_END\_DT not blank, then PNL\_END\_DT+1, else more recent of PNL\_BGN\_DT, PNA\_BGN\_DT | Earlier of PNA\_END\_DT1, December 31st of the 15th year after that of the extract |
| 16 | DGR | More recent of PNLEC\_BGN\_DT, PNA\_BGN\_DT. If PNLEC\_BGN\_DT blank, use D\_PRIV\_BGN\_DT in comparison | If PNA\_END\_DT1>= Extract date, then earlier of PNA\_END\_DT, D\_MOD\_PNLEC\_END\_DT;  else D\_PRIV\_END |
| 17 | IDG | PNLEC\_TYP\_CD = 01,  PNLEC\_END\_DT < Extract Date,  D\_MHS\_ELIG\_INDIC=1,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | More recent of PNLEC\_END\_DT + 1 day, PNA\_BGN\_DT. If PNLEC\_END\_DT blank, use D\_PRIV\_BGN\_DT in comparison | If PNA\_END\_DT1 >= Extract date, then earlier of PNA\_END\_DT, D\_MOD\_PNL\_END\_DT;  Else D\_PRIV\_END |
| 18 | IDG | PNLEC\_TYP\_CD <> 01  PNLEC\_BGN\_DT <= Extract Date, D\_MHS\_ELIG\_INDIC=1,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | More recent of PNLEC\_BGN\_DT, PNA\_BGN\_DT. If PNLEC\_BGN\_DT blank, use D\_PRIV\_BGN\_DT in comparison |
| 19 | IDG | PNLEC\_TYP\_CD = 01, PNLEC\_END\_DT >= Extract Date,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | \*\* Change R\_BEN\_CAT\_CD to DGR for LVM \*\*  PNLEC\_BGN\_DT | D\_MOD\_PNLEC\_END\_DT |
| 20 | IDG | PNLEC <> 01, PNLEC\_BGN\_DT >= Extract Date, D\_MHS\_ELIG\_INDIC=1,  PNA\_END\_DT >= (PNL\_BGN\_DT and beginning of FY) or blank | More recent of PNA\_BGN\_DT, PNL\_BGN\_DT | If PNA\_END\_DT1 >= Extract date, then earlier of PNA\_END\_DT, D\_MOD\_PNL\_END\_DT;  Else D\_PRIV\_END |

1 Only conduct comparison using PNA\_END\_DT when populated (i.e., not blank).

G.4.2.4 ZIP Code Begin and End Dates

In order to streamline the logic presented in this specification, two new fields, ZIP Code Begin Date (D\_ZIP\_BGN\_DT) and ZIP Code End Date (D\_ZIP\_END\_DT) have been developed:

* D\_ZIP\_BGN\_DT=
  + first day of FY if the given extract is the first month in which the beneficiary appears on the VM6 data; else
  + first day of extract month, if PN\_DTH\_DT is not blank; else
  + first day of month prior to extract; and
* D\_ZIP\_END\_DT=
  + PN\_DTH\_DT, if populated; or
  + Last day of month prior to extract if PN\_DTH\_CD=Y and PN\_DTH\_DT not populated; or
  + December 31 of the 15th year after that of the extract.

Note that begin and end dates are derived for each extract on which a beneficiary appears. These begin and end dates will be compared across extracts in deriving the LVM record for the beneficiary.

G.4.2.5 “Service Branch” Begin and End Dates

In order to streamline the logic presented in this specification, two new fields for the conglomeration of fields that comprise Segment C, Service Branch Begin Date (D\_SVC\_BGN\_DT) and Service Branch End Date (D\_SVC\_END\_DT) have been developed:

* D\_SVC\_BGN\_DT=
  + first day of FY if the given extract is the first month in which the beneficiary appears on the VM6 data; else
  + first day of extract month, if PN\_DTH\_DT is not blank; else
  + first day of month prior to extract; and
* D\_SVC\_END\_DT=
  + PN\_DTH\_DT, if populated; or
  + Last day of month prior to extract if PN\_DTH\_CD=Y and PN\_DTH\_DT not populated; or
  + December 31 of the 15th year after that of the extract.

Note that begin and end dates are derived for each extract on which a beneficiary appears. These begin and end dates will be compared across extracts in deriving the LVM record for the beneficiary.

G.5 Business Rules for Creating Sponsor SSN and Relationship Fields

The processed MDR VM6 Detail file is read in each month. Candidate records for the LVM6 are identified, extracted and sorted by EDIPN, descending Primary Record, and descending MHS Eligibility so that the record with the best benefit (Primary Record=1 and MHS Eligibility=1) is always the first record for each EDIPN. The VM6 is reformatted so that there is one record per EDIPN that contains up to 5 Sponsor SSNs, 5 recoded Member relationship values, 5 DDS’s and 5 Person Association Reason Codes. (Note: Legacy DDS, the source for the LVM6 DDS, was last populated on the raw VM6 extract received March 2007. The MDR VM6 processor shall populate it for the remaining months of FY 2007 through a merge to the February 2007 MPI file (see appendix F), and remain blank for FY 2008 and later. Therefore, only populate DDS1 and DDS2 for FY 2007 and prior years; for FY 2008 and later years, continue to create this field, but leave blank.) Only 2 of the possible 5 values for Sponsor SSN, DDS, and Member Relationship Code are kept. (Person Association Reason Code is not kept on the output LVM6 file.) Sponsor SSN1, Relation 1, and DDS1 are always populated with the values contained in the record with the highest benefit. Sponsor SSN2, Relation2, and DDs2, if applicable, are populated in the following manner:

* If the second Sponsor SSN is not equal to the first Sponsor SSN, then Sponsor SSN2 is equal to the second Sponsor SSN, Relation 2 is equal to the second Relationship value, and DDS2 is equal to the second DDS.
* If the third Sponsor SSN is not equal to the first Sponsor SSN and is also not equal to the second Sponsor SSN and the third Person Association Reason Code is equal to ‘BD’ and the second Person Association Reason Code is not equal to ‘BD’ then the Sponsor SSN2 is equal to the third Sponsor SSN, Relation 2 is equal to the third Relationship value, and DDS2 is equal to the third DDS.
* If the fourth Sponsor SSN is not equal to the first Sponsor SSN and is also not equal to the second Sponsor SSN and the fourth Person Association Reason Code is equal to ‘BD’ and the second Person Association Reason Code is not equal to ‘BD’ then the Sponsor SSN2 is equal to the forth Sponsor SSN, Relation 2 is equal to the fourth Relationship value, and DDS2 is equal to the forth DDS.
* If the fifth Sponsor SSN is not equal to the first Sponsor SSN and is also not equal to the second Sponsor SSN and the fifth Person Association Reason Code is equal to ‘BD’ and the second Person Association Reason Code is not equal to ‘BD’ then the Sponsor SSN2 is equal to the fifth Sponsor SSN, Relation 2 is equal to the fifth Relationship value, and DDS2 is equal to the fifth DDS.
* When updating the LVM6 with the current VM6, records found in both files will retain the values in the current VM6.

G.6 Business Rules for Creating Changeable Demographic Segments

The longitudinal VM6’s A, B, C, D, (and likely G) changeable demographic segments are always present. (As of 21 January 2016, the beneficiary category segment is not populated for those beneficiaries whose date windows end prior to the FY of the longitudinal VM6.) The enrollment-based segments, those with Changeable Demographic Code=E, F, or H may or may not be present. If a beneficiary is not enrolled, enrollment segments will not be created. Thus, each record will always have at least 4 segments with 22 characters (1 (changeable demographic code) +5 (changeable demographic value) +8 (begin date) +8 (end date)) per changeable demographics segment.

For each segment type, draw the information required to populate the segment type from all “walked-back” (or “retrofitted” – see appendix I) VM6 extracts in the given FY for the given DOD\_EDI\_PN\_ID. This information will be used to create the longitudinal record for the beneficiary for the given segment across the FY, with no overlapping date windows for different segments of the same type. Some of the logic for creating the longititudinal record varies across segment types; however, there are a number of “blanket” rules that shall be applied across all the segment types:

1. If PN\_DTH\_CD is “Y”, then set the end date of the last segment for each segment type equal to PN\_DTH\_DT, if populated. If PN\_DTH\_DT is not populated, set the end date of the last segment for each segment type equal to the last day of month prior to first extract reporting death.
2. If the R\_BEN\_CAT\_CD is OTH and the first day of the extract month is after the D\_BEN\_END\_DT for the month, then set the end date of the last segment for each segment type equal to the D\_BEN\_END\_DT.
3. If no records are observed for a person in a given month (and they aren’t covered by rules 1 or 2 above) – and the person was reported earlier in the FY, set the end date of the last segment for each segment type equal to the last day of the last month for which they were reported.

To create the LVM segments, compare information from one VM extract to the previous, going back to the beginning of the FY (the 01 October extract). In general, where there are date conflicts between two extracts, the more recent extract is regarded as the more accurate. Note that as the processor progresses further backward through the extracts, the montht extract information is drawn from the LVM segment created from the previous comparisonrather than from the raw montht-1 data. (For example, if June is the latest available VM extract, May and June VM extracts are compared to create an LVM segment (or possibly segments) representing May and June information. In that process, the data used to represent May in the LVM may be modified from what is in the May VM extract. The subsequent comparison, of April to May, compares the content of the April VM extract to the ***modified*** May LVM data, rather than the unmodified May VM data.)

In the tables in each subsection, the segment population rules use the following convention:

1. Segment *code*;
2. Segment *begin date* and
3. Segment *end date*.

G.7.1 Beneficiary Category

To create the LVM segments, compare beneficiary category information from one VM extract (month t) to the previous (month t-1), going back to the beginning of the FY (the 01 October extract). The logic for creating LVM segments is presented in table G-7. In cases where there are gaps in reporting, substitute montht-1-x for montht-1 in the table, where *x* equals the number of missing months for the beneficiary.

**Table G-7: LVM Beneficiary Category Segment Rules**

| **Case** | **R\_BEN\_CAT\_CD, PNLEC\_TYP\_CD Test** | **Date Test** | **Segment Creation Rules** |
| --- | --- | --- | --- |
| 1 | R\_BEN\_CAT\_CDt-1 = R\_BEN\_CAT\_CDt, | D\_BEN\_BGN\_DTt-1 = D\_BEN\_BGN\_DTt, and D\_BEN\_END\_DTt-1 = D\_BEN\_END\_DTt | **No change.** Populate one LVM type A segment, using   1. R\_BEN\_CAT\_CDt 2. D\_BEN\_BGN\_DTt 3. D\_BEN\_END\_DTt |
| 2 | R\_BEN\_CAT\_CDt-1 <> R\_BEN\_CAT\_CDt and not (R\_BEN\_CAT\_CDt in {IGR,IDG} and PNLEC\_TYP\_CDt=01) | D\_BEN\_END\_DTt-1 < D\_BEN\_BGN\_DTt | **Bencat change, no overlap in reported time frame.** Create two segments:   1. Latter segment contains    1. R\_BEN\_CAT\_CDt    2. D\_BEN\_BGN\_DTt    3. D\_BEN\_END\_DTt 2. Earlier segment contains    1. R\_BEN\_CAT\_CDt-1    2. D\_BEN\_BGN\_DTt-1    3. D\_BEN\_END\_DTt-1 (note, if D\_BEN\_ENDt-1 less than beginning of FY, there will be just one segment) |
| 3 | R\_BEN\_CAT\_CDt-1 <> R\_BEN\_CAT\_CDt and not (R\_BEN\_CAT\_CDt in {IGR,IDG} and PNLEC\_TYP\_CDt=01) | D\_BEN\_BGN\_DTt-1 < D\_BEN\_BGN\_DTt<= D\_BEN\_END\_DTt-1 | **Bencat change, overlapping time frame.** Create two segments:   1. Latter segment contains    1. R\_BEN\_CAT\_CDt    2. D\_BEN\_BGN\_DTt    3. D\_BEN\_END\_DTt 2. Earlier segment contains    1. R\_BEN\_CAT\_CDt-1    2. D\_BEN\_BGN\_DTt-1    3. the lesser of {D\_BEN\_END\_DTt-1, D\_BEN\_BGN\_DTt -1 day) (note, if D\_BEN\_BGN\_DTt – 1 day less than beginning of FY, there will be just one segment) |
| 4 | R\_BEN\_CAT\_CDt-1 = R\_BEN\_CAT\_CDt and not (R\_BEN\_CAT\_CDt in {IGR,IDG} and PNLEC\_TYP\_CDt=01) | (D\_BEN\_BGN\_DTt<> D\_BEN\_BGN\_DTt-1 or D\_BEN\_END\_DTt <> D\_BEN\_END\_DTt-1) and  (D\_BEN\_BGN\_DTt<= D\_BEN\_BGN\_DTt-1 < D\_BEN\_END\_DTt or D\_BEN\_BGN\_DTt-1 <= D\_BEN\_BGN\_DTt < D\_BEN\_END\_DTt-1) | **No change in bencat, overlapping segments.** Create one segment, with   1. R\_BEN\_CAT\_CDt 2. lesser of (D\_BEN\_BGN\_DTt-1 , D\_BEN\_BGN\_DTt) 3. D\_BEN\_END\_DTt (note, if the lesser of these is prior to beginning of FY, there will be just one segment) |
| 5 | R\_BEN\_CAT\_CDt in {GRD, DGR} and R\_BEN\_CAT\_CDt-1 in {IGR, IDG} | Any | **Guard/Reserve Period.** This case overlaps other cases (in which case the actions are the same) Any reported Guard/Reserve (and family members) period – including a Guard/Reserve period inferred in case 7 below – supersedes any preceding reported Inactive Guard/Reserve period. Create **up to** two segments   1. Latter segment contains    1. R\_BEN\_CAT\_CDt    2. D\_BEN\_BGN\_DTt    3. D\_BEN\_END\_DTt 2. If D\_BEN\_BGN\_DTt-1 < D\_BEN\_BGN\_DTt , create an earlier segment with contains    1. R\_BEN\_CAT\_CDt-1    2. D\_BEN\_BGN\_DTt-1    3. D\_BEN\_BGN\_DTt – 1 day1 |
| 6 | R\_BEN\_CAT\_CDt-1 =  R\_BEN\_CAT\_CDt = GRD (or DGR) | D\_BEN\_END\_DTt-1 + 1 day < D\_BEN\_BGN\_DTt, and  PNL\_BGN\_DTt < D\_BEN\_BGN\_DTt-1 | **Guard/Reserve mobilization following on previous mobilization with a gap in between.** Create 3 segments   1. Latest segment contains    1. R\_BEN\_CAT\_CDt    2. D\_BEN\_BGN\_DTt    3. D\_BEN\_END\_DTt 2. Earliest segment contains    1. R\_BEN\_CAT\_CDt-1    2. D\_BEN\_BGN\_DTt-1    3. D\_BEN\_END\_DTt-1 3. Middle segment contains    1. IGR (IDG, in the case where R\_BEN\_CAT\_CDt = DGR)    2. D\_BEN\_END\_DTt-1 + 1 day    3. D\_BEN\_BGN\_DTt – 1 day |
| 7 | R\_BEN\_CAT\_CDt-1 in {IGR, IDG} and PNLEC\_TYP\_CD=01 | Any  (Note, however: if D\_BEN\_BGN\_DTt-1 = D\_BEN\_BGN\_DTt, and D\_BEN\_END\_DTt-1 = D\_BEN\_END\_DTt then case 1 applies) | **Two-for-one.** This is the one case where you can identify two segments from one extract. Create up to two ***candidate***segments:   1. If D\_BEN\_BGN\_DTt-1 >= D\_BEN\_BGN\_DTt then do not create a latter segment. If D\_BEN\_BGN\_DTt-1 < D\_BEN\_BGN\_DTt, latter segment contains    1. R\_BEN\_CAT\_CDt-1    2. D\_BEN\_BGN\_DTt-1    3. Earlier of (D\_BEN\_BGN\_DTt-1, D\_BEN\_END\_DTt-1) 2. Earlier segment contains    1. GRD (DGR, in the case where R\_BEN\_CAT\_CDt-1 = IDG)    2. PNLEC\_BGN\_DTt-1    3. Earlier of (D\_MOD\_PNLEC\_END\_DTt-1, D\_BEN\_BGN\_DTt)   **Important Note:** Once the two candidate segments have been created, re-conduct the comparisons for this beneficiary, from latest segment to montht, adjusting accordingly, based on rules in cases 1-7, keeping in mind that information reported in later extracts is assumed more accurate than that reported in earlier segments. |
| 8 | (R\_BEN\_CAT\_CDt in {IGR, IDG} and PNLEC\_TYP\_CD <> 01) and R\_BEN\_CAT\_CDt-1 in {GRD, DGR} | D\_BEN\_BGN\_DTt > (D\_BEN\_END\_DTt-1 + 1 day) | **Gap between Guard and Inactive Guard period.** Close the gap. Create two segments:   1. Latter segment contains    1. R\_BEN\_CAT\_CDt    2. D\_BEN\_BGN\_DTt    3. D\_BEN\_END\_DTt 2. Earlier segment contains    1. R\_BEN\_CAT\_CDt-1    2. D\_BEN\_BGN\_DTt-1    3. D\_BEN\_BGN\_DTt – 1 day |

G.7.2 ZIP Code

The logic for creating the “B” (ZIP Code) segments is presented in table G-8. In cases where there are gaps in reporting, substitute montht-1-x for montht-1 in the table, where *x* equals the number of missing months for the beneficiary.

**Table G-8: LVM ZIP Code Segment Rules**

| **Case** | **D\_ZIP\_CD Test** | **Segment Creation Rules** |
| --- | --- | --- |
| 1 | D\_ZIP\_CDt-1 = D\_ZIP\_CDt | Create one segment, containing   1. D\_ZIP\_CDt 2. D\_ZIP\_BGN\_DTt-1 3. D\_ZIP\_END\_DTt |
| 2 | D\_ZIP\_CDt-1 <> D\_ZIP\_CDt | Create two segments:   1. Latter segment contains    1. D\_ZIP\_CDt    2. last day of montht-1 + 1 day    3. D\_ZIP\_END\_DTt 2. Earlier segment contains    1. D\_ZIP\_CDt-1    2. D\_ZIP\_BGN\_DTt-1    3. last day of montht-1 |

G.7.3 Service Branch

The logic for creating the “C” (Service Branch) segments is presented in exhibit G-9. In cases where there are gaps in reporting, substitute montht-1-x for montht-1 in the table, where *x* equals the number of missing months for the beneficiary. Recall that the contents of the C segment code values are the concatenation of D\_SPON\_BR\_SVC\_CD, SVC\_CD, MDR\_MARITAL\_ AGG, and D\_TPR\_ELG\_CD.

**Table G-9: LVM Service Branch (Segment “C”) Segment Rules**

| **Case** | **Value Test** | **Segment Creation Rules** |
| --- | --- | --- |
| 1 | D\_SPON\_BR\_SVC\_CDt-1 = D\_SPON\_BR\_SVC\_CDt, and  SVC\_CDt-1 = SVC\_CDt, and  MDR\_MARITAL\_AGGt-1 = MDR\_MARITAL\_AGGt, and  D\_TPR\_ELG\_CDt-1 = D\_TPR\_ELG\_CDt | Create one segment, containing   1. D\_SPON\_BR\_SVC\_CDt|| SVC\_CDt||MDR\_MARITAL\_AGGt|| D\_TPR\_ELG\_CDt 2. D\_SVC\_BGN\_DTt-1 3. D\_SVC\_END\_DTt |
| 2 | D\_SPON\_BR\_SVC\_CDt-1 <> D\_SPON\_BR\_SVC\_CDt, or  SVC\_CDt-1 <> SVC\_CDt, or  MDR\_MARITAL\_AGGt-1 <> MDR\_MARITAL\_AGGt, or  D\_TPR\_ELG\_CDt-1 <> D\_TPR\_ELG\_CDt | Create two segments:   1. Latter segment contains    1. D\_SPON\_BR\_SVC\_CDt||SVC\_CDt||MDR\_MARITAL\_AGGt|| D\_TPR\_ELG\_CDt    2. Last day of montht-1 + 1 day    3. D\_SVC\_END\_DTt 2. Earlier segment contains 3. D\_SPON\_BR\_SVC\_CDt-1|| SVC\_CDt||MDR\_MARITAL\_AGGt-1|| D\_TPR\_ELG\_CDt-1 4. D\_SVC\_BGN\_DTt-1 5. Last day of montht-1 |

G.7.4 Privilege

The logic for creating the “D” (Privilege) segments is presented in exhibit G-10. Recall that the contents of the D segment code values are the concatenation of D\_ELG\_CD|| D\_MDC\_ELIG\_CD||D\_TYA\_FLAG. In cases where there are gaps in reporting, substitute montht-1-x for montht-1 in the table, where *x* equals the number of missing months for the beneficiary.

**Table G-10: Logic for Updating Privilege Information Segments of LVM6**

| **Case** | **D\_ELG\_CD, D\_MDC\_ELIG\_CD, D\_TYA\_FLAG Test** | **Date Test** | **Segment Creation Rules** |
| --- | --- | --- | --- |
| 1 | D\_ELG\_CDt-1 = D\_ELG\_CDt,  D\_MDC\_ELIG\_CDt-1 = D\_MDC\_ELIGt, | D\_PRIV\_BGN\_DTt-1 = D\_PRIV\_BGN\_DTt,  D\_PRIV\_END\_DTt-1 = D\_PRIV\_END\_DTt | **No change.** Populate one LVM type D segment, using   * 1. D\_ELG\_CDt||D\_MDC\_ELIGt ||D\_TYA\_FLAGt (pre-1/1/18) or D\_ELG\_CDt||D\_MDC\_ELIGt ||blank||D\_TAMP\_FLAGt (post-1/1/18)   2. D\_PRIV\_BGN\_DTt   3. D\_PRIV\_END\_DTt |
| 2 | D\_ELG\_CDt in {0,3,9} | D\_PRIV\_END\_DTt < FY Begin Date | **MHS Privilege Loss Prior to FY Begin.** Remove record entirely from LVM. |
| 3 | D\_ELG\_CDt-1 not in {0,3,9),  D\_ELG\_CDt in {0,3,9} | FY Begin Date <= D\_PRIV\_END\_DTt | **MHS Privilege Loss, After FY Begin.** End segment reporting montht-1 information, using   1. D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||D\_TYA\_FLAGt-1 (pre-1/1/18) or D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||blank||D\_TAMP\_FLAGt-1 (post-1/1/18) 2. D\_PRIV\_BGN\_DTt-1 3. earlier of {D\_PRIV\_END\_DTt-1, last day of montht-1} |
| 4 | D\_ELG\_CDt-1 = D\_ELG\_CDt,  D\_MDC\_ELIG\_CDt-1 = D\_MDC\_ELIGt, | D\_PRIV\_BGN\_DTt-1 <> D\_PRIV\_BGN\_DTt, or  D\_PRIV\_END\_DTt-1 <> D\_PRIV\_END\_DTt | **No change in privilege, change in dates.** Create one segment, using   1. D\_ELG\_CDt||D\_MDC\_ELIGt ||D\_TYA\_FLAGt (pre-1/1/18) or D\_ELG\_CDt||D\_MDC\_ELIGt ||blank||D\_TAMP\_FLAGt (post-1/1/18) 2. earlier of {D\_PRIV\_BGN\_DTt-1, D\_PRIV\_BGN\_DTt} 3. D\_PRIV\_END\_DTt |
| 5 | D\_ELG\_CDt-1 <> D\_ELG\_CDt, or  D\_MDC\_ELIG\_CDt-1 <> D\_MDC\_ELIGt | D\_PRIV\_END\_DTt-1 < D\_PRIV\_BGN\_DTt | **Change in Privilege, no overlapping dates.** Create two segments, using   1. Latter segment contains:    1. D\_ELG\_CDt||D\_MDC\_ELIGt ||D\_TYA\_FLAGt (pre-1/1/18) or D\_ELG\_CDt||D\_MDC\_ELIGt ||blank||D\_TAMP\_FLAGt (post-1/1/18)    2. D\_PRIV\_BGN\_DTt    3. D\_PRIV\_END\_DTt 2. Earlier segment contains:    1. D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||D\_TYA\_FLAGt-1 (pre-1/1/18) or D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||blank||D\_TAMP\_FLAGt-1 (post-1/1/18)    2. D\_PRIV\_BGN\_DTt-1    3. D\_PRIV\_END\_DTt-1 |
| 6 | D\_ELG\_CDt-1 <> D\_ELG\_CDt, or  D\_MDC\_ELIG\_CDt-1 <> D\_MDC\_ELIGt | D\_PRIV\_BGN\_DTt-1 < D\_PRIV\_BGN\_DTt <= D\_PRIV\_END\_DTt-1 | **Change in Privilege, overlapping dates.** Create two segments, using   1. Latter segment contains:    1. D\_ELG\_CDt||D\_MDC\_ELIGt ||D\_TYA\_FLAGt (pre-1/1/18) or D\_ELG\_CDt||D\_MDC\_ELIGt ||blank||D\_TAMP\_FLAGt (post-1/1/18)    2. D\_PRIV\_BGN\_DTt    3. D\_PRIV\_END\_DTt 2. Earlier segment contains:    1. D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||D\_TYA\_FLAGt-1 (pre-1/1/18) or D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||blank||D\_TAMP\_FLAGt-1 (post-1/1/18)    2. D\_PRIV\_BGN\_DTt-1    3. D\_PRIV\_BGN\_DTt – 1 day |
| 7 | (D\_ELG\_CDt-1=7 and D\_ELG\_CDt=A) or  (D\_ELG\_CDt-1=2 and D\_ELG\_CDt=1) or  (D\_ELG\_CDt-1=2 and D\_ELG\_CDt=C) or  (D\_ELG\_CDt-1=B and D\_ELG\_CDt=6) or | D\_PRIV\_BGN\_DTt <= D\_PRIV\_BGN\_DTt-1, and D\_PRIV\_END\_DTt-1 < first day of montht | **Decrease in Privilege, Begin Date not advanced.** Create two segments, using   1. Latter segment contains:    1. D\_ELG\_CDt||D\_MDC\_ELIGt ||D\_TYA\_FLAGt (pre-1/1/18) or D\_ELG\_CDt||D\_MDC\_ELIGt ||blank||D\_TAMP\_FLAGt (post-1/1/18)    2. D\_PRIV\_END\_DTt-1 + 1 day    3. D\_PRIV\_END\_DTt 2. Earlier segment contains:    1. D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||D\_TYA\_FLAGt-1 (pre-1/1/18) or D\_ELG\_CDt-1||D\_MDC\_ELIGt-1||blank||D\_TAMP\_FLAGt-1 (post-1/1/18)    2. D\_PRIV\_BGN\_DTt-1    3. D\_PRIV\_END\_DTt-1 |
| 8 | D\_ELG\_CDt-1 in {0,3,9},  D\_ELG\_CDt not in {0,3,9} | Any | **MHS Privilege Gain.** Create one segment, using   1. D\_ELG\_CDt||D\_MDC\_ELIGt ||D\_TYA\_FLAGt (pre-1/1/18) or D\_ELG\_CDt||D\_MDC\_ELIGt ||blank||D\_TAMP\_FLAGt (post-1/1/18) 2. D\_PRIV\_BGN\_DTt, 3. D\_PRIV\_END\_DTt |

G.7.5 Enrollment

To streamline the discussion below, a number of fields are derived.

* **LASGHCDP** =LVM-derived G segment value of ASG\_HCDP\_PLN\_CVG\_CD;
* **LENRHCDP** = LVM-derived H segment value of D\_MI\_HCDP\_PLN\_CVG\_CD;
* **LCHCCD** = LVM-derived G segment value of CHC\_CD;
* **LPCMPROVTYP** = LVM-derived value of D\_MI\_PCM\_PROV\_TYP\_CD;
* **LENRMTF** = LVM-derived E segment value of D\_MI\_PCM\_EDVSN\_DMIS\_ID;
* **LPCM\_TYP** = LVM-derived E segment value of D\_PCM\_TYP\_CD;
* **LPCM\_ID** = LVM-derived F segment value of D\_MI\_PCM\_ID;
* **LENRHCDP\_BGN\_DT** = LVM-derived H segment begin date, based on D\_MI\_EMC\_ENRL\_BGN\_DT; dates from VM extracts dated 01 January 2018 and later should be set no earlier than 20180101)
* **LENRHCDP\_END\_DT** = LVM-derived H segment end date, based on D\_MI\_EMC\_ENRL\_END\_DT; dates from VM extracts dated earlier than 01 January 2018 should be set no later than 20171231;
* **LASGHCDP\_BGN\_DT** = LVM-derived G segment begin date, based on ASG\_HCDP\_BGN\_DT;
* **LASGHCDP\_END\_DT** = LVM-derived G segment end date, based on ASG\_HCDP\_END\_DT;
* **LPCM\_BGN\_DT** = LVM-derived E segment begin date, based on D\_MI\_PCM\_SLCT\_BGN\_DT; and
* **LPCM\_END\_DT** = LVM-derived E segment end date, based on D\_MI\_PCM\_SLCT\_END\_DT.

Table G-11 presents the logic and actions for updating the pre-01 January 2018 E and F segments. Table G-12 presents the analogous logic for the 01 January 2018 and later E and F segments. In cases where there are gaps in reporting, substitute montht-1-x for montht-1 in the table, where *x* equals the number of missing months for the beneficiary.

#### Table G-11: Logic for Updating E & F (Enrollment Information) Segments of LVM6 (Pre-01 January 2018)

| **Case** | **MDR\_ACV, D\_MI\_HCDP\_PLN\_CVG\_CD, D\_MI\_PCM\_EDVSN\_DMIS\_ID, D\_MI\_PCM\_ID Test** | **Date Test** | **Segment Creation Rules** |
| --- | --- | --- | --- |
| 1 | (MDR\_ACVt-1=MDR\_ACVt in {M,Z}) and (D\_TYA\_FLAGt-1 = D\_TYA\_FLAGg = 0) | Any | **Not enrolled in current or previous month.** No enrollment segment to reflect montht or montht-1 |
| 2 | (MDR\_ACVt-1 not in {M,Z} or D\_TYA\_FLAGt-1 = 1), (MDR\_ACVt in {M,Z} and D\_TYA\_FLAGt = 0) | First day of FY <= D\_MI\_HCDP\_END\_DTt < first day of montht | **Enrollment Ended.** End segment E and F reporting montht-1 information, using   1. MDR\_ACVt-1, D\_MI\_HCDP\_PLN\_CVG\_CDt-1,(and, if (MDR\_ACVt-1 not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt-1 and D\_MI\_PCM\_IDt-1) 2. D\_MI\_HCDP\_BGN\_DTt-1 3. D\_MI\_HCDP\_END\_DTt, (or, if D\_MI\_HCDP\_END\_DTt not populated, then the earlier of { D\_MI\_HCDP\_END\_DTt-1, last day of montht-1} |
| 3 | (MDR\_ACVt-1 not in {M,Z} or D\_TYA\_FLAGt-1 =1), (MDR\_ACVt in {M,Z} and D\_TYA\_FLAGt = 0) | (D\_MI\_HCDP\_END\_DTt  < D\_MI\_HCDP\_BGN\_DTt-1 and first day of FY) or (D\_MI\_HCDP\_BGN\_DTt and D\_MI\_HCDP\_END\_DTt  blank) | **Retroactive Disenrollment.** Create no enrollment segments up through montht. |
| 4 | (MDR\_ACVt-1 in {M,Z} and D\_TYA\_FLAGt-1 = 0), (MDR\_ACVt not in {M,Z} or D\_TYA\_FLAGt =1) | Any | **New Enrollee.** Create one E and F segment, using   1. MDR\_ACVt, D\_MI\_HCDP\_PLN\_CVG\_CDt,(and, if (MDR\_ACVt not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt and D\_MI\_PCM\_IDt) 2. D\_MI\_HCDP\_BGN\_DTt 3. D\_MI\_HCDP\_END\_DTt |
| 5 | ((MDR\_ACVt not in (M,Z) or D\_TYA\_FLAGt =1) and (MDR\_ACVt-1 not in {M,Z} or D\_TYA\_FLAGt-1 =1) and D\_MI\_HCDP\_PLN\_CVG\_CDt-1 = D\_MI\_HCDP\_PLN\_CVG\_CDt; and  (if MDR\_ACVt and MDR\_ACVt+1 not in {R,V}):  D\_MI\_PCM\_EDVSN\_ DMIS\_IDt-1 = D\_MI\_PCM\_EDVSN\_ DMIS\_IDt; and  D\_MI\_PCM\_IDt-1 = D\_MI\_PCM\_ID t | D\_MI\_HCDP\_BGN\_DTt-1 <= D\_MI\_HCDP\_END\_DTt | **No change, except possibly dates (or other underlying information).** Create one E and F segment, using   1. MDR\_ACVt, D\_MI\_HCDP\_PLN\_CVG\_CDt,(and, if (MDR\_ACVt not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt and D\_MI\_PCM\_IDt) 2. D\_MI\_HCDP\_BGN\_DTt 3. D\_MI\_HCDP\_END\_DTt |
| 6 | D\_MI\_HCDP\_BGN\_DTt = D\_MI\_HCDP\_END\_DTt-1 + 1 day | **Contiguous Enrollment.** Create one E and F segment, using   1. MDR\_ACVt, D\_MI\_HCDP\_PLN\_CVG\_CDt,(and, if MDR\_ACVt not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt D\_MI\_PCM\_IDt); 2. D\_MI\_HCDP\_BGN\_DTt-1 3. D\_MI\_HCDP\_END\_DTt |
| 7 | D\_MI\_HCDP\_END\_DTt-1 + 1 day < D\_MI\_HCDP\_BGN\_DTt | **New, not Contiguous Enrollment, at same location.** Create two sets of E and F segments   1. Latter E and F segments have    1. MDR\_ACVt, D\_MI\_HCDP\_PLN\_CVG\_CDt,(and, if MDR\_ACVt not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt and D\_MI\_PCM\_IDt)    2. D\_MI\_HCDP\_BGN\_DTt    3. D\_MI\_HCDP\_END\_DTt 2. Earlier E and F segmenst have    1. MDR\_ACVt-1, D\_MI\_HCDP\_PLN\_CVG\_CDt-1,(and, if (MDR\_ACVt-1 not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt-1 and D\_MI\_PCM\_IDt-1)    2. D\_MI\_HCDP\_BGN\_DTt-1    3. D\_MI\_HCDP\_END\_DTt-1 |
| 8 | MDR\_ACVt-1 not in {M,Z} and D\_MI\_HCDP\_PLN\_CVG\_CDt-1 <> D\_MI\_HCDP\_PLN\_CVG\_CDt; or  (if LVM6 ACV not in R):  D\_MI\_PCM\_EDVSN\_ DMIS\_IDt-1 <> D\_MI\_PCM\_EDVSN\_ DMIS\_IDt; and  D\_MI\_PCM\_IDt-1 <> D\_MI\_PCM\_ID t | D\_MI\_HCDP\_BGN\_DTt-1 < D\_MI\_HCDP\_BGN\_DTt | **New Enrollment.** Create two sets of E and F segments   1. Latter E and F segments have    1. MDR\_ACVt, D\_MI\_HCDP\_PLN\_CVG\_CDt,(and, if (MDR\_ACVt not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt and D\_MI\_PCM\_IDt)    2. D\_MI\_HCDP\_BGN\_DTt    3. D\_MI\_HCDP\_END\_DTt 2. Earlier E and F segments have    1. MDR\_ACVt-1, D\_MI\_HCDP\_PLN\_CVG\_CDt-1,(and, if (MDR\_ACVt-1 not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt-1 and D\_MI\_PCM\_IDt-1)    2. D\_MI\_HCDP\_BGN\_DTt-1    3. D\_MI\_HCDP\_END\_DTt-1 |
| 9 | MDR\_ACVt and MDR\_ACVt-1 not in {M,Z} | D\_MI\_HCDP\_BGN\_DTt <= D\_MI\_HCDP\_BGN\_DTt-1 | **Change in Enrollment Information.** Create one E and one F segment,   1. MDR\_ACVt, D\_MI\_HCDP\_PLN\_CVG\_CDt,(and, if (MDR\_ACVt not in {M, R, V} and D\_MI\_HCDP\_PLN\_CVG\_CD not in {422, 423}), D\_MI\_PCM\_EDVSN\_DMIS\_IDt and D\_MI\_PCM\_IDt) 2. D\_MI\_HCDP\_BGN\_DTt 3. D\_MI\_HCDP\_END\_DTt |

#### Table G-12: Logic for Creating Adjusted PCM Information Segments of LVM6 (01 January 2018 and later)

| **Case** | **PCM Type, Enrollment DMISID, and PCM ID Test** | **Date Test** | **Segment Creation Rules** |
| --- | --- | --- | --- |
| 1 | (LPCM\_TYPt-1 = LPCM\_TYPt = Z) and  (LENRMTFt-1 = LENRMTFt = blank) and  (LPCM\_IDt-1 =LPCM\_IDt = blank) | Any | **Not enrolled with a PCM in current or previous month.** No enrollment segment to reflect montht or montht-1 |
| 2 | (LPCM\_TYPt-1 <> Z, LPCM\_TYPt = Z) or  (LENRMTFt-1 <> blank, LENRMTFt = blank) or  (LPCM\_IDt-1 <> blank, LPCM\_IDt = blank) | First day of FY <= LPCM\_END\_DTt < first day of montht | **Enrollment Ended.** End segments E and F, using   1. LPCM\_TYPt-1 2. LENRMTFt-1 3. LPCM\_IDt-1 4. LPCM\_BGN\_DTt-1 5. LPCM\_END\_DTt |
| 3 | (LPCM\_END\_DTt  < first day of FY) or (LPCM\_BGN\_DTt , LPCM\_END\_DTt  blank) | **Retroactive Disenrollment, prior to beginning of FY.** Create no enrollment segments up through montht., delete any that may have been created previously |
| 4 | (LPCM\_TYPt-1 = Z and LPCM\_TYPt <> Z) or (LENRMTFt-1 = blank, LENRMTFt <> blank) or  (LPCM\_IDt-1 = blank, LPCM\_IDt <> blank) | Any | **New Enrollee.** Create one E and one F segment, using   1. LPCM\_TYPt 2. LENRMTFt 3. LPCM\_IDt 4. LPCM\_BGN\_DTt 5. LPCM\_END\_DTt |
| 5 | (LPCM\_TYPt-1 = LPCM\_TYPt (<> Z)) and  (LENRMTFt-1 = LENRMTFt (<> blank)) and  (LPCM\_IDt-1 =LPCM\_IDt (<> blank)) | LPCM\_BGN\_DTt-1 <= LPCM\_END\_DTt | **No change, except possibly dates (or other underlying information).** Create one E and one F segment, possibly modifying dates   1. LPCM\_TYPt 2. LENRMTFt 3. LPCM\_IDt 4. LPCM\_BGN\_DTt 5. LPCM\_END\_DTt |
| 6 | LPCM\_BGN\_DTt = LPCM\_END\_DTt-1 + 1 day | **Contiguous Enrollment.** Create one E and F segment, using   1. LPCM\_TYPt 2. LENRMTFt 3. LPCM\_IDt 4. LPCM\_BGN\_DTt-1 5. LPCM\_END\_DTt |
| 7 | LPCM\_END\_DTt-1 + 1 day < LPCM\_BGN\_DTt | **New, not Contiguous Enrollment, at same location.** Create two E and F segments   1. Latter segment has    1. LPCM\_TYPt    2. LENRMTFt    3. LPCM\_IDt    4. LPCM\_BGN\_DTt    5. LPCM\_END\_DTt 2. Earlier segment has    1. LPCM\_TYPt-1    2. LENRMTFt-1    3. LPCM\_IDt-1    4. LPCM\_BGN\_DTt-1    5. LPCM\_END\_DTt -1 |
| 8 | (LPCM\_TYPt-1 <>Z and LPCM\_TYPt <> Z and LPCM\_TYPt-1 <> LPCM\_TYPt) or  (LENRMTFt-1 <>blank and LENRMTFt <> blank and LENRMTFt-1 <> LENRMTFt) or  (LPCM\_IDt-1 <>blank and LPCM\_IDt <> blank and LPCM\_IDt-1 <> LPCM\_IDt) | LPCM\_BGN\_DTt-1 < LPCM\_BGN\_DTt | **New Enrollment.** Create two E and F segments   1. Latter segment has    1. LPCM\_TYPt    2. LENRMTFt    3. LPCM\_IDt    4. LPCM\_BGN\_DTt    5. LPCM\_END\_DTt 2. Earlier segment has    1. LPCM\_TYPt-1    2. LENRMTFt-1    3. LPCM\_IDt-1    4. LPCM\_BGN\_DTt-1    5. LPCM\_END\_DTt -1 |
| 9 | (LPCM\_TYPt and LPCM\_TYPt-1 <> Z) or  (LENRMTFt and LENRMTFt-1 <> blank) or  (LPCM\_IDt and LPCM\_IDt-1 <> blank) | LPCM\_BGN\_DTt <= LPCM\_BGN\_DTt-1 | **Change in Enrollment Information.** Create one E and F segment, using   * 1. LPCM\_TYPt   2. LENRMTFt   3. LPCM\_IDt   4. LPCM\_BGN\_DTt  1. LPCM\_END\_DTt |

#### Table G-13: Logic for Creating Adjusted LENRHCDP, LASGHCDP, and CHC\_CD HCDP1 Segments (01 January 2018 and later)

| **Case** | **\*HCDP Test** | **Date Test** | **Segment Creation Rules** |
| --- | --- | --- | --- |
| 1 | \*HCDPt-1 = \*HCDPt = blank | Any | **No HCDP in current or previous month.** No adjusted HCDP segment to reflect either month. |
| 2 | \*HCDPt-1 <> blank, \*HCDPt = blank | First day of FY <= \*HCDP\_END\_DTt < first day of montht | **Enrollment Ended.** End HCDP segment using   1. \*HCDPt-1 2. \*HCDP\_BGN\_DTt 3. \*HCDP\_END\_DTt |
| 3 | (\*HCDP\_END\_DTt  < first day of FY) or (\*HCDP\_BGN\_DTt , and \*HCDP\_END\_DTt  blank) | **Retroactive Disenrollment, prior to beginning of FY.** Create no enrollment segments up through montht. Delete any that may have been created previously. |
| 4 | \*HCDPt-1 = blank and \*HCDPt <> blank | Any | **New Enrollee.** Create one HCDP segment, using   1. \*HCDPt 2. \*HCDP\_BGN\_DTt 3. \*HCDP\_END\_DTt |
| 5 | (\*HCDPt-1 = \*HCDPt (<> blank)) | \*HCDP\_BGN\_DTt <= \*HCDP\_END\_DTt-1 | **No change, except possibly dates (or other underlying information).** Create one HCDP segment, possibly modifying dates   1. \*HCDPt 2. \*HCDP\_BGN\_DTt 3. \*LHCDP\_END\_DTt |
| 6 | \*HCDP\_BGN\_DTt = \*HCDP\_END\_DTt-1 + 1 day | **Contiguous Enrollment.** Create one HCDP segment, using   1. \*HCDPt 2. \*HCDP\_BGN\_DTt-1 3. \*HCDP\_END\_DTt |
| 7 | \*HCDP\_END\_DTt-1 + 1 day < \*HCDP\_BGN\_DTt | **New, not Contiguous Enrollment.** Create two HCDP segments   1. Latter segment has    1. \*HCDPt    2. \*HCDP\_BGN\_DTt    3. \*HCDP\_END\_DTt 2. Earlier segment has    1. \*HCDPt-1    2. \*HCDP\_BGN\_DTt-1    3. \*HCDP\_END\_DTt -1 |
| 8 | (\*HCDPt-1 <>blank and \*HCDPt <> blank and \*HCDPt-1 <> \*HCDPt) | \*HCDP\_BGN\_DTt-1 < \*HCDP\_BGN\_DTt | **New Enrollment.** Create two HCDP segments   1. Latter segment has    1. \*HCDPt    2. \*HCDP\_BGN\_DTt    3. \*HCDP\_END\_DTt 2. Earlier segment has    1. \*HCDPt-1    2. \*HCDP\_BGN\_DTt-1    3. \*HCDP\_END\_DTt -1 |
| 9 | \*HCDP\_BGN\_DTt <= \*HCDP\_BGN\_DTt-1 | **Change in Enrollment Information.** Create one HCDP segment, using   * 1. \*HCDPt   2. \*HCDP\_BGN\_DTt  1. \*HCDP\_END\_DTt |

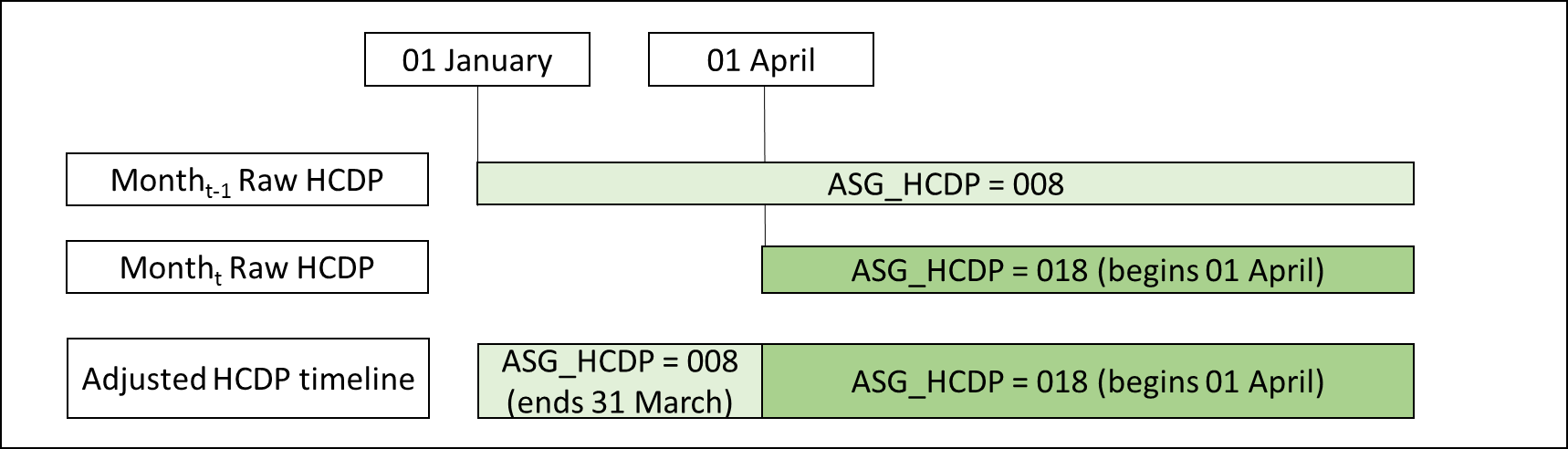
1\*HCDP refers to whichever HCDP field is being tested (\*=LASG or LENR), and always refers to only one of the prefixes for all occurrences within a given test). The same process is repeated for CHC\_CD using CHC\_BELIG\_DT and CHC\_EELIG\_DT.

The derivations of PCM Type, Eligiblity Group, and Enrollment Group all depend upon PCM Network Provider Type Code (D\_MI\_PCM\_PROV\_TYP\_CD), Enrollment DMIS ID (D\_MI\_PCM\_EDVSN\_DMIS\_ID), Assigned HCDP Plan Coverage Code (ASG\_HCDP\_PLN\_CVG\_CD), Enrolled HCDP Plan Coverage Code (D\_MI\_HCDP\_PLN\_CVG\_CD), and Civilian Health Care Entitlement Type Code (CHC\_CD) and associated dates, therefore creating the LVM E, F, G, and H segments requires a coordinated approach:

1. Identify the date ranges (or “Raw Enrollment” Segments) for each value that each enrollment field (PCM Nework Provider Type Code, Enrollment DMIS ID, Assigned HCDP, Enrolled HCDP, and CHC\_CD) takes on for the whole FY-to-date for each Enrollment field.
2. Create the “Adjusted Enrollment Segments” by walking back from the most recent extract to the first extract in the current FY. The business rules for creating the Adjusted PCM timelines are presented in exhibit G-12, and the Adjusted HCDP timelines are presented in exhibit G-13. For a graphical example, see exhibit G-14. In this example, the montht-1 extract reports the individual as having ASG\_HCDP\_PLN\_CVG\_CD=008, with ASG\_HCDP\_BGN\_DT=01 January and ASG\_HCDP\_END\_DT= LASG\_HCDP\_END\_DT. The montht reports the individual as having ASG\_HCDP\_PLN\_CVG\_CD=018 from ASG\_HCDP\_BGN\_DT=01 April and through the LASG\_HCDP\_END\_DT. The Adjusted LASGHCDP timeline consists of two HCDP segments:
   1. 01 January through 31 March: LASGHCDP=008
   2. 01 April through LASGHCDP\_END\_DT: LASGHCDP=018

This approach assumes that Enrollment information on more recent extracts is more accurate than on older extracts.

**Exhibit G-14: Example of Consolidated LASGHCDP Timeline Creation**



1. Create the “Combined Enrollment” timeline and segments from the Adjusted PCM, Assigned HCDP, Enrolled HCDP, and CHC\_CD timelines and segments by identifying the begin and end dates of each contemporaneous combination of Adjusted PCM, Assigned HCDP, Enrolled HCDP, and CHC\_CD values. For example, suppose:
   1. a person’s PCM information is blank from 01 January 2018 until 30 April 2018, and then switches LPCMPROVTYP = D and LENRMTF = 0067;
   2. his or her adjusted LASGHCDP is 008 from 01 January 2018 until 31 March 2018 and then switches to 018;
   3. his or her LENRHCDP is blank from 01 January 2018 until 30 April 2018, and then switches to 346; and
   4. his or her LCHCCD is blank from 01 January 2018 until 31 March 2018, and then switches to T.

Then the Combined HCDP Timeline segments are:

* 1. 01 January 2018 – 31 March 2018: LPCMPROVTYP=blank, LENRMTF=blank, LASGHCDP=008, LENRHCDP=blank, LCHCCD = blank
  2. 01 April 2018 – 30 April: LPCMPROVTYP=blank, LENRMTF=blank, LASGHCDP =018, LENRHCDP =blank, LCHCCD = T
  3. 01 May 2018 – 30 June: LPCMPROVTYP=D, LENRMTF=0067, LASGHCDP =018, LENRHCDP =346, LCHCCD = T

This is graphically represented in exhibit G-15. For an example of how these three distinct timelines can be combined into one, see: https://analytics.ncsu.edu/sesug/2014/BB-08.pdf.

**Exhibit G-15: Example of Combined Enrollment Timeline Creation**

Exhibit G-15 : Example of Combined Enrollment Timeline Creation

1. Derive the Eligibility Group (exhibit B-12), Enrollment Group (exhibit B-13), PCM Type (exhibit B-16), and TYA Flag (section B.1.15) for each distinct Combined Enrollment intersection of values between the five fields based on exhibits B-12, B-13, and B-16; and section B.1.15. This is graphically illustrated in exhibit G-16. Note that LELGGRP, LENRGRP, LPCM\_TYP, and LTYA are derived on the fly based on LASGHCDP, LENRHCDP, LCHCCD, LPCMPROVTYP, and LENRMTF for each segment.
2. Create the LVM E, F, G, and H segments. Initially, create one of each E-H segment for each Combined Enrollment timeline segment, with corresponding content, begin and end dates. Subsequently, consolidate two or more contiguous initial E/F segments that have identical LPCM\_TYP, LENRMTF, and LPCM\_ID content, with begin date from the earliest segment and end date from the latest segment. Likewise, consolidate two or more contiguous G segments that have identical LASGHCDP, LELGGRP, and LCHCCD content,or H segments that have identical LENRHCDP, LENRGRP, and LTYA content, with begin date from the earliest segment and end date from the latest segment. This is graphically illustrated in exhibit G-17.

Note that the begin and end dates for G segments can be based primarily on LENRHCDP\_BGN\_DT and LENRHCDP\_END\_DT (e.g. in the cases of LELGGRP = S, Y, R, C, where the Eligibility Group is based on the presence of an Enrollment HCDP Code), or CHC\_BELIG\_DT and CHC\_EELIG\_DT (e.g. in the cases where CHC\_CD = T, and Assigned HCDP Code is blank). Also note that the begin and end dates for H segments can be based primarily on LASGHCDP\_BGN\_DT and LASGHCDP\_END\_DT (e.g. in the case of LENRGRP = D, where the Enrollment Group is based on the presence of an Assigned HCDP Code and the absence of an Enrollment HCDP Code, or dates that do not overlap). In the case of LENRGRP = D, a segment will be created with LENRHCDP = blank, and LENRGRP = D.

**Exhibit G-16: Example of LELGGRP, LENRGRP, LPCM\_TYP, LTYA Computation**

Exhibit G-16 : Example of LELGGRP, LENRGRP, LPCM_TYP, LTYA Computation

Exhibit G-17: Creation of LVM Initial and Final E, F, G, and H Segments (Based on Exhibit G-16 Example)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| E/F Segments | Initial | LPCMTYP=Z,  LENRMTF=blank,  LPCM\_ID=blank  Begin Date=YYYY0101,  End Date=YYYY0331 | LPCMTYP=Z,  LENRMTF=blank,  LPCM\_ID=blank  Begin Date=YYYY0401,  End Date=YYYY0430 | LPCMTYP=M,  LENRMTF=0067,  LPCM\_ID=X  Begin Date=YYYY0501,  End Date=LPCM\_END\_DT |
| Final | LPCMTYP=Z,  LENRMTF=blank,  LPCM\_ID=blank  Begin Date=YYYY0101,  End Date=YYYY0430 | | LPCMTYP=M,  LENRMTF=0067,  LPCM\_ID=X  Begin Date=YYYY0501,  End Date=LPCM\_END\_DT |
| G Segments | Initial | LASGHCDP=008, LCHCCD=blank,  LELGGRP=D,  Begin Date=YYYY0101,  End Date=YYYY0331 | LASGHCDP=018, LCHCCD=T,  LELGGRP=L,  Begin Date=YYYY0401,  End Date=YYYY0430 | LASGHCDP=018,  LCHCCD=T,  LELGGRP=L,  Begin Date=YYYY0501,  End Date=LASGHCDP\_END\_DT |
| Final | LASGHCDP=008, LCHCCD=blank,  LELGGRP=D,  Begin Date=YYYY0101,  End Date=YYYY0331 | LASGHCDP=018,  LCHCCD=T,  LELGGRP=L,  Begin Date=YYYY0401,  End Date=LASGHCDP\_END\_DATE | |
| H Segments | Initial & Final | LENRHCDP=blank,  LENRGRP=D, LTYA=0  Begin Date=YYYY0101,  End Date=YYYY0331  (dates are based on LASGHCDP dates) | No segment | LENRHCDP=346,  LENRGRP=L, LTYA=0  Begin Date=YYYY0501,  End Date=LENRHCDP\_END\_DATE |

The pre-01 January 2018 LVM changeable demographic segment layout for encounter, ancillary workload, and other processors using the LVM to obtain these demographics is presented in Table G-18. The post-01 January 2018 and subsequent LVM layout changeable demographic segment layout is presented in Table G-19.

**Exhibit G-18: LVM Changeable Demographic Segment Layout (pre-01 January 2018)**

| **Segment (Position 1)** | **Changeable Demographic Fields** | | | | **Begin Date** | | **End Date** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **VM Source Field Name** | **Start Position** | **Stop Position** | **Start Position** | **Stop Position** | **Start Position** | **Stop Position** |
| A | Beneficiary Category | R\_BEN\_CAT\_CD | 2 | 4 | 7 | 14 | 15 | 22 |
| B | MHS-Derived ZIP Code | D\_ZIP\_CD | 2 | 6 | 7 | 14 | 15 | 22 |
| C | Sponsor Service Aggregated | D\_SPON\_BR\_SVC\_CD | 2 | 2 | 7 | 14 | 15 | 22 |
| Service Branch Classification | SVC\_CD | 3 | 3 |
| Marital Status Aggregated | MDR\_MARITAL\_AGG | 4 | 4 |
| TRICARE Prime Remote Eligibility Flag | D\_TPR\_ELG\_CD | 5 | 5 |
| D | Medical Privilege Code | D\_ELG\_CD | 2 | 2 | 7 | 14 | 15 | 22 |
| Medicare Eligibility Code | D\_MDC\_ELIG\_CD | 3 | 3 |
| TRICARE Young Adult Flag | D\_TYA\_FLAG | 4 | 4 |
| E | ACV | MDR\_ACV | 2 | 2 | 7 | 14 | 15 | 22 |
| Derived Medically Insured Primary Care Manager Enrolling Division DMIS Code | D\_MI\_PCM\_EDVSN\_DMIS\_ID | 3 | 6 |
| F | Derived Medical Insured Health Care Delivery Program Plan Coverage Code | D\_MI\_HCDP\_PLN\_CVG\_CD | 2 | 4 | Segment E, position 7 | Segment E, position 14 | Segment E, position 15 | Segment E, position 22 |
| Derived Medically Insured Primary Care Manager Identifier | D\_MI\_PCM\_ID | 5 | 22 |

**Exhibit G-19: LVM Changeable Demographic Segment Layout (post-01 January 2018)**

| **Segment** | **Changeable Demographic Fields** | | | | **Begin Date** | | **End Date** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Variable** | **VM Source Field Name** | **Start Position** | **Stop Position** | **Start Position** | **Stop Position** | **Start Position** | **Stop Position** |
| A | Beneficiary Category | R\_BEN\_CAT\_CD | 2 | 4 | 7 | 14 | 15 | 22 |
| B | MHS-Derived ZIP Code | D\_ZIP\_CD | 2 | 6 | 7 | 14 | 15 | 22 |
| C | Sponsor Service Aggregated | D\_SPON\_BR\_SVC\_CD | 2 | 2 | 7 | 14 | 15 | 22 |
| Service Branch Classification | SVC\_CD | 3 | 3 |
| Marital Status Aggregated | MDR\_MARITAL\_AGG | 4 | 4 |
| TRICARE Prime Remote Eligibility Flag | D\_TPR\_ELG\_CD | 5 | 5 |
| D | Medical Privilege Code | D\_ELG\_CD | 2 | 2 | 7 | 14 | 15 | 22 |
| Medicare Eligibility Code | D\_MDC\_ELIG\_CD | 3 | 3 |
| TAMP Flag | D\_TAMP\_FLAG | 5 | 5 |
| E | Enrollment PCM Type | D\_PCM\_TYP\_CD | 2 | 2 | 7 | 14 | 15 | 22 |
| Derived Medically Insured Primary Care Manager Enrolling Division DMIS Code | D\_MI\_PCM\_EDVSN\_DMIS\_ID | 3 | 6 |
| F | Derived Medically Insured Primary Care Manager Identifier | D\_MI\_PCM\_ID | 5 | 22 | Segment E, position 7 | Segment E, position 14 | Segment E, position 15 | Segment E, position 22 |
| G | Assigned Health Care Delivery Program Plan Coverage Code | ASG\_HCDP\_PLN\_CVG\_CD | 2 | 4 | 7 | 14 | 15 | 22 |
| Eligibility Group | D\_ELG\_GRP\_CD | 5 | 5 |
| Civilian Health Care Entitlement Type Code | CHC\_CD | 6 | 6 |
| H | Derived Medical Insured Health Care Delivery Program Plan Coverage Code | D\_MI\_HCDP\_PLN\_CVG\_CD | 2 | 4 | 7 | 14 | 15 | 22 |
| Enrollment Group | D\_ENR\_GRP\_CD | 5 | 5 |
| TRICARE Young Adult Flag | D\_TYA\_FLAG | 6 | 6 |

Appendix H: Extraction Rules for Medicare C/D and Special Insured Program MDR Merge Files

H.1 Frequency

The Medicare C/D and Special Insured Program merge files are cumulative files that will be processed every time that a new raw VM6 file is received.

**H.2 Content**

Twelve total files will be produced each month, one master file SAS dataset and one SAS PROC FORMAT for each of the following enrollment types:

* Medicare C; and
* Medicare D;

These files will contain only those records reporting positive enrollment in each type of program. Tables H-1 and H-2 present the Master File layouts.

Table H-1: Medicare C Enrollment Master File Layout

| Variable Name | Source Data Element | Format | SAS Name | Comment/Derivation |
| --- | --- | --- | --- | --- |
| DOD\_Electronic Data Interchange Person ID | DOD\_EDI\_PN\_ID | $10 | PATUNIQ | No transformation |
| Personnel Category Code | PNL\_CAT\_CD | $1 | PNLCAT | No transformation. |
| Member Relationship Code | MBR\_REL\_CD | $1 | MBR\_REL | No transformation. |
| Service Branch Classification Code | SVC\_CD | $1 | SVC\_CD | No transformation |
| Personnel Beneficiary Category | Derived | $3 | DPNLBCAT | See Section H.3.1 |
| Medicare C Begin Reason Code | MDC\_C\_BRSN\_CD | $1 | MEDCBRSN | No transformation. |
| Adjusted Medicare C Effective Date | Derived from MDC\_C\_EFF\_DT | SAS DATE | DMEDCBDT | See Section H.3.1. |
| Adjusted Medicare C Expiration Date | Derived from MDC\_C\_EXP\_DT | SAS DATE | DMEDCEDT | See Section H.3.1 |
| Medicare C Verification Status Code | MDC\_C\_VER\_STAT\_ CD | $1 | MEDCVERF | No transformation. |

Table H-2: Medicare D Enrollment Master File Layout

| Variable Name | Source Data Element | Format | SAS Name | Comment/Derivation |
| --- | --- | --- | --- | --- |
| DOD\_Electronic Data Interchange Person ID | DOD\_EDI\_PN\_ID | $10 | PATUNIQ | No transformation |
| Personnel Category Code | PNL\_CAT\_CD | $1 | PNLCAT | No transformation. |
| Member Relationship Code | MBR\_REL\_CD | $1 | MBR\_REL | No transformation. |
| Service Branch Classification Code | SVC\_CD | $1 | SVC\_CD | No transformation |
| Personnel Beneficiary Category | Derived | $3 | DPNLBCAT | See Section H.3.1 |
| Medicare D Begin Reason Code | MDC\_D\_BRSN\_CD | $1 | MEDDBRSN | No transformation. |
| Adjusted Medicare D Effective Date | Derived from MDC\_D\_EFF\_DT | SAS DATE | DMEDDBDT | See Section H.3.1 |
| Adjusted Medicare D Expiration Date | Derived from MDC\_D\_EXP\_DT | SAS DATE | DMEDDEDT | See Section H.3.1 |
| Medicare D Verification Status Code | MDC\_D\_VER\_STAT\_ CD | $1 | MEDDVERF | No transformation. |

**H.3 Extraction Rules**

There are five steps involved in developing the merge files each month (the first time that the merge files are created, step 4 is not required):

1. Extract raw records from raw VM6 file for all records having any of the six enrollment type fields populated and not equal to 301 (BRAC Pharmacy) or 302 (Pharmacy Redesign Pilot Project);
2. Separate records into each of five enrollment types (records may belong to more than one enrollment type);
3. Dedup records in each enrollment type file, based on DOD\_EDI\_PN\_ID, enrollment begin date, and enrollment end date;
4. (not required for first extraction) Combine with master file containing previous months’ enrollment records and dedup, based on DOD\_EDI\_PN\_ID; and
5. Load into SAS and create PROC FORMAT.

Each of these steps is described in detail below.

**H.3.1 Step 1: Extract raw VM6 records**

Extract all VM6 records with at least one of the following conditions:

* Medicare C Begin Reason Code=B; and
* Medicare D Begin Reason Code=B.

Extract the fields specified in tables H-1 and H-2. Compute adjusted Medicare effective or enrollment begin and adjusted Medicare expiration or enrollment end dates as follows.

* If the Medicare C Effective Date or Medicare D Effective Date is valid, the corresponding derived date field shall be set equal to the raw field. If any of these fields are blank or invalid, the processor shall set the corresponding derived date field equal to the first day of the snapshot month.
* If the Medicare C Expiration Date or Medicare D Expiration Date is valid, the corresponding derived date field shall be set equal to the raw field. If any of these fields are blank or invalid, the processor shall set the corresponding derived date field equal to the last day of the fiscal year five years from the current fiscal year (e.g., if the current fiscal year is FY 2007, set the corresponding derived date equal to 20120930).

The processor shall compute Personnel Beneficiary Group according to the logic presented in table H-7.

Table H-7: Logic for Deriving Personnel Beneficiary Group

| Case | Personnel Category Code | Member Relationship Code | Personnel Beneficiary Group | Description |
| --- | --- | --- | --- | --- |
| 1 | A,J | A | ACT | Active Duty |
| 2 | A,J | Not A | DA | Active Duty Family Member |
| 3 | N,V | A | GRD | Guard/Reservist |
| 4 | N,V | Not A | DGR | Guard/Reserve Family Member |
| 5 | Q,R | A | RET | Retired |
| 6 | Q,R | Not A | DR | Retiree Family Member |
| 7 | W | All | DR | Retiree Family Member |
| 8 | All Other | All | OTH | Other |

Note that Personnel Category Code, Member Relationship Code, Service Branch Classification Code, and Personnel Beneficiary Group shall be referred to as demographic fields in the remainder of this appendix.

**H.3.2 Step 2: Separate Records by Enrollment Type to form Monthly Files**

The processor shall separate the records extracted and processed in step 1 into five separate files, one for each enrollment type. Any given record may be placed into more than one file.

* The **Medicare C Enrollment File** shall consist of all records having Medicare C Begin Reason Code=’B’, and shall contain the fields specified in table H-1.
* The **Medicare D Enrollment File** shall consist of all records having Medicare D Begin Reason Code=’B’ and shall contain the fields specified in table H-2.

**H.3.3 Step 3: Dedup records within each Enrollment Type Monthly File**

Retain only one record per DOD\_EDI\_PN\_ID and date window (the combination of begin/effective date and end/expiration date corresponding to the given enrollment type). The assumption is that records with the same DOD\_EDI\_PN\_ID from the same VM6 Extract will not contain contradictory information.

1. If there is just one record for a given DOD\_EDI\_PN\_ID and date window combination, select that record;
2. Otherwise, if just one record for a given DOD\_EDI\_PN\_ID and date window combination has a sponsor Member Relationship Code (‘A’), select that record.
3. Otherwise, if there are multiple sponsor records for a given DOD\_EDI\_PN\_ID and date window combination, select the last sponsor record encountered;
4. Otherwise, select the last record encountered for the given DOD\_EDI\_PN\_ID and date window combination.

**H.3.4 Step 4: (not required for first extraction) Combine with monthly file records with Master File records for each enrollment type containing previous months’ enrollment records and dedup**

For the first month, the deduplicated records from step 3 form the master file for each enrollment type. For subsequent months, the current month’s records shall be combined with the previous month’s master file, creating an updated master file. The updated master file from the previous master file and the current monthly file by comparing the records in the current monthly file to those in the previous master file:

* if a DOD\_EDI\_PN\_ID is in the current monthly file, but not the previous master file, add all records for the DOD\_EDI\_PN\_ID from the current monthly file to the master file;
* else, if a DOD\_EDI\_PN\_ID is in the previous master file, but not the current monthly file and the latest end date in the previous master file is later than the first date of the current extract month, set the end date in the master file to be equal to the last date of the month prior to the current extract month;
* else, if the DOD\_EDI\_PN\_ID is in both files, compare the date windows in the monthly file records to those in the previous master file records and create updated master file records by adjusting begin/effective dates and/or end/expiration dates and/or adding records to the master file so that the following criteria are met:
* Dates covered by the updated master file records correspond to the union of dates covered by the previous master file and the current monthly file records, UP TO the latest end date in the current monthly file records (i.e., if master file records for a given DOD\_EDI\_PN\_ID have end dates later than the latest monthly file record end date (for the same DOD\_EDI\_PN\_ID), truncate date windows in updated master file records or delete master file records so that the latest end date in the master file is equal to the latest end date in the monthly records).
* Any given date is covered by at most one master file record for a given DOD\_EDI\_PN\_ID.
* Contiguous dates of coverage are reported by the same master file record.

H.3.5 Step 5: Load into SAS and create PROC FORMATS

After updating the Master File each month for each enrollment type, load the data into SAS, and create SAS PROC FORMATS. The SAS PROC FORMAT shall be created in a SAS program. The SAS library used to store results of the PROC FORMAT shall be determined based upon MDR conventions. The SAS PROC FORMAT will be constructed as follows:

1. The first line shall be ”proc format;” (including the semi-colon, but not the quotes);
2. The second line shall be “value $<enrtype>” where enrtype takes one of the following five values, depending upon enrollment type:

* mdc\_c (for Medicare C enrollment);
* mdc\_d (for Medicare D enrollment);

1. There shall be 1 line for each DOD\_EDI\_PN\_ID in the Master File for the given enrollment type.
2. The line for each DOD\_EDI\_PN\_ID shall be formed as follows:

<DOD\_EDI\_PN\_ID> = <# of segments><segment 1 derived begin date><segment 1 derived end date><segment 2 derived begin date> <segment 2 derived end date> etc. where:

<DOD\_EDI\_PN\_ID> is one of the DOD\_EDI\_PN\_IDs from the Master File for the given enrollment type;

<# of segments> indicates the number of date segments in the line for the given DOD\_EDI\_PN\_ID – this is also equal to the number of records in the Master File for the given DOD\_EDI\_PN\_ID: allow two characters for this element;

<derived segment 1 begin date> and <derived segment 1 end date> are equal to one of the following, depending upon the enrollment type of the given file:

* if Medicare C enrollment, the earliest D\_MDC\_C\_EFF\_DT and D\_MDC\_C\_EXP\_DT for the given DOD\_EDI\_PN\_ID;
* if Medicare D enrollment, the earliest D\_MDC\_D\_EFF\_DT and D\_MDC\_D\_EXP\_DT for the given DOD\_EDI\_PN\_ID;

<derived segment 2 begin date> and <derived segment 2 end date> are equal to the next in sequence derived dates for the given DOD\_EDI\_PN\_ID in the given enrollment type Master File.

If there are more than two records for a given DOD\_EDI\_PN\_ID, continue adding segments until derived date segments for all records are represented in the line for the given DOD\_EDI\_PN\_ID.

The elements specified on the right side of the equality sign are all one string, with no delimiters. Both the DOD\_EDI\_PN\_ID and the concatenated string of elements on the right side of the equality sign are enclosed in quotes.

If the <derived segment end date> corresponding to the latest <derived segment begin date> is blank, populate it with December 31 of the 15th year after that of the extract.

1. The last line shall be a semicolon;

As a final step, run the SAS program containing the SAS PROC FORMAT.

Appendix I: Walkback Field Logic

One requirement for the DEERS data walkback is that each month’s raw DEERS population data file be adjusted to reflect more recent information about eligibility, entitlement, enrollment, and location if that information pertains to the time period covered by the given DEERS population file. Two examples will illustrate this point:

* A baby born late in May may not be reported in the 1 June DEERS population file. However, the newborn may be reported in the 1 July DEERS population file (or later) – with the May birth date.
* An inductee who separates in May may not have that separation reported as of the 1 June DEERS population file. However, the separation may be reported as of the 1 July DEERS population file (or later) – with the May separation date.

Clearly, an adjusted raw DEERS population file for 1 June that reflects both the newborn and the separation, as well as other types of changes (such as deaths, marriages, etc.) that occurred on or prior to 1 June, but reported later, would more accurately represent the MHS population for June. The goal is to create a beneficiary-level MDR file for each month that benefits from subsequent data pertaining to that month.

The process for creating the adjusted raw DEERS population file is to create an adjusted raw file for each month, in VSAM MDR 2006 (VM6) layout, prior to processing these data with the new VM6 processor. This appendix provides an overview of the retrofit processor identifies outlines the field-level requirements for using the current month (montht) adjusted raw DEERS population file (either VM6, VM4, Full DEERS Extract (FDE) or Point-in-Time (PITE) layout) and the previous month (montht-1) raw DEERS population file to create the montht-1 adjusted raw DEERS population file (in VM6 layout). Of course, the montht adjusted raw DEERS file was created based on the montht raw DEERS file and the montht+1 adjusted raw DEERS file.

There are several fields appended by the walkback processor to each record in the DEERS data extract to indicate how the retrofitter changed specific fields on that record. These, along with their derivation rules, are displayed in table I-1.

Primary Record Flag logic ensures that only records with D\_OBSOLETE=0 may be flagged as primary records.

This document contains three sections. Section I.1 presents a graphical overview of the VM6/VM4/FDE/PITE retrofit processor, showing the relationships between the various steps, and the inputs and outputs from each. Section I.2 presents the field-level requirements for two main steps: extracting the update records from a more recent DEERS population file and the logic for using these update records to create an adjusted raw VM6 file for the previous month. Section I.3 discusses applying the retrofit processor to extracts prior to February 2003, the time when enrollment information was supplied by the Legacy DEERS TRICARE Enrollment File (TEF), rather than the PITE.

**Table I-1: Derivation Rules for Walkback Indicator Fields**

| Req ID | Element | Name | Derivation Rules |
| --- | --- | --- | --- |
| 1 | D\_EXT\_MONTH | Walkback Record Source Extract | For records added by walkback, calendar month of source extract for new record (YYMM) |
| 2 | D\_DTH\_CHG\_FLAG | Walkback Person Death Code Change Flag | =0 if PN\_DTH\_CD and PN\_DTH\_DT unchanged by walkback  =1 if PN\_DTH\_CD and/or PN\_DTH\_DT changed by walkback |
| 3 | D\_DTH\_EXT | Walkback Person Death Code Source Extract | Calendar month (YYMM) of source extract for PN\_DTH\_CD and PN\_DTH\_DT information |
| 4 | D\_DC\_CHG\_FLAG | Walkback Direct Care Benefit Type Change Flag | =0 if DC\_CD, DC\_BELIG\_DT, and DC\_EELIG\_DT unchanged by walkback  =1 if DC\_CD, DC\_BELIG\_DT, and/or DC\_EELIG\_DT changed by walkback |
| 5 | D\_DC\_ELG\_EXT | Walkback Direct Care Benefit Type Source Extract | Calendar month (YYMM) of source extract for DC\_CD, DC\_BELIG\_DT and DC\_EELIG\_DT information |
| 6 | D\_CHC\_ELG\_FLAG | Walkback Civilian Health Care Entitlement Type Change Flag | =0 if CHC\_CD, CHC\_BELIG, and/or CHC\_EELIG\_DT unchanged by walkback  =1 if CHC\_CD, CHC\_BELIG, and/or CHC\_EELIG\_DT changed by walkback |
| 7 | D\_CHC\_ELG\_EXT | Walkback Civilian Health Care Entitlement Source Extract | Calendar month (YYMM) of source extract for CHC\_CD, CHC\_BELIG\_DT, and CHC\_EELIG\_DT information |
| 8 | D\_MDC\_A\_ELG\_FLAG | Walkback Medicare A Begin Reason Change Flag | =0 if MDC\_A\_BRSN\_CD and MDC\_A\_EFF\_DT unchanged by walkback  =1 if MDC\_A\_BRSN\_CD and/or MDC\_A\_EFF\_DT changed by walkback |
| 9 | D\_MDC\_A\_ELG\_EXT | Walkback Medicare A Begin Reason Source Extract | Calendar month (YYMM) of source extract for MDC\_A\_BRSN\_CD and MDC\_A\_EFF\_DT information |
| 10 | D\_MDC\_B\_CHG\_FLAG | Walkback Medicare B Begin Reason Change Flag | =0 if MDC\_B\_BRSN\_CD and MDC\_B\_EFF\_DT unchanged by walkback  =1 if MDC\_B\_BRSN\_CD and/or MDC\_B\_EFF\_DT changed by walkback |
| 11 | D\_MDC\_B\_ELG\_EXT | Walkback Medicare B Begin Reason Source Extract | Calendar month (YYMM) of source extract for MDC\_B\_BRSN\_CD and MDC\_B\_EFF\_DT information |
| 12 | D\_PNLEC\_CHG\_FLAG | Walkback Personnel Entitlement Condition Type Change Flag | =0 if PNLEC\_TYP\_CD, PNLEC\_BGN\_DT, and PNLEC\_END\_DT unchanged by walkback  =1 PNLEC\_TYP\_CD, PNLEC\_BGN\_DT, and/or PNLEC\_END\_DT changed by walkback (Other fields may be affected: MBR\_CAT\_CD, DC\_CD, DC\_BELIG\_DT, DC\_EELIG\_DT, CHC\_CD, CHC\_BELIG\_DT, CHC\_EELIG\_DT) |
| 13 | D\_PNLEC\_EXT | Walkback Personnel Entitlement Condition Type Source Extract | Calendar month (YYMM) of source extract for PNLEC\_TYP\_CD, PNLEC\_BGN\_DT, and PNLEC\_END\_DT information |
| 14 | D\_ENR\_CHG\_FLAG | Walkback Enrollment Information Change Flag | =0 if MI\_PCM\_SLCT\_BGN\_DT (and MI\_EMC\_ENRL\_BGN\_DT) and MI\_PCM\_SLCT\_ENDT\_DT (and MI\_EMC\_ENRL\_BGN\_DT) unchanged by walkback  =1 if MI\_PCM\_SLCT\_BGN\_DT (or MI\_EMC\_ENRL\_BGN\_DT) and/or MI\_PCM\_SLCT\_ENDT\_DT (or MI\_EMC\_ENRL\_END\_DT) changed by walkback (Other fields with Medical Insured prefix may also be changed) |
| 15 | D\_ENR\_EXT | Walkback Enrollment Information Source Extract | Calendar month (YYMM) of source extract for MI\_PCM\_SLCT BGN\_DT and MI\_PCM\_SLCT\_END\_DT information |
| 16 | D\_LOC\_CHG\_FLAG | Walkback Derived Location US Postal Region ZIP Code Change Flag | =0 if DRVD\_LOC\_PR\_ZIP\_CD and DRVD\_LOC\_DT unchanged by walkback  =1 if DRVD\_LOC\_PR\_ZIP\_CD and DRVD\_LOC\_DT changed by walkback |
| 17 | D\_LOC\_EXT | Walkback Derived Location US Postal Region ZIP Code Source Extract | Calendar month (YYMM) of source extract for DRVD\_LOC\_PR\_ZIP\_CD and DRVD\_LOC\_DT information |
| 18 | D\_PNL\_CAT\_CHG\_ FLAG | Walkback Personnel Category Change Flag | =0 if PNL\_CAT\_CD, PNL\_BGN\_DT and PNL\_END\_DT unchanged by walkback  =1 if PNL\_CAT\_CD, PNL\_BGN\_DT and/or PNL\_END\_DT changed by walkback |
| 19 | D\_PNL\_CAT\_EXT | Walkback Personnel Category Source Extract | Calendar month (YYMM) of source extract for PNL\_CAT\_CD, PNL\_BGN\_DT and PNL\_END\_DT information |
| 20 | D\_MA\_CHG\_FLAG | Walkback Mailing Address Change Flag | =0 if MA\_PR\_ZIP\_CD and MA\_DT unchanged by walkback  =1 if MA\_PR\_ZIP\_CD and MA\_DT changed by walkback |
| 21 | D\_MA\_EXT | Walkback Mailing Address Source Extract | Calendar month (YYMM) of source extract for MA\_PR\_ZIP\_CD and MA\_DT information |
| 22 | D\_ULOC\_CHG\_FLAG | Walkback Unit Location Change Flag | =0 if ULOC\_PR\_ZIP\_CD and ULOC\_DT unchanged by walkback  =1 if MA\_PR\_ZIP\_CD and MA\_DT changed by walkback |
| 23 | D\_ULOC\_EXT | Walkback Unit Location Source Extract | Calendar month (YYMM) of source extract for ULOC\_PR\_ZIP\_CD and ULOC\_DT information |
| 24 | D\_DI\_HCDP\_CHG\_FLAG | Walkback Dental Insured HCDP Change Flag | =0 if DI\_\* fields unchanged by walkback  =1 if DI\_\* fields changed by walkback |
| 25 | D\_DI\_HCDP\_EXT | Walkback Dental Insured HCDP Source Extract | Calendar month (YYMM) of source extract for DI\_HCDP\_BGN\_DT and DI\_HCDP\_END\_DT information |
| 26 | D\_CONTRA\_DT\_FLAG | Walkback Contradictory Date Flag | =0 if walkback did not contradict information on original record.  =1 if walkback contradicted information on original record |
| 27 | D\_OBSOLETE | Walkback Obsolete Record Flag | =1 if this record replaced by walkback-adjusted record that should be used instead  =0 otherwise |
| 28 | D\_ASG\_HCDP\_CHG\_FLAG | Walkback Assigned HCDP Change Flag | =0 if ASG\_\* fields unchanged by walkback  =1 if ASG\_\* fields changed by walkback |
| 29 | D\_ASG\_HCDP\_EXT | Walkback Assigned HCDP Source Extract | Calendar month (YYMM) of source extract for ASG\_HCDP\_BGN\_DT and ASG\_HCDP\_END\_DT information |
| 30 | D\_CS1\_HCDP\_PMT\_FCTR\_CHG\_FLAG | Walkback Cost Share 1 HCDP Payment Factor Change Flag | =0 if CS1\_HCDP\_PMT\_FCTR\_\* fields unchanged by walkback  =1 if ASG\_\* fields changed by walkback |
| 31 | D\_CS1\_HCDP\_PMT\_FCTR\_EXT | Walkback Cost Share 1 HCDP Payment Factor Source Extract | Calendar month (YYMM) of source extract for CS1\_HCDP\_PMT\_FCTR\_EFF\_DT and CS1\_HCDP\_PMT\_FCTR\_END\_DT information |
| 30 | D\_CS2\_HCDP\_PMT\_FCTR\_CHG\_FLAG | Walkback Cost Share 2 HCDP Payment Factor Change Flag | =0 if CS2\_HCDP\_PMT\_FCTR\_\* fields unchanged by walkback  =1 if CS2\_HCDP\_PMT\_FCTR\_\* fields changed by walkback |
| 31 | D\_CS2\_HCDP\_PMT\_FCTR\_EXT | Walkback Cost Share 2 HCDP Payment Factor Source Extract | Calendar month (YYMM) of source extract for CS2\_HCDP\_PMT\_FCTR\_EFF\_DT and CS2\_HCDP\_PMT\_FCTR\_END\_DT information |
| 32 | D\_CS3\_HCDP\_PMT\_FCTR\_CHG\_FLAG | Walkback Cost Share 3 HCDP Payment Factor Change Flag | =0 if CS3\_HCDP\_PMT\_FCTR\_\* fields unchanged by walkback  =1 if CS3\_HCDP\_PMT\_FCTR\_\* fields changed by walkback |
| 33 | D\_CS3\_HCDP\_PMT\_FCTR\_EXT | Walkback Cost Share 3 HCDP Payment Factor Source Extract | Calendar month (YYMM) of source extract for CS3\_HCDP\_PMT\_FCTR\_EFF\_DT and CS3\_HCDP\_PMT\_FCTR\_END\_DT information |
| 34 | D\_ PREM\_OVRD\_CHG\_FLAG | Walkback Premium Override Change Flag | =0 if PREM\_OVRD\_\* fields unchanged by walkback  =1 if PREM\_OVRD\_\* fields changed by walkback |
| 35 | D\_ PREM\_OVRD\_EXT | Walkback Premium Override Source Extract | Calendar month (YYMM) of source extract for PREM\_OVRD\_EFF\_DT and PREM\_OVRD\_END\_DT information |

**I.1 Overview of the VM6/VM4/FDE/PITE Retrofit Process**

A graphical overview of the VM6/VM4/FDE/PITE retrofit processor is presented in exhibit I-1. As presented in the table, there are five processes, and eleven datasets. The processing path varies by whether the file being retrofitted was extracted on or after February 2004, between September 2003 and February 2004, or prior to September 2002.

* For raw files extracted from the DEERS database on or after February 2004, the process is the most straightforward:
  + Process P1: the more recent month’s adjusted raw DEERS data (in VM6 format) (data file D1) may be processed by the VM6 snapshot processor to create the processed MDR and M2 data files (represented by D2).
  + Process P2: Update records are extracted from the subsequent month, if they contain any information that was updated since the first day of the previous month, creating datafile D3.
  + Process P3: The more recent month’s update records (D3) are merged with the previous month’s raw DEERS data (D4) to create and adjusted raw DEERS file, in VM6 layout (file D5). This file may then be processed by a slightly modified version of the VM6 snapshot processor, creating the outputs represented by D6 in the table. These outputs are identical to those produced by the baseline VM6 snapshot processor used to process the unretrofitted DEERS VM6 data **with one important exception: the beneficiary-level MDR file (VM6BEN) contains several additional fields indicating how the record was modified by the retrofit process. Therefore, the Appended Death Information processor was modified to work with a different layout.**
* Prior to February 2004, the enrollment information on the PITE data were regarded as having suspect quality. Therefore, an additional procedure was developed:
  + Process P4: the enrollment data fields in the PITE data for any given month (file D7) are blanked out, and the file is merged with the legacy TRICARE Enrollment File (TEF) data for the same month (file D8), copying the required information from the legacy TEF onto the raw PITE file.
  + Some minor steps for this period that differ from the February 2004 and later retrofitting process are not displayed in the table, for presentation purposes:
    - The legacy TEF data are extracted from SAS data sets using a SAS program.
    - The SAS program that loads the MDR TRICARE Relationship file that is output from the VM6 snapshot processor is slightly different from that used in the February 2004 and later period, in that it loads the Legacy TEF Sponsor Service field.
  + Other steps in the process are identical to those for the February 2004 and later process discussed above.
* Prior to September 2003, the DoD Electronic Data Interchange Identifier (DOD\_EDI\_PN\_ID) is not populated for all records in the PITE. Because this field is required by the VM6 snapshot processor, an additional procedure was developed:
  + Process P5: the DOD\_EDI\_PN\_ID and other personal identifiers for each record were extracted from the January 2005 data to create a Master Person Index (MPI) file (D11). This information is used to populate the DOD\_EDI\_PN\_ID field on the pre-September 2003 files (file D10) for those records missing the DOD\_EDI\_PN\_ID. This modified raw file is identical in format to other pre-February 2004 DEERS files, represented by D7 in the table.

**Exhibit I-1: Graphical Overview of VM6/VM4/FDE/PITE Retrofitter**

Table I-2: Graphical Overview of VM6/VM4/FDE/PITE Retrofitter

Finally, it should be noted that the VM6 snapshot processor embedded in the retrofit process produces output files identical to those produced by the baseline VM6 snapshot.

**I.2 Field-level Processing Requirements for Creating the Update Record File and Merging the Update Record File with the Previous Month’s raw VM6/VM4 file.**

Montht update records. From the montht adjusted raw DEERS, obtain records with:

LST\_EXT\_DT >= first day of montht-1; or (For May 2007 through December 2007 only): Personnel Category Code in (N,V) and Person Type not equal D. (Note: this condition is only for a selected window in time to address a known problem in the VM6 data for ZIP Codes on Guard/Reserve sponsor records, that was fixed in the December 2007 DEERS data.)

1. These records consist of all fields on the raw DEERS plus the fields identified in table I-1, which will have been added as part of the process of creating the montht adjusted raw DEERS. The rules for populating these fields are discussed below. The output of this process is the “montht update records.” Select only records where D\_OBSOLETE=0, which will ensure that the montht update records will contain one record per record key. The record key is the combination of Sponsor Person Identifier, Sponsor Identifier Type Code, Sponsor Duplicate Identifier, Multiple Membership Identifier, and DMDC Dependent Suffix Code.

1. **Adjusted montht-1 raw DEERS records.** The adjusted montht-1 raw DEERS consists of:

* All unadjusted raw records from the montht-1 raw DEERS; plus
* All update records from montht update records that indicate direct care or civilian health care eligibility as of the first day of montht-1, but which match no record key in the montht-1 raw DEERS; plus
* Adjusted records from the montht-1 raw DEERS that are created by combining the montht-1 record with death, eligibility, entitlement, enrollment, or location information from subsequent months’ extracts when those extracts indicate that this information is relevant as of the first day of montht-1, but this information is only reported in a subsequent DEERS extract. The following tests guide the incorporation of montht update record information into the montht-1 raw DEERS record to create the montht-1 adjusted raw DEERS record:
  + a death test indicates that the beneficiary died prior to the first day of montht-1, but this information is only reported in a subsequent month;
  + a new eligible record test indicating whether an beneficiary was new to the DEERS in montht, but had eligibility beginning prior to or on the first day of montht-1;
  + an eligibility gain test that indicates whether the person was eligible for direct care or purchased care on or prior to the first day of montht-1, but this information is only reported subsequent to montht-1;
  + an eligibility loss test that indicates whether the person lost eligibility prior to the first day of montht-1, but this information is only reported subsequent to montht-1;
  + for Guard/Reserve and their family members only, an entitlement change test that indicates whether the person’s entitlement changed prior to or on the first day of montht-1, but this information is only reported in a subsequent month; and
  + a set of enrollment tests that indicate that some aspect of the beneficiary’s enrollment status or primary care manager changed prior to or on the first day of montht-1, but this information is only reported in a subsequent month;
  + an assigned Health Care Delivery Program (HCDP) test that indicates whether the assigned program changed on or before the first day of montht-1, but this information is only reported in a subsequent month;
  + a set of cost share HCDP payment factor tests that indicates whether these factors changed on or before the first first day of montht-1, but this information is only reported in a subsequent month;
  + a premium override test that indicates whether this action changed on or before the first first day of montht-1, but this information is only reported in a subsequent month;
  + a derived location change test that indicates whether the person changed locations on or prior to the first day of montht-1, but this information is only reported in a subsequent month;
  + a personnel category code change test that indicates whether the person’s sponsor changed personnel category (e.g., retired or separated) on or prior to the first day of montht-1, but this information is only reported in a subsequent month.
  + a mailing address change test that indicates whether the person changed mailing address on or prior to the first day of montht-1, but this information is only reported in a subsequent month; and
  + a unit location change test that indicates whether the person’s unit location changed on or prior to the first day of montht-1, but this information is only reported in a subsequent month; and
  + a dental insured HCDP change test that indicates that some aspect of the beneficiary’s dental insured HCDP changed prior to or on the first day of montht-1, but this information is only reported in a subsequent month. This test was primarily introduced to overcome a gap in the information provided by the source data in the summer of 2006.

Note that these records do not include those that have had D\_OBSOLETE=1. These “obsolete” records are stored in another dataset

* Each of these tests is described in detail in one of the following sections. The tests compare information for a given month with that for the previous month for a given person key, comprised of the combination of the following five fields:
  + Sponsor Person ID;
  + Sponsor Person ID Type Code;
  + Sponsor Duplicate ID;
  + Multiple Membership ID; and
  + DMDC Dependent Suffix Code.
* Note that in cases where an adjusted record is created by combining the montht-1 record with death, eligibility, entitlement, enrollment, or location information from subsequent months’ extracts, there will be two records for the given record key: one record containing unaltered montht-1 information (and D\_OBSOLETE=1), and one record containing the combination of montht-1 information and subsequent months’ information (with D\_OBSOLETE=0). If the tests indicate that multiple types of information require adjustment, all adjustments will be made to the same adjusted record. The montht-1 adjusted raw DEERS will contain at most two records per record key: one raw record, and if required, one adjusted record.
* On the other hand, if none of the tests pass (meaning that the montht update records do not provide any information that supersedes the raw montht-1 record information), then only output the montht-1 raw record, with the additional fields initialized as noted in section 3 and D\_OBSOLETE=0, to the montht-1 adjusted raw DEERS records.
* The DEERS processor Primary Record Flag algorithm shall be adjusted to ensure that all records with D\_OBSOLETE=1 shall receive a Primary Record Flag=0.
  + The VM6 snapshot processor includes filters that restrict which records are processed for output. The process that creates the adjusted records may apply adjustments that result in the adjusted records not being selected for output by these filters, even though the obsolete record may be. (For instance, the Personnel End Date for Guard/Reserve may fall after the assumed extract date on the obsolete record, but prior to the assumed extract date on the adjusted record.) Because the adjustments performed as a result of the tests could result in some adjusted records not being selected for output processing while the obsolete record may be, the processor needs to ensure that even in cases where the obsolete record is the only record selected for output, its D\_PRIMARY\_RECORD\_FLAG value is set to zero.

1. **Montht-1 adjusted raw DEERS Fields.** In the adjusted raw montht-1 DEERS file, the montht-1 raw DEERS shall be modified to include all fields from the raw DEERS plus the additional fields identified in section 1. The additional fields identified in section 1 shall be initialized prior to conducting the tests identified below, as follows:

* D\_EXT\_MONTH = montht-1 (yymm format);
* D\_DTH\_CHG\_FLAG = 0;
* D\_DTH\_EXT = montht-1 (yymm format);
* D\_DC\_CHG\_FLAG = 0;
* D\_DC\_ELG\_EXT = montht-1 (yymm format);
* D\_CHC\_ELG\_FLAG = 0;
* D\_CHC\_ELG\_EXT = montht-1 (yymm format);
* D\_MDC\_A\_ELG\_FLAG = 0;
* D\_MDC\_A\_ELG\_EXT = montht-1 (yymm format);
* D\_MDC\_B\_CHG\_FLAG = 0;
* D\_MDC\_B\_ELG\_EXT = montht-1 (yymm format);
* D\_PNLEC\_CHG\_FLAG = 0;
* D\_PNLEC\_EXT = montht-1 (yymm format);
* D\_ENR\_CHG\_FLAG = 0 ;
* D\_ENR\_EXTRACT = montht-1 (yymm format);
* D\_LOC\_CHG\_FLAG = 0;
* D\_LOC\_EXT = montht-1 (yymm format);
* D\_MA\_CHG\_FLAG=0;
* D\_MA\_EXT = montht-1 (yymm format);
* D\_ULOC\_CHG\_FLAG=0;
* D\_ULOC\_EXT = montht-1 (yymm format);
* D\_DI\_HCDP CHG\_FLAG=0;
* D\_DI\_HCDP\_EXT = montht-1 (yymm format);
* D\_PNL\_CAT\_CHG\_FLAG = 0;
* D\_PNL\_CAT\_EXT = montht-1 (yymm format);
* D\_ASG\_HCDP\_CHG\_FLAG = 0;
* D\_ASG\_HCDP\_EXT = montht-1 (yymm format);
* D\_CS1\_HCDP\_PMT\_FCTR\_CHG\_FLAG = 0;
* D\_CS1\_HCDP\_PMT\_FCTR\_EXT = montht-1 (yymm format);
* D\_CS2\_HCDP\_PMT\_FCTR\_CHG\_FLAG = 0;
* D\_CS2\_HCDP\_PMT\_FCTR\_EXT = montht-1 (yymm format);
* D\_CS3\_HCDP\_PMT\_FCTR\_CHG\_FLAG = 0;
* D\_CS3\_HCDP\_PMT\_FCTR\_EXT = montht-1 (yymm format);
* D\_ PREM\_OVRD\_CHG\_FLAG = 0;
* D\_ PREM\_OVRD\_EXT = montht-1 (yymm format);
* D\_CONTRA\_DT\_FLAG = 0; and
* D\_OBSOLETE = 0.

1. **Death test.** For each record key in **both** the montht-1 raw DEERS and the montht update records, compare the Person Death Code and Person Death Date field for the two files and perform the adjustments described in table I-2. That is, both statements must be true in order to apply the indicated adjustments. Note that no other tests should be applied if a record’s Death Codewas modified as the result of the death test.
2. **New record test:** If a given record key is in the montht update records, but not the montht-1 raw DEERS records, and

* if DC\_CDt <> N and (DC\_BELIG\_DTt <= first day of montht-1 and (DC\_EELIG\_DTt => first day of montht-1 or blank); or
* if CHC\_CDt <> N and (CHC\_BELIG\_DTt <= first day of montht-1 and (CHC\_EELIG\_DTt => first day of montht-1 or blank); or
* PNL\_CAT\_CD in (NV) and PNL\_BGN\_ DTt <= first day of montht-1 and (PNL\_END\_DTt => first day of montht-1 or blank);

then output the record from montht update records to the montht-1 adjusted raw file.

Note that no other tests need to be applied as part of the montht-1 retrofit to records added as a result of the new record test.

**Table I-2: Logic for Death Test**

| **Case** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | PN\_DTH\_CDt =  PN\_DTH\_CDt-1 | PN\_DTH\_DTt =  PN\_DTH\_DTt-1 | No adjustments required by death test. |
| 2 | PN\_DTH\_CDt = Y  PN\_DTH\_CDt-1 = Y | PN\_DTH\_DTt <>  PN\_DTH\_DTt-1 | LST\_EXT\_DT = LST\_EXT\_DTt  PN\_DTH\_DT = PN\_DTH\_DTt  D\_DTH\_CHG\_FLAG =1  D\_DTH\_EXT = D\_DTH\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG = 1  D\_OBSOLETE = 0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 3 | PN\_DTH\_CDt = Y  PN\_DTH\_CDt-1 = N | PN\_DTH\_DTt on or after first day of montht-1 or blank | No adjustments required by death test |
| 4 | PN\_DTH\_CDt = Y  PN\_DTH\_CDt-1 = N | PN\_DTH\_DTt prior to first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  PN\_DTH\_CD = PN\_DTH\_CDt  PN\_DTH\_DT = PN\_DTH\_DTt  D\_DTH\_CHG\_FLAG = 1  D\_DTH\_EXT = D\_DTH\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG = 1  D\_OBSOLETE = 0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 5 | PN\_DTH\_CDt = N  PN\_DTH\_CDt-1 = Y | Any | LST\_EXT\_DT= LST\_EXT\_DTt  PN\_DTH\_CD = PN\_DTH\_CDt  PN\_DTH\_DT = PN\_DTH\_DTt  D\_DTH\_CHG\_FLAG = 1  D\_DTH\_EXT = D\_DTH\_EXT t  DC\_CD=DC\_CDt  DC\_BELIG\_DT=DC\_BELIG\_DTt  DC\_EELIG\_DT=DC\_EELIG\_DTt  CHC\_CD=CHC\_CDt  CHC\_BELIG\_DT=CHC\_BELIG\_DTt  CHC\_EELIG\_DT=CHC\_EELIG\_DTt  PNLEC\_TYP\_CD=PNLEC\_TYP\_CDt  PNLEC\_BGN\_DT=PNLEC\_BGN\_DTt  PNLEC\_END\_DT=PNLEC\_END\_DTt  PNLEC\_ERSN\_CD=PNLEC\_ERSN\_CDt  MDC\_A\_BRSN\_CD=MDC\_A\_BRSN\_CDt  MDC\_A\_EFF\_DT= MDC\_A\_EFF\_DTt  MDC\_A\_EXP\_DT= MDC\_A\_EXP\_DTt  MDC\_B\_BRSN\_CD=MDC\_B\_BRSN\_CDt  MDC\_B\_EFF\_DT= MDC\_B\_EFF\_DTt  MDC\_B\_EXP\_DT= MDC\_B\_EXP\_DTt  MI\_\*=MI\_\*t  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG = 1  D\_OBSOLETE = 0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |

1. **Eligibility gain tests.** For each record key that is in both the montht-1 raw DEERS and the montht update records, and that was in cases 1, 2, or 3 of the death test, perform the following eligibility gain tests. Compare the contents of the direct care, civilian health care from the montht-1 raw DEERS, and apply test logic presented in Table I-3. Note that there is an ‘AND’ condition between the code test and the date test for each case. That is, both statements must be true in order to apply the indicated adjustments. Further, note that multiple cases may apply to each record, so each test in Table I-3 should be conducted for each record key, but that at most, two records will be output to the montht-1 adjusted raw DEERS records for each record that passes one or more of these tests:

* The raw montht-1 DEERS records, with D\_OBSOLETE=1; and
* The adjusted record created using the union of adjustments identified in Table I-3 and the other tests described in this document (other fields in this adjusted record shouldequal to the values for those fields in the montht-1 record.

**Table I-3: Logic for Eligibility Gain Test**

| **Case** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | DC\_CDt <> N  and  DC\_CDt <> DC\_CDt-1 | DC\_BELIG\_DTt <= first day of montht-1 and  (DC\_EELIG\_DTt => first day of montht-1 or blank) | LST\_EXT\_DT= LST\_EXT\_DTt  DC\_CD= DC\_CDt  DC\_BELIG\_DT= DC\_BELIG\_DTt  DC\_EELIG\_DT= DC\_EELIG\_DTt  PNA\_BGN\_DT = PNA\_BGN\_DTt  MED\_FAM\_BNF\_EXT\_CD=’Y’  D\_DC\_CHG\_FLAG=1  D\_DC\_ELG\_EXT= D\_DC\_ELG\_EXTt  D\_EXT\_MONTH=montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | CHC\_CDt <> N  and  CHC\_CDt <> CHC\_CDt-1 | CHC\_BELIG\_DTt <= first day of montht-1 and  (CHC\_EELIG\_DTt => first day of montht-1 or blank) | LST\_EXT\_DT= LST\_EXT\_DTt  CHC\_CD= CHC\_CDt  CHC\_BELIG\_DT= CHC\_BELIG\_DTt  CHC\_EELIG\_DT= CHC\_EELIG\_DTt  PNA\_BGN\_DT = PNA\_BGN\_DTt  MED\_FAM\_BNF\_EXT\_CDt-1=’Y’  D\_CHC\_ELG\_FLAG=1  D\_DC\_ELG\_EXT= D\_DC\_ELG\_EXTt  D\_EXT\_MONTH= montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 3 | Not in cases 1-2 | | No adjustments required by eligibility gain test |

1. **Eligibility Loss Tests.** For each record key that is in both the montht-1 raw DEERS and the montht update records, and that was in cases 1, 2, or 3 of the death test, apply test logic presented in Table I-4. Note that there is an ‘AND’ condition between the code test and the date test for each case. That is, both statements must be true in order to apply the indicated adjustments. Further, note that multiple cases may apply to a single record key. For record keys that had an adjusted record created as the result of eligibility gain tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an additional adjusted record.

**Table I-4: Logic for Eligibility Loss Tests**

| **Case** | **Personnel Category Code** | **Person Type Code** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- | --- | --- |
| 1 | A,J, N, V | Any | (DC\_CDt = N  and  DC\_CDt-1 <> N) | PNL\_END\_DTt < first day of montht-1 | LST\_EXT\_DT = LST\_EXT\_DTt  DC\_CD = DC\_CDt  DC\_BELIG\_DT = DC\_BELIG\_DTt  DC\_EELIG\_DT = DC\_EELIG\_DTt  D\_DC\_CHG\_FLAG =1  D\_DC\_ELG\_EXT = D\_DC\_ELG\_EXTt  D\_EXT\_MONTH = montht-1  **PNL\_END\_DT= PNL\_END\_DTt**  D\_CONTRA\_DT\_FLAG =1  D\_OBSOLETE = 0  Note: montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | A,J, N, V | D | (DC\_CDt = N  and  DC\_CDt-1 <> N) | Person Association End Date from montht (PNA\_END\_DTt) < first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  DC\_CD= DC\_CDt  DC\_BELIG\_DT= DC\_BELIG\_DTt  DC\_EELIG\_DT= DC\_EELIG\_DTt  D\_DC\_CHG\_FLAG=1  D\_DC\_ELG\_EXT= D\_DC\_ELG\_EXTt  D\_EXT\_MONTH=montht-1  **PNA\_END\_DT= PNA\_END\_DTt**  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note: montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 3 | A, J, N, V | Any | (CHC\_CDt = N  and  CHC\_CDt-1 <> N) | PNL\_END\_DTt < first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  CHC\_CD= CHC\_CDt  CHC\_BELIG\_DT= CHC\_BELIG\_DTt  CHC\_EELIG\_DT= CHC\_EELIG\_DTt  D\_CHC\_ELG\_FLAG=1  D\_CHC\_ELG\_EXT= D\_CHC\_ELG\_EXTt  D\_EXT\_MONTH=montht-1  PNL\_END\_DT= PNL\_END\_DTt  D\_ CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 4 | A,J, N, V | D | (CHC\_CDt = N  and  CHC\_CDt-1 <> N) | Person Association End Date from montht (PNA\_END\_DTt) < first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  CHC\_CD= CHC\_CDt  CHC\_BELIG\_DT= CHC\_BELIG\_DTt  CHC\_EELIG\_DT= CHC\_EELIG\_DTt  D\_CHC\_ELG\_FLAG=1  D\_CHC\_ELG\_EXT= D\_CHC\_ELG\_EXTt  D\_EXT\_MONTH= montht-1  PNA\_END\_DT= PNA\_END\_DTt  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 5 | R | Not D | No adjustments required by eligibility loss test | | |
| 6 | R | D | (DC\_CDt = N  and  DC\_CDt-1 <> N) | Person Association End Date from montht (PNA\_END\_DTt) < first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  DC\_CD= DC\_CDt  DC\_BELIG\_DT= DC\_BELIG\_DTt  DC\_EELIG\_DT= DC\_EELIG\_DTt  D\_DC\_CHG\_FLAG=1  D\_DC\_ELG\_EXT= D\_DC\_ELG\_EXTt  D\_EXT\_MONTH = montht-1  PNA\_END\_DT= PNA\_END\_DTt  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 7 | R | D | (CHC\_CDt = N  and  CHC\_CDt-1 <> N) | Person Association End Date from montht (PNA\_END\_DTt) < first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  CHC\_CD= CHC\_CDt  CHC\_BELIG\_DT= CHC\_BELIG\_DTt  CHC\_EELIG\_DT= CHC\_EELIG\_DTt  D\_CHC\_ELG\_FLAG=1  D\_CHC\_ELG\_EXT= D\_CHC\_ELG\_EXTt  D\_EXT\_MONTH = montht-1  PNL\_END\_DT= PNL\_END\_DTt  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 8 | Other Combinations | | No adjustments required by eligibility loss test | | |

1. **Medicare A test**. For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, apply the logic in table I-5. Both the code test ***and*** the date test for each case must be true to apply the adjustments. For record keys with an adjusted record created as the result of eligibility loss or gain tests, use the adjusted record as the source for the montht-1 information and target for adjustments: do not create an *additional* adjusted record.

**Table I-5: Logic for Medicare A Test**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | MDC\_A\_BRSN\_CDt <>  MDC\_A\_BRSN\_CDt-1 | MDC\_A\_EFF\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  MDC\_A\_BRSN\_CD = MDC\_A\_BRSN\_CDt  MDC\_A\_EFF\_DT = MDC\_A\_EFF\_DTt  MDC\_A\_EXP\_DT = MDC\_A\_EXP\_DTt  D\_MDC\_A\_ELG\_FLAG = 1  D\_MDC\_A\_ELG\_EXT = D\_MDC\_A\_ELG\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_DLAG = 1  D\_OBSOLETE = 0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | MDC\_A\_BRSN\_CDt =  MDC\_A\_BRSN\_CDt-1 | MDC\_A\_EXP\_DTt < first day of montht-1 and MDC\_A\_EXP\_DTt-1 => first day of montht-1 or blank |
| 3 | Other combinations | | No adjustments required due to Medicare A test |

1. **Medicare B test**. For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, apply the logic in table I-6. Both the code test ***and*** the date test for each case must be true to apply the adjustments. For record keys with an adjusted record created as the result of eligibility loss or gain tests, use the adjusted record as the source for the montht-1 information and target for adjustments: do not create an *additional* adjusted record.

**Table I-6: Logic for Medicare B Test**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | MDC\_B\_BRSN\_CDt <>  MDC\_B\_BRSN\_CDt-1 | MDC\_B\_EFF\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  MDC\_B\_BRSN\_CD = MDC\_B\_BRSN\_CDt  MDC\_B\_EFF\_DT = MDC\_B\_EFF\_DTt  MDC\_B\_EXP\_DT = MDC\_B\_EXP\_DTt  D\_MDC\_B\_CHG\_FLAG =1  D\_MDC\_B\_ELG\_EXT = D\_MDC\_B\_ELG\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_DLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | MDC\_B\_BRSN\_CDt = MDC\_B\_BRSN\_CDt-1 | MDC\_B\_EXP\_DTt < first day of montht-1 and  MDC\_B\_EXP\_DTt-1 => first day of montht-1 or blank |
| 3 | Other combinations | | No adjustments required due to Medicare B test |

1. **Entitlement condition test.** For each record key that is in both the montht-1 raw DEERS and the montht update records, and that was in cases 1, 2, or 3 of the death test, and for which the Personnel Category Code is either A, J, N or V, apply test logic presented in Table I-7. Both the code test ***and*** the date test for each case must be true to apply the adjustments. For record keys with an adjusted record created as the result of eligibility loss or gain tests, use the adjusted record as the source for the montht-1 information and target for adjustments: do not create an *additional* adjusted record.

**Table I-7: Logic for Entitlement Condition Test**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | PNLEC\_TYP\_CDt <>  PNLEC\_TYP\_CDt-1 | PNLEC\_BGN\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  PNLEC\_TYP\_CD = PNLEC\_TYP\_CDt  PNLEC\_BGN\_DT = PNLEC\_BGN\_DTt  PNLEC\_END\_DT = PNLEC\_END\_DTt  MBR\_CAT\_CD = MBR\_CAT\_CDt  DC\_CD = DC\_CDt\*  DC\_BELIG\_DT = DC\_BELIG\_DTt\*  DC\_EELIG\_DT = DC\_EELIG\_DTt\*  CHC\_CD = CHC\_CDt\*  CHC\_BELIG\_DT = CHC\_BELIG\_DTt\*  CHC\_EELIG\_DT = CHC\_EELIG\_DTt\*  D\_PNLEC\_CHG\_FLAG = 1  D\_PNLEC\_EXT = montht  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG = 1  D\_OBSOLETE = 0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) (unless reset by eligibility gain or eligibility loss tests) and no other changes |
| 2 | PNLEC\_TYP\_CDt =  PNLEC\_TYP\_CDt-1 | (PNLEC\_BGN\_DTt <= first day of montht-1 and <> PNLEC\_BGN\_DTt-1) or (PNLEC\_END\_DTt <= first day of montht-1 and <> PNLEC\_END\_DTt-1) |
| 3 | Other combinations | | No adjustments required due to entitlement condition test |

\*if not already set by previous tests

1. **Enrollment Test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the enrollment test. For record keys with an adjusted record created as the result of eligibility loss or gain tests, use the adjusted record as the source for the montht-1 information and target for adjustments: do not create an *additional* adjusted record.

Pre-01 January 2018 extracts should not be adjusted based on enrollment information from extracts dated 01 January 2018 or later.

For extracts prior to 01 January 2018, apply test logic presented in Table I-8. TRS, TRR, and TYA records are identifiable by the MI\_HCDP\_PLN\_CVG\_CD values:

* TRICARE Reserve Select (TRS) values (401, 402, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414);
* TRICARE Reserve Retired (TRR) values (418, 419, 420, 421); and
* TRICARE Young Adult (TYA) values (422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432).

Note that cases 1-14 in table I-8 all result in copying the montht update record enrollment field information into the adjusted montht-1 record.

For extracts dated 01 January 2018 and later, apply the test logic presented in Table I-9. Both the code test and the date test for each case must be true to apply the adjustments. There are four pairs of tests in Table I-9, each applying to a different set of enrollment fields, because each set of enrollment ***date*** fields (begin and end) govern a different set of enrollment ***code*** fields. Therefore, each set of enrollment date fields must be tested to identify the full set of enrollment ***date*** and ***code*** fields that must be adjusted in montht-1.

Note that this Enrollment test is only for retrofitting data for February 2004 and later. Another process will be required for retrofitting enrollment information for months prior to February 2004.

**Table I-8: Logic for Enrollment Test (pre-01 January 2018 Extracts)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Case** | **MI\_HCDP\_PLN\_CVG\_CDt-1** | **MI\_HCDP\_PLN\_CVG\_CDt** | **MI\_PCM\_SLCT\_BGN\_DTt-1** | **MI\_PCM\_SLCT\_**  **END\_DTt-1** | **MI\_PCM\_SLCT\_BGN\_DTt** | **MI\_PCM\_SLCT\_**  **END\_DTt** | **Montht-1 DEERS Record Adjustments** |
| 1 | Not in {TRS, TRR, TYA} | Not in {TRS, TRR, TYA} | Prior to or equal to first day of montht-1 | Blank or greater than or equal to first day of montht-1 | Prior to or equal to first day of montht-1 AND different from MI\_PCM\_SLCT\_BGN\_DTt-1 | Any | LST\_EXT\_DT= LST\_EXT\_DTt  MI\_\*=MI\_\*t where MI\_\*t not equal to MI\_\*t-1  D\_ENR\_CHG\_FLAG=1  D\_ENR\_EXTRACT= D\_ENR\_EXTRACTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | Same as MI\_PCM\_SLCT\_BGN\_DTt-1 | Prior to first day of montht-1 |
| 3 | Blank | Blank |
| 5 | Any combination showing no enrollment as of first day of montht-1 | | Prior to or equal to first day of montht-1 | Blank or greater than or equal to first day of montht-1 |
| 6 | Blank | Blank |
| 7 | MI\_PCM\_SLCT\_BGN\_DTt= MI\_PCM\_SLCT\_BGN\_DTt-1, MI\_PCM\_SLCT\_END\_DTt= MI\_PCM\_SLCT\_END\_DTt-1 but othe MI\_\*t fields not equal to corresponding MI\_\*t-1 fields | | | |
|  |  |  | **MI\_EMC\_ENRL\_BGN\_DTt-1** | **MI\_EMC\_ENRL\_END\_DTt-1** | **MI\_EMC\_ENRL\_BGN\_DTt** | **MI\_EMC\_ENRL\_**  **END\_DTt** |  |
| 8 | TRS or TRR or TYA | TRS or TRR or TYA | Prior to or equal to first day of  montht-1 | Blank or greater than or equal to first day of  montht-1 | Prior to or equal to first day of montht-1 AND different from MI\_EMC\_ENRL\_BGN\_DTt-1 | Any | LST\_EXT\_DT= LST\_EXT\_DTt  MI\_\*=MI\_\*t where MI\_\*t not equal to MI\_\*t-1  D\_ENR\_CHG\_FLAG=1  D\_ENR\_EXTRACT= D\_ENR\_EXTRACTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 9 | Same as MI\_EMC\_ENRL\_BGN\_DTt-1 | Prior to first day of montht-1 |
| 10 | Blank | Blank |
| 12 | Any combination showing no enrollment as of first day of montht-1 | | Prior to or equal to first day of montht-1 | Blank or greater than or equal to first day of montht-1 |
| 13 | Blank | Blank |
| 14 | MI\_EMC\_ENRL\_BGN\_DTt= MI\_EMC\_ENRL\_BGN\_DTt-1, MI\_EMC\_ENRL\_END\_DTt= MI\_EMC\_ENRL\_END\_DTt-1 but othe MI\_\*t fields not equal to corresponding MI\_\*t-1 fields | | | |
|  |  |  | **Montht-1 Date Tests** | | **Montht Date Tests** | |  |
| 4 | Not in {TRS, TRR, TYA} | TRS or TRR or TYA | Any MI\_PCM\_SLCT\_BGN\_DTt-1,  MI\_PCM\_SLCT\_END\_DTt-1 | | MI\_EMC\_ENRL\_BGN\_DTt  prior to or equal to first day of montht-1 | Any MI\_EMC\_ENRL\_  END\_DTt | Same as cases1-3 and 5; 8 through 10 and 12 |
| 11 | TRS or TRR or TYA | Not in {TRS, TRR, TYA} | Any MI\_EMC\_ENRL\_BGN\_DTt-1 MI\_EMC\_ENRL\_END\_DTt-1 | | MI\_PCM\_SLCT\_BGN\_DTt, prior to or equal to first day of montht-1 | Any MI\_PCM\_SLCT\_  END\_DTt |
| **All other MI\_HCDP\_PLN\_CVG\_CD, MI\_PCM\_SLCT\_BGN\_DT, MI\_PCM\_SLCT\_END\_DT, MI\_EMC\_ENRL\_BGN\_DT, MI\_EMC\_END\_DT Combinations** | | | | | | | |
| 15 | All other combinations | | | | | | No adjustments required due to enrollment test. |

**Table I-9: Logic for Enrollment Tests (Extracts Dated 01 January 2018 and Later)**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1a | (MI\_HCDP\_PLN\_CVG\_CDt <> MI\_HCDP\_PLN\_CVG\_CDt-1) ***or*** (MI\_HCDP\_EMC\_CDt <> MI\_HCDP\_EMC\_CDt-1) ***or*** (MI\_EMC\_ENRL\_ERSN\_CDt <> MI\_EMC\_ENRL\_ERSN\_CDt-1) | MI\_EMC\_ENRL\_BGN\_DTt <= first day of montht-1 | MI\_HCDP\_PLN\_CVG\_CD = MI\_HCDP\_PLN\_CVG\_CDt  MI\_HCDP\_EMC\_CD = MI\_HCDP\_EMC\_CDt  MI\_EMC\_ENRL\_ERSN\_CD = MI\_EMC\_ENRL\_ERSN\_CDt  MI\_EMC\_ENRL\_BGN\_DT = greater of (20180101, MI\_EMC\_ENRL\_BGN\_DTt)  MI\_EMC\_ENRL\_END\_DT = greater of (20180101, MI\_EMC\_ENRL\_END\_DTt) |
| 1b | (MI\_HCDP\_PLN\_CVG\_CDt = MI\_HCDP\_PLN\_CVG\_CDt-1) ***and*** (MI\_HCDP\_EMC\_CDt = MI\_HCDP\_EMC\_CDt-1) ***and*** (MI\_EMC\_ENRL\_ERSN\_CDt = MI\_EMC\_ENRL\_ERSN\_CDt-1) | (MI\_EMC\_ENRL\_BGN\_DTt <= first day of montht-1 and <> MI\_EMC\_ENRL\_BGN\_DTt-1) or (MI\_EMC\_ENRL\_END\_DTt <= first day of montht-1 and <> MI\_EMC\_ENRL\_END\_DTt-1) |
| 2a | (MI\_PCM\_PROV\_TYP\_CDt <> MI\_PCM\_PROV\_TYP\_CDt-1) ***or***  (MI\_PCM\_IDt <> MI\_PCM\_IDt-1) ***or***  (MI\_PCM\_ID\_TYP\_CDt <> MI\_PCM\_ID\_TYP\_CDt-1) ***or***  (MI\_PCM\_EDVSN\_DMIS\_IDt <> MI\_PCM\_EDVSN\_DMIS\_IDt-1) ***or***  (MI\_PCM\_RGN\_CDt <> MI\_PCM\_RGN\_CDt-1) ***or***  (MI\_PCM\_SLCT\_ERSN\_CDt <> MI\_PCM\_SLCT\_ERSN\_CDt-1) | MI\_PCM\_SLCT\_BGN\_DTt <= first day of montht-1 | MI\_PCM\_PROV\_TYP\_CD = MI\_PCM\_PROV\_TYP\_CDt-  MI\_PCM\_ID = MI\_PCM\_IDt  MI\_PCM\_ID\_TYP\_CD = MI\_PCM\_ID\_TYP\_CDt  MI\_PCM\_EDVSN\_DMIS\_ID = MI\_PCM\_EDVSN\_DMIS\_IDt  MI\_PCM\_RGN\_CD = MI\_PCM\_RGN\_CDt  MI\_PCM\_SLCT\_ERSN\_CD = MI\_PCM\_SLCT\_ERSN\_CDt  MI\_PCM\_SLCT\_BGN\_DT= greater of (20180101, MI\_PCM\_SLCT\_BGN\_DTt)  MI\_PCM\_SLCT\_END\_DT= greater of (20180101, MI\_PCM\_SLCT\_END\_DTt) |
| 2b | (MI\_PCM\_PROV\_TYP\_CDt = MI\_PCM\_PROV\_TYP\_CDt-1) ***and***  (MI\_PCM\_IDt = MI\_PCM\_IDt-1) ***and***  (MI\_PCM\_ID\_TYP\_CDt = MI\_PCM\_ID\_TYP\_CDt-1) ***and***  (MI\_PCM\_EDVSN\_DMIS\_IDt = MI\_PCM\_EDVSN\_DMIS\_IDt-1) ***and***  (MI\_PCM\_RGN\_CDt = MI\_PCM\_RGN\_CDt-1) ***and***  (MI\_PCM\_SLCT\_ERSN\_CDt = MI\_PCM\_SLCT\_ERSN\_CDt-1) | (MI\_PCM\_SLCT\_BGN\_DTt <= first day of montht-1 and <> MI\_PCM\_SLCT\_BGN\_DTt-1) or (MI\_PCM\_SLCT\_END\_DTt <= first day of montht-1 and <> MI\_PCM\_SLCT\_END\_DTt-1) |
| 3a | MI\_HCDP\_CDt <> MI\_HCDP\_CDt-1 | MI\_HCDP\_BGN\_DTt <= first day of montht-1 | MI\_HCDP\_CD = MI\_HCDP\_CDt  MI\_EMC\_ENRL\_ERSN\_CD = MI\_EMC\_ENRL\_ERSN\_CDt  MI\_HCDP\_BGN\_DT = greater of (20180101, MI\_HCDP\_BGN\_DTt)  MI\_EMC\_ENRL\_END\_DT = greater of (20180101, MI\_EMC\_ENRL\_END\_DTt) |
| 3b | MI\_HCDP\_CDt = MI\_HCDP\_CDt-1 | (MI\_HCDP\_BGN\_DTt <= first day of montht-1 and <> MI\_HCDP\_BGN\_DTt-1) or (MI\_EMC\_ENRL\_END\_DTt <= first day of montht-1 and <> MI\_EMC\_ENRL\_END\_DTt-1) |
| 4a | MI\_PLCY\_HCDP\_CNTC\_CDt <> MI\_PLCY\_HCDP\_CNTC\_CDt-1 ***or***  MI\_HCDP\_PEP\_ERSN\_CDt <> MI\_HCDP\_PEP\_ERSN\_CDt-1 | MI\_HCDP\_PEP\_BGN\_DTt <= first day of montht-1 | MI\_PLCY\_HCDP\_CNTC\_CD = MI\_PLCY\_HCDP\_CNTC\_CDt  MI\_HCDP\_PEP\_ERSN\_CD = MI\_HCDP\_PEP\_ERSN\_CDt  MI\_HCDP\_PEP\_BGN\_DT = greater of (20180101, MI\_HCDP\_PEP\_BGN\_DTt)  MI\_HCDP\_PEP\_END\_DT= greater of (20180101, MI\_HCDP\_PEP\_END\_DTt) |
| 4b | MI\_PLCY\_HCDP\_CNTC\_CDt = MI\_PLCY\_HCDP\_CNTC\_CDt-1 ***and***  MI\_HCDP\_PEP\_ERSN\_CDt = MI\_HCDP\_PEP\_ERSN\_CDt-1 | (MI\_ HCDP\_PEP\_BGN\_DTt <= first day of montht-1 and <> MI\_ HCDP\_PEP\_BGN\_DTt-1) or (MI\_ HCDP\_PEP\_END\_DTt <= first day of montht-1 and <> MI\_ HCDP\_PEP\_END\_DTt-1) |
| 5 | If ***any*** test above results in Montht-1 DEERS Record Adjustments | | LST\_EXT\_DT= LST\_EXT\_DTt  D\_ENR\_CHG\_FLAG = 1  D\_ENR\_EXT = D\_ENR\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG = 1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 6 | All other combinations | | No adjustments required due to enrollment test. |

1. **Derived Location test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the location change test presented in Table I-10. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-10: Derived Location Change Test Logic**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| 1 | DRVD\_LOC\_PR\_ZIP\_CDt <> DRVD\_LOC\_PR\_ZIP\_CDt-1 | DRVD\_LOC\_DTt prior to or equal to first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  DRVD\_LOC\_PR\_ZIP\_CD=DRVD\_LOC\_PR\_ZIP\_CDt  DRVD\_LOC\_ST\_CD= DRVD\_LOC\_ST\_CDt  DRVD\_LOC\_CTRY\_CD=DRVD\_LOC\_CTRY\_CDt  DRVD\_LOC\_DT= DRVD\_LOC\_DTt  D\_LOC\_CHG\_FLAG=1  D\_LOC\_EXT= D\_LOC\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | All other combinations | | Use raw montht-1 DEERS record |

1. **Personnel Category test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the personnel category change test presented in Table I-11. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-11: Personnel Category Change Test Logic**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | PN\_CAT\_CDt <>  PNL\_CAT\_CDt-1 | PNL\_BGN\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  PNL\_CAT\_CD = PNL\_CAT\_CDt  PNL\_BGN\_DT = PNL\_BGN\_DTt  PNL\_END\_DT = PNL\_END\_DTt  MBR\_CAT\_CD= MBR\_CAT\_CDt  D\_PNL\_CHG\_FLAG=1  D\_PNL\_CAT\_EXT = D\_PNL\_CAT\_EXTt  D\_EXT\_MONTH= montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) (unless reset by eligibility gain or eligibility loss tests) and no other changes |
| 2 | PNL\_CAT\_CDt =  PNL\_CAT\_CDt-1 | (PNL\_BGN\_DTt <= first day of montht-1 and <> PNL\_BGN\_DTt-1) or (PNL\_END\_DTt <= first day of montht-1 and <> PNL\_END\_DTt-1) |
| 3 | Other combinations | | No adjustments required due to personnel category test |

\*if not already set by previous tests

1. **Mailing AddressDerived Location test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the location change test presented in Table I-12. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-12: Mailing Address Location Change Test Logic**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| 1 | MA\_PR\_ZIP\_CDt <> MA\_PR\_ZIP\_CDt-1 | MA\_DTt prior to or equal to first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  MA\_PR\_ZIP\_CD=MA\_PR\_ZIP\_CDt  MA\_LOC\_ST\_CD= MA\_LOC\_ST\_CDt  MA\_LOC\_CTRY\_CD=MA\_LOC\_CTRY\_CDt  MA\_DT=MA\_DTt  D\_MA\_LOC\_CHG\_FLAG=1  D\_MA\_LOC\_EXT= D\_LOC\_EXTt  D\_EXT\_MONTH= montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | All other combinations | | Use raw montht-1 DEERS record |

1. **Unit Location test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the location change test presented in Table I-13. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-13: Unit Location Change Test Logic**

|  |  |  |  |
| --- | --- | --- | --- |
| **Case** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| 1 | ULOC\_PR\_ZIP\_CDt <> ULOC\_PR\_ZIP\_CDt-1 | ULOC\_DTt prior to or equal to first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  ULOC\_PR\_ZIP\_CD=ULOC\_PR\_ZIP\_CDt  ULOC\_ST\_CD= ULOC\_ST\_CDt  ULOC\_CTRY\_CD=ULOC\_CTRY\_CDt  ULOC\_DT=ULOC\_DTt  D\_ULOC\_CHG\_FLAG=1  D\_ULOC\_EXT= D\_LOC\_EXTt  D\_EXT\_MONTH= montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | All other combinations | | Use raw montht-1 DEERS record |

1. **Dental Insured HCDP Change Test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the following enrollment test. For each record in either the montht-1 raw DEERS or the montht update records, apply test logic presented in Table I-13. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

* Cases 1-6 involve comparing contents of the Dental Insured Enrollment Management Contractor (EMC) Enrollment Begin and End Dates; and
* Case 7 comprises all combinations not in cases 1 through 6.

Note that cases 1-6 in table I-14 all result in copying the montht update record enrollment field information into the adjusted montht-1 record. What distinguishes cases 1 through 4 from cases 5 and 6 is that cases 1 through 4 all result in the D\_CONTRA\_DT being set equal to 1, while cases 5 and 6 result in D\_CONTRA\_DT being set to zero.

**Table I-14: Logic for Dental Insured HCDP Test**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case** | **DI\_EMC\_ENRL\_BGN\_DTt-1** | **DI\_EMC\_ENRL\_END\_DTt-1** | **DI\_EMC\_ENRL\_BGN\_DTt** | **DI\_EMC\_ENRL\_END\_DTt** | **Montht-1 DEERS Record Adjustments** |
| 1 | Prior to or equal to first day of montht-1 | Blank or greater than or equal to first day of montht-1 | Prior to or equal to first day of montht-1 AND different from DI\_EMC\_ENRL\_BGN\_DTt-1 | Any | LST\_EXT\_DT= LST\_EXT\_DTt  DI\_\*=DI\_\*t where MI\_\*t not equal to MI\_\*t-1  D\_DI\_HCDP\_CHG\_FLAG=1  D\_DI\_HCDP\_EXTTRACT= D\_ENR\_EXTRACTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) and no other changes |
| 2 | Same as DI\_EMC\_ENRL\_BGN\_DTt-1 | Prior to first day of montht-1 |
| 3 | Blank | Blank |
| 4 | Any combination showing no enrollment as of first day of montht-1 | | Prior to or equal to first day of montht-1 | Blank or greater than or equal to first day of montht-1 |
| 5 | Blank | Blank |
| 6 | DI\_EMC\_ENRL\_BGN\_DTt= DI\_EMC\_ENRL\_BGN\_DTt-1, or  DI\_EMC\_ENRL\_END\_DTt= DI\_EMC\_ENRL\_END\_DTt-1 | | | |
| **All other , DI\_EMC\_ENRL\_BGN\_DT, DI\_EMC\_END\_DT Combinations** | | | | | |
| 7 | All other combinations | | | | Use raw montht-1 DEERS record |

1. **Assigned HCDP test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the assigned HCDP change test presented in Table I-15. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-15: Assigned HCDP Change Test Logic**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | ASG\_HCDP\_PLN\_CVG\_CDt <>  ASG\_HCDP\_PLN\_CVG\_CDt-1 | ASG\_HCDP\_BGN\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  ASG\_HCDP\_PLN\_CVG\_CD = ASG\_HCDP\_PLN\_CVG\_CDt  ASG\_HCDP\_ERSN\_CD=ASG\_HCDP\_ERSN\_CDt  ASG\_HCDP\_BGN\_DT = ASG\_BGN\_BGN\_DTt  ASG\_HCDP\_END\_DT = ASG\_HCDP\_END\_DTt  D\_ASG\_HCDP\_CHG\_FLAG=1  D\_ASG\_HCDP\_EXT = D\_ASG\_HCDP\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) (unless reset by eligibility gain or eligibility loss tests) and no other changes |
| 2 | ASG\_HCDP\_PLN\_CVG\_CDt =  ASG\_HCDP\_PLN\_CVG\_CDt-1 | (ASG\_HCDP\_BGN\_DTt <= first day of montht-1 and <> ASG\_HCDP\_BGN\_DTt-1) or (ASG\_HCDP\_END\_DTt <= first day of montht-1 and <> ASG\_HCDP\_END\_DTt-1) |
| 3 | Other combinations | | Use raw montht-1 DEERS record |

1. **Cost Share HCDP Payment Factor test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the cost share HCDP payment factor change test presented in Table I-16 – for each of Cost Share 1, 2 and 3 HCDP cost factors. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-16: Cost Share HCDP Payment Factor Change Test Logic**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | CS\*\_HCDP\_PMT\_FCTR\_CDt <>  CS\*\_HCDP\_PMT\_FCTR\_CDt-1 | CS\*\_HCDP\_PMT\_FCTR\_EFF\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  CS\*\_HCDP\_PMT\_FCTR\_CD = CS\*\_HCDP\_PMT\_FCTR\_CDt  CS\*\_HCDP\_PMT\_FCTR\_ERSN\_CD = CS\*\_HCDP\_PMT\_FCTR\_ERSN\_CDt  CS\*\_HCDP\_PMT\_FCTR\_EFF\_DT = CS\*\_HCDP\_PMT\_FCTR\_EFF\_DTt  CS\*\_HCDP\_PMT\_FCTR\_END\_DT = CS\*\_HCDP\_PMT\_FCTR\_END\_DTt  D\_CS\*\_HCDP\_PMT\_FCTR\_CHG\_FLAG=1  D\_ CS\*\_HCDP\_PMT\_FCTR\_EXT = CS\*\_HCDP\_PMT\_FCTR\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) (unless reset by eligibility gain or eligibility loss tests) and no other changes |
| 2 | CS\*\_HCDP\_PMT\_FCTR\_CDt =  CS\*\_HCDP\_PMT\_FCTR\_CDt-1 | (CS\*\_HCDP\_PMT\_FCTR\_EFF\_DTt <= first day of montht-1 and <> CS\*\_HCDP\_PMT\_FCTR\_EFF\_DTt-1) or (CS\*\_HCDP\_PMT\_FCTR\_END\_DTt <= first day of montht-1 and <> CS\*\_HCDP\_PMT\_FCTR\_END\_DTt-1) |
| 3 | Other combinations | | Use raw montht-1 DEERS record |

1. **Premium Override Action test.** For each record key that is in **both** the montht-1 raw DEERS and the montht update records, **and** **that was in cases 1, 2, or 3 of the death test**, perform the premium override action change test presented in Table I-. For record keys that had an adjusted record created as the result of previously described tests, use the adjusted record as the source for the montht-1 information and perform any modifications resulting from the test directly to that adjusted record: do not create an *additional* adjusted record.

**Table I-17: Premium Override Action Change Test Logic**

| **Test** | **Code Test** | **Date Test** | **Montht-1 DEERS Record Adjustments** |
| --- | --- | --- | --- |
| 1 | PREM\_OVRD\_ACTN\_CDt <>  PREM\_OVRD\_ACTN\_CDt-1 | PREM\_OVRD\_EFF\_DTt <= first day of montht-1 | LST\_EXT\_DT= LST\_EXT\_DTt  PREM\_OVRD\_ACTN \_CD = PREM\_OVRD\_ACTN \_CDt  PREM\_OVRD\_ERSN\_CD = PREM\_OVRD\_ERSN\_CDt  PREM\_OVRD\_ERSN\_EFF\_DT = PREM\_OVRD\_ERSN\_EFF\_DTt  PREM\_OVRD\_ERSN\_END\_DT = PREM\_OVRD\_ERSN\_END\_DTt  D\_ PREM\_OVRD\_CHG\_FLAG=1  D\_ PREM\_OVRD\_EXT = PREM\_OVRD\_EXTt  D\_EXT\_MONTH = montht-1  D\_CONTRA\_DT\_FLAG=1  D\_OBSOLETE=0  Note : montht-1 raw record also output, with D\_OBSOLETE=1, additional fields initialized as indicated in section (3.) (unless reset by eligibility gain or eligibility loss tests) and no other changes |
| 2 | PREM\_OVRD\_ACTN\_CDt =  PREM\_OVRD\_ACTN\_CDt-1 | (PREM\_OVRD\_EFF\_DTt <= first day of montht-1 and <> PREM\_OVRD\_EFF\_DTt-1) or (PREM\_OVRD\_END\_DTt <= first day of montht-1 and <> PREM\_OVRD\_END\_DTt-1) |
| 3 | Other combinations | | Use raw montht-1 DEERS record |

I.3 **Field-Level Legacy TEF Retrofitting Requirements**

The FDE/PITE retrofitting is based on a walk-back approach. Direction for how far back to carry any specific retrofit will be provided by TMA/DHCAPE. For the months February 2004 and later, this process will automatically produce retrofitted TEF files, because the DEERS PITE/VM4/VM6 file for these months was the source of enrollment information. For months prior to February 2004, however, the source of enrollment data was the legacy TEF, a different feed, from a different database at DMDC. The proposed approach to creating retrofitted enrollment data is to preprocess the FDE/PITE, using the following steps:

1. *For August 2003 and earlier only: Add DOD\_EDI\_PN\_ID from September 2004 to those DEERS/PITE records with missing DOD\_EDI\_PN\_ID, based on record key.*
2. Clear NED fields on raw montht-1 DEERS/PITE records.
3. Write montht-1 TEF records to flat file.
4. Merge the NED-cleared montht-1 FDE/PITE records from step (1.) with the montht-1 TEF records from step (2.) (based on Sponsor SSN, Legacy DDS), to populate the raw NED fields with TEF enrollment information, as shown in Table I-15.

**Table I-15: Mapping of TEF fields to DEERS/PITE NED fields**

|  |  |  |
| --- | --- | --- |
| **FDE/PITE NED field** | **TEF field** | |
| MI\_PCM\_SLCT\_BGN\_DT | ACV Begin Date | |
| MI\_PCM\_SLCT\_END\_DT | ACV End Date | |
| MI\_HCDP\_PLN\_CVG\_CD | Map from ACV:  A => 106  D => 120  E => 107 | G => 140  L => 141  U => 109 |
| MI\_PCM\_EDVSN\_DMIS\_ID | Enrollment DMISID | |
| LEG\_TEF\_SVC\_CD (New field) | Sponsor Branch of Service | |

Note that, particularly for months when PITE files rather than FDE files are available, there will be records on the legacy TEF that are not on the PITE file. Do not add these records to the FDE/PITE. After the NED fields have been populated, the FDE/PITE with TEF enrollment fields may now be submitted to the FDE/PITE retrofit process, in place of the montht-1 raw records.

There are several benefits to this approach:

1. It is streamlined, and takes minimal development of additional processors.
2. It takes advantage of already developed processes, particularly for creating MDR and M2 extracts.
3. “Future” enrollments in the legacy TEF will not be reported in the retrofitted TEF by virtue of the FDE/PITE approach to determining enrollment
4. Legacy-TEF reported enrollments of ineligible beneficiaries will not be reported in the retrofitted TEF by virtue of the FDE/PITE approach to creating the TEF file
5. All required demographic information from the FDE/PITE file will be reported in the TEF file.

In addition to the requirements above pertaining to preprocessing the FDE/PITE data and legacy TEF data for a given month, there are two other requirements to be applied to other processors for the pre-February 2004 processing:

1. The VM6 processor must be changed to write out blanks for D\_MI\_HCDP\_PLN\_CVG\_ CD, because this field no longer reflects data from the raw PITE/FDE data.
2. The retrofit process extracting the update records from any given month’s adjusted raw data must pull ***all*** enrollment records, because retroactive enrollments won’t necessarily be copied onto previous months’ FDEs from subsequent FDEs using the FDE/PITE retrofit process as currently designed, which uses the FDE/PITE Last Extract Date field. Therefore, the update records extraction requirement must be revised to: from the montht adjusted raw FDE, obtain

* records with LST\_EXT\_DT >= first day of montht-1 ; or
* Records with MI\_PCM\_SLCT\_BGN\_DT valid and prior or equal to the first day of montht-1 AND MI\_PCM\_SLCT\_END\_DT blank or valid and equal or after the first day of montht-1.

**Appendix J: Derivations for the 01 January 2018 Snapshot**

The following derivations apply only to the 01 January 2018 Snapshot. After the walkback, January 2018 data will be processed according to the specifications above.

J.1 Medical Privilege Code (D\_ELG\_CD)

For extracts prior to 01 January 2018, D\_ELG\_CD is derived according to the logic in Table A-5. For extracts dated 01 February 2018 or later, and for the January 2018 data after it has been walked back, the derivation is in Table A-6. The derivation for the 01 January 2018 snapshot before the walkback is shown in Table J-1.

Table J-1: Logic for Determining Medical Privilege Code (01 January 2018 Snapshot)

| **Case** | **DC\_CD** | | **D\_MI\_HCDP\_PLN\_CVG\_CD3 (and D\_MI\_PCM\_PROV\_TYP\_CD)** | | **ASG\_HCDP\_PLN\_CVG\_CD, CHC\_CD, MDC\_A\_BRSN\_CD (and MDC\_B\_BRSN for cases 12-19)** | | **PNLEC\_TYP\_CD, ASG\_HCDP\_PLN\_CVG\_CD** | **Medical Privilege Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | PN\_DTH\_CD=Y and PN\_TYP\_CD not D and Dependent Quantity >0 | | | | | | | 3 |
| 2 | PN\_DTH\_CD=Y and (PN\_TYP\_CD = D or Dependent Quantity = 0) | | | | | | | 0 |
| 3 | Any | (311, 313-315, 330-332) (and MI\_PCM\_PROV\_TYP\_CD=U or D\_MI\_PCM\_EDVSN\_DMIS\_ID in (0190-0199))11 | | Any | | Any | | U |
| 4 | (304, 314) (and MI\_PCM\_PROV\_TYP\_CD not U and D\_MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | | CHC\_CD not T6 and MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | | 5 |
| 5 | In (303, 305-308, 310-313, 315, 331, 332)  (and MI\_PCM\_PROV\_TYP\_CD not U and D\_MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | | 2 |
| 6 | CHC\_CD= T5 or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | | A |
| 7 | (304, 314) (and MI\_PCM\_PROV\_TYP\_CD not U and D\_MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | | B |
| 8 | 330 (and MI\_PCM\_PROV\_TYP\_CD not U and D\_MI\_PCM\_EDVSN\_DMIS\_ID not in (0190-0199))4 | | CHC\_CD not T6  And MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | | PNLEC\_TYP\_CD not in (20-26, 31,34-37, 39-41, 48)10 | | 2 |
| 9 | PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | | 5 |
| 10 | CHC\_CD= T5  or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | | B |
| 11 | PNLEC\_TYP\_CD not in (20-26, 31,34-37, 39-41, 48)10 | | A |
| 12 | 346 | | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and MDC\_B\_BRSN\_CD=B14 | | PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | | B |
| 13 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD <> B15 | | 5 |
| 14 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and  MDC\_B\_BRSN\_CD <> B15 | | 6 |
| 15 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD=B14 | | 4 |
| 16 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and MDC\_B\_BRSN\_CD=B14 | | PNLEC\_TYP\_CD not in (20-26, 31, 34-37, 39-41, 48)10 | | A |
| 17 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD <> B15 | | 2 |
| 18 | MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 and  MDC\_B\_BRSN\_CD <> B15 | | 7 |
| 19 | MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 and MDC\_B\_BRSN\_CD=B14 | | 1 |
| 20 | (E, S, W)1 | Blank16 | | CHC\_CD = N6 and MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | | PNLEC\_TYP\_CD not in (20-26, 31, 34-37, 39-41, 48)10 | | 1 |
| 21 | CHC\_CD = T5 or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | | 7 |
| 22 | CHC\_CD=M5 | | 2 |
| 23 | PNLEC\_TYP\_CD in (20-26, 31, 34-37, 39-41, 48)9 | | 5 |
| 24 | CHC\_CD = N6 and MDC\_A\_BRSN\_CD not in (A,D,E,F,P,R)8 | | 4 |
| 25 | CHC\_CD = T5 or MDC\_A\_BRSN\_CD in (A,D,E,F,P,R)7 | | 6 |
| 26 | (R,D,F,L,O,P)1 | CHC\_CD = any and MDC\_A\_BRSN\_CD = Any | | Any | | 8 |
| 27 | N2 | CHC\_CD=N6  And MDC\_A\_BRSN\_CD=Any | | 0 |
| 28 | CHC\_CD=M5  And MDC\_A\_BRSN\_CD=Any | | C |
| 29 | CHC\_CD=T5  And MDC\_A\_BRSN\_CD=Any | | M |
| 30 | CHC\_CD not (T, M, N)5  And MDC\_A\_BRSN\_CD=Any | | 8 |
| 31 | Any other combination | | | | | | | 9 |

1 And DC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and DC\_EELIG\_DT either blank or after or equal to first day of extract month.

2 Or DC\_BELIG\_DT not prior or equal to first day of extract month or DC\_EELIG\_DT prior to first day of extract month.

3 and D\_MI\_EMC\_ENRL\_BGN\_DT is not blank and is prior or equal to first day of extract month and D\_MI\_EMC\_ENRL\_END\_DT either blank or after or equal to first day of extract month.

4 or MI\_PCM\_SLCT\_BGN\_DT not not prior or equal to first day of extract month or MI\_PCM\_SLCT\_END\_DT prior to first day of extract month

5 And CHC\_BELIG\_DT is not blank and is prior or equal to first day of extract month and CHC\_EELIG\_DT either blank or after or equal to first day of extract month

6 or CHC\_BELIG\_DT not prior or equal to first day of extract month or CHC\_EELIG\_DT prior to first day of extract month

7 and MDC\_A\_EFF\_DT is not blank and is prior or equal to first day of extract month and MDC\_A\_EXP\_DT either blank or after or equal to first day of extract month

8 Or MDC\_A\_EFF\_DT not prior or equal to first day of extract month or MDC\_A\_EXP\_DT prior to first day of extract month

9 and PNLEC\_BGN\_DT is not blank and is prior or equal to first day of extract month and PNLEC\_END\_DT either blank or after or equal to first day of extract month

10 Or PNLEC\_BGN\_DT not prior or equal to first day of extract month or PNLEC\_END\_DT prior to first day of extract month

11 And MI\_PCM\_SLCT\_BGN\_DT is not blank and is prior or equal to first day of extract month and MI\_PCM\_SLCT\_END\_DT either blank or after or equal to first day of extract month

12 And ASG\_HCDP\_BGN\_DT is not blank and is prior or equal to first day of extract month and ASG\_HCDP\_END\_DT either blank or after or equal to first day of extract month

13 or ASG\_HCDP\_BGN\_DT not prior or equal to first day of extract month or ASG\_HCDP\_END\_DT prior to first day of extract month

14 and MDC\_B\_EFF\_DT is not blank and is prior or equal to first day of extract month and MDC\_B\_EXP\_DT either blank or after or equal to first day of extract month

15 Or MDC\_B\_EFF\_DT not prior or equal to first day of extract month or MDC\_B\_EXP\_DT prior to first day of extract month

16 or MI\_EMC\_ENRL\_BGN\_DT not not prior or equal to first day of extract month or MI\_EMC\_ENRL\_END\_DT prior to first day of extract month

**J.2 ACV Group (D\_ACV\_GROUP)**

For extracts prior to 01 January 2018, D\_ACV\_GROUP is derived according to the logic in Table B-19. For extracts dated 01 February 2018 or later, and for the January 2018 data after it has been walked back, the derivation is in Table B-18. The derivation for the 01 January 2018 snapshot before the walkback is shown in Table J-2.

**Table J-2: ACV Group Logic (Extracts Dated 01 January 2018 and Later)**

| **Case** | **D\_MI\_HCDP\_PLN\_CVG\_CD** | **D\_MI\_PCM\_**  **EDVSN\_DMIS\_ID,**  **D\_MI\_PCM\_**  **PROV\_TYP\_CD** | **D\_COM\_BEN\_CAT\_CD** | **D\_ACV\_GROUP** | **Description** |
| --- | --- | --- | --- | --- | --- |
| 1 | in (310 – 315, 330 – 332)1 | (D\_MI\_PCM\_EDVSN\_DMIS\_ID in (0190 – 0199) or D\_MI\_PCM\_PROV\_TYP\_CD=U)3 | Any | DP | Designated Provider |
| 2 | D\_MI\_PCM\_EDVSN\_DMIS\_ID in (3000-4000, 6301-6343)3 | R | MHS-Reliant |
| 3 | Any Other | PR | TRICARE Prime |
| 4 | 3461 | Any | PL | TRICARE Plus |
| 5 | In (306, 307)1 | O | Other |
| 6 | Other | 4 | R | MHS-Reliant |
| 7 | All other combinations | | | O | Other |

1 And D\_MI\_EMC\_ENRL\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_EMC\_ENRL\_END\_DT either greater than or equal to snapshot date or blank.

2 Or D\_MI\_EMC\_ENRL\_BGN\_DT not less than or equal to snapshot date or D\_MI\_EMC\_ENRL\_END\_DT less than snapshot date.

3 And D\_MI\_PCM\_SLCT\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_ PCM\_SLCT\_END\_DT either greater than or equal to snapshot date or blank.

4 Or D\_MI\_ PCM\_SLCT\_BGN\_DT not less than or equal to snapshot date or D\_MI\_ PCM\_SLCT\_END\_DT less than snapshot date.

**Appendix K: Extraction Rules and File Format for the MDR DEERS Email Address file**

This file is not yet being created while the extraction rules are being worked out. This appendix is here as a temporary placeholder until the rules are determined.

Frequency: The PITE Email Address file is prepared each time an MDR PITE is processed (monthly). This file is created simultaneously with the MDR PITE by extracting the email address fields in the source PITE together with a subset of fields from the MDR PITE. The PITE Email Address files are monthly SAS datasets

Extraction Rules: Include one record for each DOD\_EDI\_PN\_ID that appears in the data with a valid email address. An email address will be considered valid if the PNL\_EMA\_TX field contains an at-sign character (@). If any DOD\_EDI\_PN\_ID has more than one record populated with a valid email address, select the record that has the most recent Last Extract Date. Filter out records with PNL\_EMA\_PMSN\_CD = N? Filter to ADSM?

File Format:

|  |  |  |  |
| --- | --- | --- | --- |
| **PITE Email Address Field** | **SAS Name** | **MDR PITE Field** | **Format** |
| Unique Person ID | PATUNIQ | DOD\_EDI\_PN\_ID | Char(10) |
| Email Address | EMAIL | PNL\_EMA\_TX | Char(80) |
| Email Address Use Permission Code | EMAIL\_PERMISSION | PNL\_EMA\_PMSN\_CD | Char(1) |
| Email Address Delivery Quality Code | EMAIL\_QUALITY | PNL\_EMA\_DLVRY\_QL\_CD | Char(1) |
| Last Extract Date | LST\_EXT\_DT | LST\_EXT\_DT | SAS Date |
| Person Identifier | PATSSN | PN\_ID | Char(9) |

**Appendix L: Derivations for Retrofitting NDAA17 Variables onto October-December 2017 data**

The following derivations apply only to data from October-December 2017. Data from January 2018 forward will be processed according to the specifications above.

**L.1 Enrollment Group (D\_ENR\_GRP\_CD)**

For extracts on or after 01 January 2018, D\_ENR\_GRP\_CD is derived according to the logic in Exhibit B-13. The derivation for data from October-December 2017 is shown below in Exhibit L-1.

**Exhibit L-1: Enrollment Group Values and Logic (October-December 2017 data)**

| **Case** | **MDR\_ACV** | **Enrollment Group Code** | **Enrollment Group Meaning** |
| --- | --- | --- | --- |
| 1 | A, E, H, J, B, F, Q | P | TRICARE Prime |
| 2 | G, L | L | TRICARE Plus |
| 3 | U | U | Designated Provider (USFHP) |
| 4 | Other | Z | Not Enrolled |

**L.2 Primary Care Manager Type (D\_PCM\_TYP\_CD)**

For extracts on or after 01 January 2018, D\_PCM\_TYP\_CD is derived according to the logic in Exhibit B-16. The derivation for data from October-December 2017 is shown below in Exhibit L-2.

**Exhibit L-2: Enrollment PCM Type Values and Logic (October-December 2017 data)**

| **Case** | **MDR\_ACV** | **D\_MI\_PCM\_**  **EDVSN\_DMIS\_ID** | **Enrollment PCM Type Values** | **Meanings** |
| --- | --- | --- | --- | --- |
| 1 | U | Any | U | Designated Provider |
| 2 | A, E, H, J, B, F | In (6913-6924)1 | C | Network PCM |
| 3 | In (7913-7924)1 | R | TRICARE Prime Remote |
| 4 | A, E, H, J, B, F, G, L | Not in (6913-6924, 7913-7924)2 | M | MTF PCM |
| 5 | Q | Any | O | Ops Forces |
| 6 | All Others | Any | Z | Not Enrolled |

1 AND D\_MI\_PCM\_SLCT\_BGN\_DT valid and less than or equal to snapshot date and D\_MI\_PCM\_SLCT\_END\_DT either greater than or equal to snapshot date or blank.

2 Or D\_MI\_PCM\_SLCT\_BGN\_DT not less than or equal to snapshot date or D\_MI\_PCM\_SLCT\_END\_DT prior to snapshot date.

1. Walkback Fields are only populated in retrofitted or walked-back versions of each extract [↑](#footnote-ref-2)
2. 1 Retrofit/Walkback Fields are only populated in retrofitted or walked-back versions of each extract [↑](#footnote-ref-3)
3. Appendix 1 written byDHSS and subsequently modified by HPA&E (July 02 modification) [↑](#footnote-ref-4)