Pharmacy Data Transaction Service (PDTS)
for the
MHS Data Repository (MDR)
(Version 2.05.00)

Future Specification

Revision History

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.00.00	03/27/2008	N. Bowling	• Entire document	• Initial versioning.
1.01.00	08/25/2010	N. Bowling	• Table "MDR PDTS Fields"	• New value included in the "Fill Location" field.
1.02.00	10/21/2010	N. Bowling	• Table "MDR PDTS Fields"	• Updated derivation for "Fill Location" field.
1.03.00	02/25/2011	N. Bowling	• Table "MDR PDTS Fields"	• Created the new field "ACV Group" in position 621. • Set "DDS" to blank for FY09+.
1.04.00	03/24/2011	N. Bowling	• Table "MDR PDTS Fields"	• Created the new field "New RX Number" in position 636. • Updated derivation rules for "Sub Dispensing Fee".
1.04.01	05/16/2012	S. Keane	• Table "MDR PDTS Fields"	• Updated fields.
1.05.00	06/14/2012	S. Keane	• Table "MDR PDTS Fields"	• Added Medical Home fields.
1.06.00	08/10/2012	S. Keane	• Table "MDR PDTS Fields"	• Removed PPS fields.
1.06.01	10/01/2012	S. Keane	• Table "MDR PDTS Fields"	• Updated Medical Home fields.
1.07.00	01/17/2013	S. Keane	• Table "MDR PDTS Fields" and Appendix A	• Added new value in the "Fill Location" field for theater claims (TMDS) and updated derivation rules for related fields.
1.08.00	02/26/2013	S. Keane	• Appendix A and its references	• Replaced list of NDCs with reference files.
1.09.00	03/12/2013	S. Keane	• Table "MDR PDTS Fields"	• Updated linking between PDTS and ASADR/CADRE RX.
1.09.01	06/10/2013	D. McDonald	• Table "MDR PDTS Fields"	• Update Derivation of ACV Group.
1.09.02	10/04/2013	S. Keane	• Table "MDR PDTS Fields"	• Update linking between PDTS and ASADR/CADRE RX and Ancillary Pharmacy.
1.09.03	10/29/2013	S. Keane	• Table "MDR PDTS Fields"	• Update linking between PDTS and ASADR/CADRE RX and Ancillary Pharmacy.
1.09.04	05/28/2014	S. Keane	• Table "MDR PDTS Fields"	• Correct logic in Treatment DMIS ID derivation.
1.10.00	06/06/2014	S. Keane	• Table "MDR PDTS Fields" and Appendix A	• Remove application of sections 1-4 of Appendix A: PEC-approved algorithms.
1.10.01	01/05/2015	S. Keane	• Table "MDR PDTS Fields"	• Add Fields: Patient Category Code and Patient Subcategory Code.
2.00.00	05/15/2015	S. Keane	• Section V, Table 1 External Reference Files • Section VI, Table 2 MDR PDTS File Layout and Content	• Convert to SAS dataset • Reorder fields by Source then Name • Insert External Reference Files Table • Increase size of Authorization Number fields
2.00.01	06/16/2015	S. Keane	• Section VI, Table 2 MDR PDTS File Layout and Content	• Correct field positions.

Version	Date	Originator	Para/Tbl/Fig	Description of Change
2.00.02	07/30/2015	S. Keane	• Section VI, Table 2 MDR PDTS File Layout... and Appendix B	• Update derivation of region fields • Remove "Position" column • Update Appendix B SAS names
2.00.03	09/22/2015	S. Keane	• Section VI, Table 2	• Add derived fields • Add leading zero to New Refill Code • Update derivation of region fields.
2.00.04	10/20/2015	S. Keane	• Section V1, Table 2 • Appendix C	• Modify Ingredient Cost using of Weighted Acquisition Unit Prices (WAUP) discussed in Appendix C.
2.00.05	01/05/2016	S. Keane	• Table 2	• Send HSSC Region (HSSCREG) to M2 "Beneficiary HSSC Region".
2.00.06	07/13/2016	S. Keane	• Tables 1 and 2	• Changed derivation of residence-based zip fields to use D_ZIP
2.01.00	10/25/2017	K. Hutchinson	• Table 2	• Changes for NDAA 2017 and T2017 • Delete fields
2.02.00	01/02/2018	S. Keane	• Table 2 • Appendix C	• Limit the modification of MTF Ingredient Cost using WAUP from 1May2015 and 30April2017.
2.02.01	05/23/2018	S. Keane	• Table 2 • Appendices B and C Administrative changes only.	• Clean up language re: the modification of MTF Ingredient Cost using WAUP from 1May2015 to 30April2017. • Undo deletions, set FY requirements.
2.03.00	11/20/2018	S. Keane	• Table 2	• Send DEA Class to M2; Derive GENESIS Flag, Cleanup OCI.
2.03.01	11/29/2018	S. Keane	• Table 2	• Send Compound Indicator to M2; Create placeholder for Member Category Code, and Member Relationship Code.
2.03.02	12/3/2018	S. Keane	• Table 2	• Remove placeholder for Member Category Code and Member Relationship Code.
2.03.03	06/19/2020	S. Keane	• Table 2	• Add Service Line
2.03.04	08/24/2020	S. Keane	• Table 2	• Correct Service Line Derivation
2.03.05	09/30/2020	S. Keane	• Table 2	• Add PCM Name, PCM NPI, and PCM NPI Type Code.
2.04.00	01/26/2022	S. Keane	• Table 2 and Section III	• Update Fill Location based on MCSC Code and update 0/blank fields. Update processing Frequencies.
2.04.01	02/04/22	S. Keane	• Table 2	• Update Fill Location based on MCSC Code and update COBTTL.
2.05.00	07/29/2024	S. Keane	• Sections V and VI	• Additions of new fields received from PDW feed to MDR • Update LVM4 to LVM6.

PHARMACY DATA TRANSACTION SERVICE (PDTS) FOR MDR

I.   SOURCE

Data capture system: Pharmacy Data Transaction Service (PDTS)

II.   TRANSMISSION (FORMAT AND FREQUENCY)

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

III. ORGANIZATION AND BATCHING

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

IV.   RECEIVING FILTERS

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

V.   FIELD TRANSFORMATIONS AND DELETIONS FOR MDR CORE DATABASE

1. A unique person identifier consists of the Sponsor SSN, DEERS Dependent Suffix (DDS) and "Family Sequence Identifier". In the PDTS file, these fields

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[1] A new transaction is appended to the file; a reversal of an old transaction erases the old transaction. The correct key to identify a transaction for appending or reversing is the *Authorization Number* of the original transaction and the *Original Authorization Number* of the reversing transaction.

are called the *Subscriber ID* (SSN+DDS) and *Member Number* Family Seq ID). Beginning in FY04, this is replaced by the Universal Patient Identifier.

- If the "Family Sequence Identifier" is greater than 5 or less than 1, set this value to 1 for PITE merge. Original value is retained in MDR PDTS.

2. For FY02 and FY03, the feed is merged to the DEERS beneficiary data, merging based on:
   - The person key above (in the PITE, the DDS is the "legacy DDS").
   - The month of prescription fill matching the month in which the data was extracted from DEERS.
   - The PITE record with a Primary Record Identifier.
   - If merge to correct PITE month (based on dispensing date) is unsuccessful, attempt merge to previous PITE month. If still unsuccessful, merge to PITE month after dispensing date. If either of these is successful, set Match Flag = "N".
     - Should the correct PITE month (based on dispensing date) not yet exist, attempt to merge to most current PITE month and note (but still include in the database with DEERS Match Flag = 'P') records for future reprocessing against correct PITE month when available.
     - Should the PITE month after the dispensing date not yet exist, note (but still include in the database with DEERS Match Flag = 'N') records for future reprocessing against next PITE month when available.
   - From this merge, appended to the records are those fields identified as "from PITE" in the following table.

3. For FY04 and forward, the feed is merged to the ==LVM6==, merging based on:
   - The Universal Patient Identifier.
   - The date of prescription fill.
   - From this merge, appended to the records are those fields identified as "from ==LVM6==" in the following table.

4. A lookup to the "Pharmacy Identifier – MTF/contractor Crosswalk" table (or its equivalent in the DMIS ID Index table) is used to append Treatment DMIS ID.

5. Merge each encounter record to the Reservist Table File by Sponsor SSN. Reservist Special Operation Code and Reservist Status Code are appended to the encounter record if the dispensing date occurred during the time frame in which the beneficiary is eligible to receive TRICARE benefits, that is, is within the begin and end dates inclusive on a matching Reservist Table file record.

6. See the MPI specification for appending Person Association Reason Code.

7. Various other fields are appended and derived as noted in the table that follows.

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

TABLE 1. EXTERNAL REFERENCE FILES

MERGE	DATE Matching	ADDITIONAL Matching
Master Person Index	n/a	See MPI Specification
==Longitudinal VM6==	Date Dispensed (DATEDISP)	Patient EDIPN (EDIPN)
DMISID Index	FY of Date Dispensed (DATEDISP)	Treatment DMIS ID (TMTDMIS)

MERGE	DATE MATCHING	ADDITIONAL MATCHING
Omni-CAD	FY/FM of Date Dispensed (DATEDISP)	Specified Zip Code and Sponsor Branch of Service (SVC)
Reservist GWOT	Date Dispensed (DATEDISP)	Sponsor SSN (SPONSSN)
Enrollment MEPRS	Date Dispensed (DATEDISP)	Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification
ASADR/CADRE	Date Dispensed (DATEDISP)	Universal Patient Identifier, Provider Code, NDC and Date Dispensed
RXID	n/a	See derivation rule for Treatment DMIS ID (TXDMIS) below

VI. FILE LAYOUT AND CONTENT

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

TABLE 2. MDR PDTS FILE LAYOUT AND CONTENT

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
PDTS				
Actual Submitted Gross Amount Due - COB	COBGROSS	12.2		No derivation. Populated FY06+. No longer available as of June 2015; will be 0 (zero) or null.
Amount Applied to Medicare Part D Drug Spend	MPDAMT	12.2		No derivation. Populated FY06+. No longer available as of June 2015; will be 0 (zero) or null.
Amount Applied to TROOP (true out of pocket)	TROOPAMT	12.2		No derivation. Populated FY06+. No longer available as of June 2015; will be 0 (zero) or null.
Authorization Number	AUTHNUM	$14	Record ID	No derivation. (Unique Transaction Key) (A rejection with this authorization number as its original authorization number will delete this record.)
Authorization Number (ESI)	AUTHNUM_ESI	$20		No Derivation.
AWP Unit Price	AWP_UP	10.5		No derivation. The unit price of the prescription based on the Average Wholesale Price (AWP). No longer available as of June 2015; will be 0 (zero) or null.
Chain Code	CHAINCD	$4		No derivation. (NCPDP-defined identifier of drugstore chains – PDTS created one for CHCS parent-child families)
Compound Code	COMPCODE	$2	Compound Drug Indicator (FY14+)	No derivation. (Whether or not a compound - Y, N, or Not Submitted (NS))
Compound Dosage Form Description Code	COMPDOSE	$2	Compound Dosage Form Code	No Derivation.
Data Warehouse Date Loaded	WHSEDATE	YYMMDD8.		No derivation.
Date Dispensed Key	DATEDISP	YYMMDD8.	Issue Date	No derivation.
Date Written Key	DATEWRTN	YYMMDD8.		No derivation. If date written is prior to calendar year 2001, then set to blank.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
DAW (Dispensed As Written)	DAW	$1	Dispensed as Written Code	No derivation. 0 = No product selection indicated 1 = Substitution not allowed by provider 2 = Substitution allowed - patient requested product dispensed 3 = Substitution allowed pharmacist selected product dispensed 4 = Substitution allowed - generic drug not in stock 5 = Substitution allowed - brand drug dispensed as generic 6 = Override 7 = Substitution not allowed - brand drug mandated by law 8 = Substitution allowed - generic drug not available in marketplace 9 = Other D, blank = unknown (Get code table from NCPDP)
Days Supply	DAYSUPLY	3	Days Supply	No derivation.
DEA Class	DEACLASS	$1	DEA Class/ Drug Schedule (FY14+)	No derivation. Proscribing authority class for controlled substance.
DEA Number	DEANUM	$10	DEA Number	No derivation. Submitted provider DEA number (or SSN/etc for an MTF prescriber).
DEERS Beneficiary ID	D_BENE	$2		No Derivation.
DEERS Family ID	D_FAMILY	$9		No Derivation.
Diagnosis Code 1	rawDX1	$15		No Derivation. Derive DX1 from rawDX1 removing decimals. Send DX1 to M2.
Diagnosis Code 2	rawDX2	$15		No Derivation. Derive DX2 from rawDX2 removing decimals. Send DX2 to M2.
Diagnosis Code 3	rawDX3	$15		No Derivation. Derive DX3 from rawDX3 removing decimals. Send DX3 to M2.
Diagnosis Code 4	rawDX4	$15		No Derivation. Derive DX4 from rawDX4 removing decimals. Send DX4 to M2.
Diagnosis Code 5	rawDX5	$15		No Derivation. Derive DX5 from rawDX5 removing decimals. Send DX5 to M2.
Diagnosis Code Count	COUNTDX	8	Diagnosis Code Count	No Derivation.
Diagnosis Code Qualifier 1	DXQUAL1	$2		No Derivation.
Diagnosis Code Qualifier 2	DXQUAL2	$2		No Derivation.
Diagnosis Code Qualifier 3	DXQUAL3	$2		No Derivation.
Diagnosis Code Qualifier 4	DXQUAL4	$2		No Derivation.
Diagnosis Code Qualifier 5	DXQUAL5	$2		No Derivation.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Dispensing Unit Form Indicator	DISPUNIT	$1	Dispensing Unit Form Indicator	No Derivation.
Formulary Indicator	FORMULARY_IND	$1	Formulary Indicator	No Derivation.
GC1 Specific Therapeutic Code	GC1	$1		No Derivation.
GC1 Specific Therapeutic Description	GC1_DESC	$50		No Derivation.
GC3 Specific Therapeutic Code	GC3	$3		No Derivation.
GC3 Specific Therapeutic Description	GC3_DESC	$65		No Derivation.
GC4 Active Ingredient	GC4	$4		No Derivation.
GCN Sequence Number	GCN_SEQ	$6		No Derivation.
Generic Code Number	GCN	$5	Generic Class	No derivation. Generic code number across different NDCs of like drug, strength, etc.
Generic Indicator	GENIND	$1	Generic Indicator	No derivation. O = brand that has generic equivalents Y = generic N = Proprietary with no equivalent generics.
Incentive Fee	INCENTIVE	9.2	Incentive Fee	No Derivation.
Maintenance Drug	MANTDRUG	$1	Maintenance Drug Flag	(Y/N). Recode value of "0" to N
MCSC Code	MCSCCODE	$7		No derivation.
Medicare Part D Phase	MC_D_PHASE	$1		No derivation. D = Deductible not yet met I = Initial coverage range from deductible to limit G = gap between the limit and the catastrophic cap so no coverage C = Catastrophic cap reached so covered Blank /0 (zero) = not an enrollee in Part D Populated FY06+. No longer available as of June 2015; will be blank.
Member Number	OFAMSEQ	3	DEERS Family Sequence Number	No derivation (DEERS Family Seq ID). If raw field is nonnumeric then set = 1.
MTF Approved Indicator	MTF_PA_IND	$1		No Derivation.
National Provider ID	PROV_NPI	$10	National Provider ID	No Derivation.
NDC	NDC	$11	NDC	No derivation.
New Refill Code	FILLCODE	$2	Refill Number	No derivation. Which sequence in the refill (00 is the first fill) (may not be populated in CHCS). FY15 forward, add leading zero, i.e., covert 0-9 to 00 – 09.
Number of Refills Authorized	REFILLS	$2	Refills Authorized	No Derivation.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Number of Scripts	SCRIPT	numeric		Count of Authorization Number (AUTHNUM).
Orange Book Code	ORANGE	$2	Orange Book Code	No Derivation.
Original Authorization Number	OAUTHNUM	$14		No Derivation.
Other Coverage Indicator	OCI	$1	Other Insurance	Updates from PDTS for "Other Coverage Indicator" stopped on 4/30/15. FY15 forward either use OHI Indicator (field 37) from CADRE RX or set to null. Y = OHI N = no OHI.
Other Payer Amount Paid – COB	COBOTHER	12.2	Paid by OHI / Medicare	If Fill Location = D or C or R then set to 0. Otherwise, no derivation. Populated FY06+.
Over the Counter Flag	OTC	$1	Over the Counter Flag	No Derivation.
Paper Claim Indicator	PAPERCLM	$1	Paper Claim Indicator	No derivation. Populated FY07+.
Patient Date of Birth	PDTSDOB	YYMMDD8.	Date of Birth	No derivation.
Patient First Name	FIRSTNME	$12		No derivation.
Patient Gender	GENDER	$1	Gender	If missing use value from the LVM4 (FY04+) or from the PITE (FY03). See paragraphs V.2. and V.3. above for merge rules.
Patient Last Name	LASTNME	$15		No derivation.
Patient Middle Initial	MIDINTL	$1		No derivation.
PDTS Claim Status	OCLMSTAT	$8		No derivation.
PDTS Fill Location	OFILLLOC	$10		No derivation, raw PDTS value.
Pharmacy Lockin Flag	LOCKFLAG_PHARMACY	$5		No derivation.
Pharmacy NPI	SITENPI	$10	Pharmacy NPI	If Source System = C or D then derived from Provider Code and Pharmacy Identifier – MTF DMIS ID Crosswalk. Pharmacy NPI is located in positions 5 – 14. If value not located in crosswalk, then leave blank. If Source System = M or T, then do the following: If Submitted Pharmacy ID = Provider Code set to blank. Otherwise, set to Submitted Pharmacy ID.
Pharmacy/Drug Lockin Flag	LOCKFLAG_RXDRUG	$5		No Derivation.
Pharmacy/Prescriber Lockin Flag	LOCKFLAG_RXDOC	$5		No Derivation.
Prescriber ID	PROV_ID	$10	Provider ID	No Derivation.
Prescriber Lockin Flag	LOCKFLAG_PRESCRIBER	$5		No Derivation.
Prescriber/Drug Lockin Flag	LOCKFLAG_DOCDRUG	$5		No Derivation.
Prescription Origin Code	RX_ORIGIN_CD	$1	Prescription Origin Code	No Derivation.
Prime Vendor	PRIMEV	0	Pricing Source[1]	No derivation. Populated FY06+. No longer available as of June 2015; will be null.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Product Form	PRODFORM	$2	Product Form	No derivation. Example "TB" type entry.
Product Name	PRODNAME	$27	Product Name	No derivation.
Product Strength	PRODSTRG	$10	Product Strength	No derivation. Example "10 mg" type entry.
Provider Code	NCPDPNUM	$12	Pharmacy ID	No derivation. NCPDP Identifier.
Quantity Prescribed	QTY_PRESCRIBED	8	Quantity Prescribed	No derivaton.
Raw AWP Claim Price	OAWP_CP	12.4		No derivation. Populated FY06+. No longer available as of June 2015; will be 0 (zero) or null.
Raw COB Indicator	RAW_COB	$5		No derivation. Populated FY06+.
Raw Medicare Part D Indicator	MPDRAW	$5		No derivation. Populated FY06+.
Raw Metric Decimal Quantity	QTYRAW	9.3		NO Derivation. Quantity (modified) equals the Raw Metric Decimal Quantity.
Raw Patient Identifier	RUPID	$10		No derivation. Populated FY03+.
Raw Submitted Ingredient Cost	OINGRCST	10.2		Prior to May1, 2017, If Fill Location = D or C or R and value is greater than 100,000, set to 0. Otherwise, leave value as received. On or after May1, 2017, No derivation.
Reject Code 1	REJECT1	$2	Reject Code 1	No derivation. Should be blank for all three fields as only used on reject records which are not kept in the MDR.
Reject Code 2	REJECT2	$2	Reject Code 2	null
Reject Code 3	REJECT3	$2	Reject Code 3	null
Route of Administration	ROUTE	$10		No Derivation. Derive route_desc from ROUTE as a user friendly description, send route_desc to M2.
RX Number	RXNUM1	$12		No derivation.
RX Number New	RXNUM2	$12		Starting July 2011. No derivation. Add leading zeros.
Sponsor UPID	SPON_EDIPN	$10		No Derivation.
Submitted Copay Amount	COPAYAMT	7.2	Paid by Patient	If Fill Location = D or C or R then set to 0. Otherwise, no derivation.
Submitted Dispensing Fee	DISPFEE	6.2	Dispensing Fee/Cost	If Fill Location = D then derive from DMIS ID Table using Tmt DMIS ID and FY as the keys. Dispensing Fee = RXOTH + RXMILPY. If Fill Location = C or R then value will be 0. Otherwise, No derivation.
Submitted Gross Amount	GROSSAMT	10.2		If Fill Location = D or C or R then set to 0. If Fill Location = M or T then set to Sub Dispensing Fee + Ingredient Cost (Modified) + Sub Sales Tax.
Submitted Sales Tax	SALETAX	6.2	Taxes	If Fill Location = D or C or R then set to 0. Otherwise leave value as received.
Subscriber ID	SUBSCRID	$18		No derivation. (Sponsor SSN + DDS)

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Therapeutic Class	THERCLSS	$6	Therapeutic Class Code	No derivation. (Broad class of therapeutic agents (AHFS))
Total Amount Paid – COB (Coordination of Benefits)	COBTTL	12.2		Populated FY06+. No derivation. For FY06+, check records where Fill Location = M or T and COB Indicator = 1 when Net Amount Due (Paid) (Modified) and Total Amount Paid-COB differs by $1 or more. No longer available as of June 2015; will be 0 (zero) or null.
Unit of Measure	UNIT	8	Unit of Measure	No derivation.
Zip Code (Pharmacy)	PHARMZIP	$5	Pharmacy Zip Code	No derivation.
Zip Code (provider)	DEAZIP	$5	Provider Zip Code	No derivation. (DEA Zip Code)
Zip Code (residence)	PATZIP	$5	Claim Residence Zip Code	No derivation. (Residence on the actual claim)
ASADR/CADRE				
MEPRS4 Code, Ordering	ORDMEPRS	$4.00	MEPRS4 Code, Ordering	Merge with CADRE Pharmacy Data by Universal Patient Identifier, Provider Code, NDC and Date Dispensed. If the merge fails, then merge with Ancillary Pharmacy Data by Universal Patient Identifier, Provider Code, NDC, and Date Dispensed. Populated FY06+.
Ordering Site	ORDDMIS	$4.00	Ordering Site	Merge with CADRE Pharmacy Data by Universal Patient Identifier, Provider Code, NDC and Date Dispensed. If the merge fails, then merge with Ancillary Pharmacy Data by Universal Patient Identifier, Provider Code, NDC, and Date Dispensed. Populated FY06+.
Patient Category Code	PATCAT1	$3.00	Patient Category Code	No Derivation. Populated FY13+.
Patient Subcategory Code	PATCAT2	$1.00	Patient Subcategory Code	No Derivation. Populated FY13+.
Prof Enc Record ID	APPTIEN	$20.00	Prof Enc Record ID	Merge with CADRE Pharmacy Data by Universal Patient Identifier, Provider Code, NDC and Date Dispensed. If the merge fails, then merge with Ancillary Pharmacy Data by Universal Patient Identifier, Provider Code, NDC, and Date Dispensed. Populated FY06+.
Treatment DMIS ID	TXDMIS	$4.00	Tmt DMIS ID	Derived from Provider Code and Pharmacy Identifier – MTF DMIS ID Crosswalk, where Fill Location = D or C or R, Tmt DMIS ID is located in positions 1-4. If value not located in crosswalk or Fill Location = R, code as "0999". Non-MTF fills are blank.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
DERIVED				
ACV Group	ACVGRP	$15.00	ACV Group	If DATEDISP>=1/1/2018: if ENR_GRP=P then PR else if ENR_GRP=L then PL else if ENR_GRP=U then DP else if (COMBEN=4 and PCM_TYPE=N) then R else if PCM_TYPE=O then R else if ELG_GRP= R or S then O else O For FY12 to Dec 31, 2017: If ACV = A, E, H, or J then PR Else if ACV = B or F then OP Else if ACV = G or L then PL Else if ACV = U then DP Else if ACV = R or V then O Else if ACV = M or Q then R Else if COMBEN=4 then R Else O For FY11 and back:[1]
Age	AGE	3	Age	Calculated, based on fill date and date of birth in PDTS feed.
Age Group Common	AGEGRP	$1.00	Age Group Common	Derived from Age. A = 0-4 B = 5-14 C = 15-17 D = 1824 E = 25-34 F = 35-44 G = 45-64 H = 65-69 I = 7074 J = 75-79 K = 80-84 L = 85+ Z = All other or missing.
AWP Claim Price (Modified)	AWP_CP	12.4		If Fill Location is D or C or R then computed as AWP Unit Price * Quantity (Modified). Otherwise, use Raw AWP Claim Price. No longer available as of June 2015; will be 0 (zero).
Calendar Month	CM	$2.00		CM of Date Dispensed Key (DATEDISP).
Calendar Year	CY	$4.00		CY of Date Dispensed Key (DATEDISP).
Claim Status	CLMSTAT	$1.00	Claim Status	Derived from PDTS Claim Status in feed: J = Rejected V = Reversal P = Paid
COB Indicator – COB	COB	$1.00	COB Indicator	Set to "1" if the first character of Raw COB Indicator – COB = "T", "t", "Y", "y", "1". Otherwise, set to "0". Populated FY06+.
Diagnosis Code 1 Derived	DX1	$15	Diagnosis Code 1	Derive DX1 from rawDX1 removing decimals. Send DX1 to M2.
Diagnosis Code 2 Derived	DX2	$15	Diagnosis Code 2	Derive DX2 from rawDX2 removing decimals. Send DX2 to M2.
Diagnosis Code 3 Derived	DX3	$15	Diagnosis Code 3	Derive DX3 from rawDX3 removing decimals. Send DX3 to M2.
Diagnosis Code 4 Derived	DX4	$15	Diagnosis Code 4	Derive DX4 from rawDX4 removing decimals. Send DX4 to M2.
Diagnosis Code 5 Derived	DX5	$15	Diagnosis Code 5	Derive DX5 from rawDX5 removing decimals. Send DX5 to M2.
Enrollment Site T17 Region	ENR_T17_REG	$2	Enrollment Site T17 Region	T17_REG from DMIS ID Index, based on matching FY and ENRDMIS Populated FY12+.
Enrollment Site T3 Region	ENR_T3_REG	$2	Enrollment Site T3 Region	T3_REG from DMIS ID Index, based on matching FY and ENRDMIS Populated FY12+.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Equiv Lives Age Group	EL_AGE	$1.00	Equivalent Lives Age Group	Derived from Gender and Age on PDTS (as calculated below) and marital status from the LVM4 (for FY04+) or PITE (for FY03) merge. See paragraphs V.2. and V.3. above for merge rules. 1 = Age 0-1 2 = Age 2-11 3 = Age 12-17 4 = (Age 18-44, Gender = F, Marital ≠ M) OR (Age 18-37, Gender ≠ F, Marital ≠ M) 5 = (Age 18-44, Gender = F, Marital = M) OR (Age 18-37, Gender ≠ F, Marital = M) 6 = (Age 45-54, Gender = F) OR (Age 38-54, Gender ≠ F) 7 = Age 55-64 8 = Age 65-74 9 = Age 75+ Blank = All others.
Fill Location	FILLLOC	$1.00	Source System	FY14 and back, Derived from PDTS Fill Location and MCSC Code: If MCSC Code = 770406 or PDTS Fill Location = VA then Fill Location = V (Veterans Admin / CHDR Claim). If MCSC Code = 770507 or MCSC Code = 770508 or PDTS Fill Location = THEA or THEATER then Fill Location = R (Theater / Line). All else derived from PDTS Fill Location: T=NMOP, TMOP, or MAIL (Mail Order). M=MCSC or RETA (Retail). D=MTF (Direct Care). NOTE: If Fill Location = D, New Refill Code not equal 00, and Provider Code in (4524395, 3210717, 0581896) (Ft. Hood, Kirtland, and San Diego respectively) then these records are refills done at the VA via CMOP. FY15 to current, Derived from MCSC Code: 770306 770600 = D MTF. 770392 770404 770502 = T Mail Order. 770382 770383 770384 770385 770386 770393 770405 770413 770501 770503 770504 770505 = M Retail. 770507 770508 = R Theater. 770406 = V VA. All Other = Z Unknown. All Years: C=MTF Clinician Administered Drugs (e.g., injections given in the clinic). Derive using Appendix A: PEC- approved algorithms, section 5. When preparing the M2 feed, map based on values of Source System: = "Direct Care Clinician Adm" = "Direct Care" M = "Retail" T = "Mail Order" V = "VA" R = "Line" Z = "Unknown".

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Fiscal Month	FM	$2.00		Derived from CM of Date Dispensed Key (DATEDISP). If CM is 10, 11, 12 then FM=CM9. Else FM=CM+3.
Fiscal Year	FY	$4.00		Derived from CY of Date Dispensed Key (DATEDISP). If CM is 10, 11, 12 then FY=CY+1. Else FY=CY.
GENESIS Flag	GENESIS	$1	GENESIS Flag (FY14+)	If MCSCCODE in ('770306', '770406', '770501', '770502', '770503', '770504', '770505', '770507', '770508') then GENESIS = 'N'; *optional: (else if MCSCCODE = '770600' then GENESIS = 'Y');* else GENESIS = 'Y. FY17 forward.
Ingredient Cost (Modified)	INGRCOST	10.2	Ingredient Cost	If Fill Location = D or C or R and Raw Metric Decimal Quantity = 0 set Ingredient Cost (Modified) to 0. Otherwise, set to value of [Raw Submitted Ingredient Cost / Raw Metric Decimal Quantity] * Quantity (Modified). May 1, 2015 to April 30, 2017, for Fill Location = D, modify using of Weighted Acquisition Unit Prices (WAUP) rules discussed in Appendix C (below).
Medicare Part D Indicator	MPD	$1.00	Medicare Part D Flag	Set to "1" if the first character of Raw Medicare Part D Indicator = "T", "t", "Y", "y", "1". Otherwise, set to "0". Populated FY06=.
MERHCF Flag	MERHCF	$1.00	MERHCF Flag	See Appendix B for derivation rule. Populated FY03+.
Net Amount Due (Paid) (Modified)	NETAMTPD	10.2	Paid by TRICARE (formerly Amount Paid)	If Fill Location = D or C or R then set to 0. If Fill Location = M or T then, Ingredient Cost (Modified) + Sub Dispensing Fee + Sub Sales Tax – Sub Copay Amount – Other Payer Amount Paid-COB.
Ordering Site T17 Region	ORD_T17_REG	$2	Ordering Site T17 Region	T17_REG from DMIS ID Index, based FY and ORDDMIS Populated FY12+.
Ordering Site T3 Region	ORD_T3_REG	$2	Ordering Site T3 Region	T3_REG from DMIS ID Index, based FY and ORDDMIS Populated FY12+.
PDTS TFL Flag	PDTSTFL	$1.00		Derived from Beneficiary Category (Common), Fill Location, and Medicare Flag. PDTS TFL Flag = "Y" if Beneficiary Category (Common) = 2, 3 and either of the following conditions are true: (1) Fill Location is D or C and Medicare Flag is A, or (2) Medicare Flag is B or C for any Fill Location. Otherwise, set to '"N".

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Pharmacy NPI	SITENPI	$10.00	Pharmacy NPI	If Source System = C or D then derived from Provider Code and Pharmacy Identifier – MTF DMIS ID Crosswalk. Pharmacy NPI is located in positions 5 – 14. If value not located in crosswalk, then leave blank. If Source System = M or T, then do the following: If Submitted Pharmacy ID = Provider Code set to blank. Otherwise, set to Submitted Pharmacy ID.
Quantity (Modified)	DECQTY	9.3	Quantity	Quantity (modified) equals the Raw Metric Decimal Quantity.
Residence Zip Code (MDR Derived)	RESDZIP	$5.00		Zip Code (residence). If blank or invalid (i.e. 99999), then use Residence Zip Code (DEERS). Populated FY03+.
Route of Administration Desc	ROUTE_DESC	$45	Route of Administration Desc	Derive route_desc from ROUTE as a user friendly description, send route_desc to M2.
Service Line	SVCLINE	$5	Service Line	Apply format from service line map. svcline= put(substr(ordmeprs,1,3), $slfmt)
Space Available Flag	SPAFLAG	$1.00	Space Available Flag	If Alternate Care Value = A, B, D, E, F, H, J, M, P, Q then set to N; Otherwise set to Y. Populated FY04+.
Sponsor Social Security Number	SPONSSN	$9.00	Sponsor ID	Sponsor social security number. Derived, first 9 characters of subscriber ID. If subscriber ID is invalid (not 11 characters), merge to MPI by Universal Patient Identifier (starting in FY04) and use SSN from MPI.
Treatment DMIS ID T17 Region	MTF_T17_REG	$2	Tmt DMIS ID T17 Region	T17_REG from DMIS ID Index, based FY and TXDMIS Populated FY12+.
Treatment DMIS ID T3 Region	MTF_T3_REG	$2	Tmt DMIS ID T3 Region	T3_REG from DMIS ID Index, based FY and TXDMIS Populated FY12+.
Underwritten Region	UNDRREG	$1.00	Underwritten Region	See Appendix B for derivation rule. Populated FY11 and back

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
LVM4				
Alternate Care Value	ACV	$1.00	ACV	For FY03, From PITE. (ACV) For FY04+, From LVM4 (MDR_ACV). See paragraphs V.2. and V.3. above for merge rules. If there is a match to the LVM4 by Universal Patient Identifier (EDI_PN), and the date of prescription fill is within the date window of a LVM4 enrollment segment, and the ACV on the segment is not "Z", then set Alternate Care Value to the value contained in the enrollment segment. Otherwise, set the Alternate Care Value to "M" if the beneficiary is Active Duty or Guard/Reserve, or to blank if the beneficiary is not Active Duty or Guard/Reserve.
Beneficiary Category	R_BENCAT	$3.00	Beneficiary Category	For FY03, From PITE. (R_BEN_CAT_CD) For FY04+, From LVM4. (R_BEN_CAT_CD) Set to "Z" if no match. See paragraphs V.2. and V.3. above for merge rules.
Beneficiary Category (Common)	COMBEN	$1.00	Ben Cat Common	For FY03, From PITE. (D_COM_BEN_CAT); set to "3" if no PITE match. See paragraph V.2 above for merge rules. For FY04+, Derived from Beneficiary Category: 1 = DA, DGR 2 = RET 4 = ACT, GRD 3 = all else.
DEERS Match Flag	MATCH	$1.00	DEERS Match Flag	For FY03, Derived from match to PITE/LENR. "Y" indicates match in PITE/LENR corresponding to month of fill date. "N" indicates match made to PITE/LENR corresponding to month before or after fill date, or no match to PITE. For FY04+, "Y" indicates a match with the LVM4 and "N" indicates no match. See paragraphs V.2. and V.3. above for merge rules.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Eligibility Group	ELG_GRP	$2	Eligibility Group	If the DATEDISP is between the begin and end date of D_ELG_GRP_CD then fill with D_ELG_GRP_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. Populated FY12+.
Enrollment DMIS ID	ENRDMIS	$4.00	Enrollment Site	For FY03, From PITE. (ENRDMIS) For FY04+, From LVM4. (D_MI_PCM_EDVSN_DMIS_ID). See paragraphs V.2. and V.3. above for merge rules.
Enrollment Group	ENR_GRP	$2	Enrollment Group	If the DATEDISP is between the begin and end date of D_ENR_GRP_CD then fill with D_ENR_GRP_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. Populated FY12+.
Enrollment PCM Type	PCM_TYPE	$1	Enrollment PCM Type	If the DATEDISP is between the begin and end date of D_PCM_TYPE_CD then fill with D_PCM_TYPE_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. Populated FY12+.
Enrollment Region	ENRREG	$2.00		For FY04+, From LVM4. Populated FY11 and back. See paragraph V.3. above for merge rules.
Equiv Lives Ben Group	EL_BEN	$6.00	Equivalent Lives Ben Group	Derived from LVM4 (for FY04+) or PITE (for FY03) using D_SPON_BR_SVC_CD (Svc) and R_BEN_CAT_CD (Ben). See paragraphs V.2. and V.3. above for merge rules. ADA = (Ben=ACT or GRD, Svc=A) ADAF = (Ben=ACT or GRD, Svc=F) ADN = (Ben=ACT or GRD, Svc=All Others) RTA = (Ben=RET, Svc=A) RTAF = (Ben=RET, Svc=AF) RTN = (Ben=RET, Svc=All Others) ADFMLY = (Ben=DA or DGR) RTFMLY = all others, including if no match.
HCDP – Assigned	HCDP_ASSGN	$3	HCDP – Assigned	If the DATEDISP is between the begin and end date of D_MI_HCDP_PLN_CVG_CD then fill with D_MI_HCDP_PLN_CVG_CD, else leave blank. See DEERS VM6 specification, section G18 and 19 for segment and field position. Populated FY12+.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
HCDP Code	HCDPCODE	$3.00	HCDP - Enrolled	For FY03, From PITE. (MI_HCDP_CD if fill was after or equal to start date and before end date or end date is blank.) For FY04+, From LVM4 (D_MI_HCDP_CD) See paragraphs V.2. and V.3. above for merge rules.
Marital Status	MARITAL	$1.00		From LVM4. (MRTL_STAT_CD) Populated FY03+. See paragraph V.3. above for merge rules.
Medical Privilege Code	D_PRIV	$1.00	Privilege Code	For FY03, From PITE (D_ELG_CODE). For FY04+, From LVM4. (D_ELG_CD) See paragraphs V.2. and V.3. above for merge rules.
Medicare Flag	MEDFLAG	$1.00	Medicare Flag	For FY03, Derived from PITE Part A and Part B status, begin date and end date. If the begin date is before or equal to mm/15/yyyy and the end date is not before mm/15/yyyy, where mm and yyyy correspond to the effective date of the PITE input file, this flag shows "A", "B", "C" (both), or "N" (neither). Set to "N" if no PITE match. For FY04+, From LVM4. See paragraphs V.2. and V.3. above for merge rules.
PCM Identifier	PCMID	$18.00	PCM ID	For FY03, From PITE. (MI_PCM_ID if fill was after or equal to start date and before end date or end date is blank.) For FY04+, From LVM4 (D_MI_PCM_ID) See paragraphs V.2. and V.3. above for merge rules.
PCM Name	PCMID_NM	$40.00	PCM Name	D_MI_PCM_NM from DEERS merge.
PCM NPI	PCMID_NPI	$10.00	PCM NPI	D_PCM_NP_ID from DEERS merge.
PCM NPI Type Code	PCMID_TYPE	$1.00		D_PCM_NP_ID_TYP_CD from DEERS merge. Do not send to M2.
Person Association Reason Code	PARC	$2.00	Person Association Reason Code	See MPI specification. Initially populated FY03+. Other FYs as possible.
Residence zip code (DEERS)	D_ZIP	$5.00	Beneficiary Zip Code	For FY03, From PITE. (D_ZIP_CD) For FY04+, From LVM4. (D_ZIP_CD) See paragraphs V.2. and V.3. above for merge rules.
Sponsor Service	SVC	$1.00	Sponsor Service	For FY03, From PITE. (SVC_CD) For FY04+, From LVM4 (SVC_CD) See paragraphs V.2. and V.3. above for merge rules.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Sponsor Service Aggregated	D_SPNSVC	$1.00	Sponsor Service Common	For FY03, From PITE. (D_SPON_BR_SVC_CD) For FY04+, From LVM4. (D_SPON_BR_SVC_CD); Set to "Z" if no match. See paragraphs V.2. and V.3. above for merge rules.
TPR Eligibility Flag	TPRELIG	$1.00	TPR Eligibility Flag	From LVM4. Populated FY04+. See paragraph V.3. above for merge rules.
Universal Patient Identifier	UPID	$10.00	Person ID	See MPI Specification.
OMNI-CAD				
Beneficiary T17 Region	BEN_T17_REG	$2	Beneficiary T17 Region	T17_REG, based on matching to OMNI CAD using FY and PATZIP Populated FY12+.
Beneficiary T3 Region	BEN_T3_REG	$2	Beneficiary T3 Region	T3_REG, based on matching to OMNI CAD using FY and PATZIP Populated FY12+.
Catchment Area ID (Pharmacy)	RX_CATCH	$4.00		If Fill Location is D or C then use Treatment DMIS ID as catchment. If Fill Location is M merge to Omni CAD based on Date Dispensed Key and Zip Code (Pharmacy) choosing the "World" catchment for "Other." If Fill Location is R or T or V then value is NONE.
Catchment Area ID (Residence)	D_CATCH	$4.00	Catchment Area ID of Record	Derived from the omni CAD using Date Dispensed, Residence Zip Code (DEERS, D_ZIP) and Sponsor Service Aggregated as the keys.
DEERS Dependent Suffix	DDS	$2.00	DDS	DEERS Dependent Suffix. Derived, positions 10-11 of subscriber ID. If subscriber ID is invalid (not 11 characters), merge to MPI by Universal Patient Identifier (starting in FY04) and use DDS from MPI. For FY09+, set to blank.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
HSSC Region	HSSCREG	$1.00	Beneficiary HSSC Region	Populated FY03+. Derive from Residence Zip Code (DEERS, D_ZIP) and Region (Residence) D_REGION. If Region (Residence) D_REGION = 'A', 'AK' or D_ZIP begins with '995' – '999' then set to 'A'. If Region (Residence) D_REGION = 'W', '07', '08', '09', '10', '11', or '12' then set to 'W'. If Region (Residence) D_REGION = 'S', '03', '04', or '06' then set to 'S'. If Region (Residence) D_REGION = 'N', '01', '02', or '05' then set to 'N'. If Region (Residence) D_REGION = 'O', '13', '14', or '15' then set to 'O'. Otherwise, set to blank. Substitute Derivation: Derive from the Omni CAD using Date Dispensed, Residence Zip Code (DEERS, D_ZIP) choosing the 1-character HSSC (AKA TNEX) region (position 19). If D_ZIP is not found, blank, invalid or unknown, set to blank. Populated FY11 and back.
PRISM Area ID (Pharmacy)	RX_PRISM	$4.00		If Fill Location is D or C then use Treatment DMIS ID as PRISM. If Fill Location is M merge to Omni CAD based on Date Dispensed Key and Zip Code (Pharmacy) choosing the "PRISM" catchment for "Other." If Fill Location is R or T or V then value is NONE.
PRISM Area ID (Residence)	D_PRISM	$4.00	PRISM Area ID of Record	Derived from the omni CAD using Date Dispensed, Residence Zip Code (DEERS, D_ZIP) and Sponsor Service Aggregated as the keys.
Provider Catchment Area T17 Region	PROV_T17_REG	$2	Provider T17 Region	T17_REG, based on matching to OMNI CAD using FY and DEAZIP Populated FY12+.
Provider Catchment Area T3 Region	PROV_T3_REG	$2	Provider T3 Region	T3_REG, based on matching to OMNI CAD using FY and DEAZIP Populated FY12+.

MDR NAME	SAS NAME	FORMAT	M2 NAME	BUSINESS RULE
Region (Pharmacy)	RX_REG	$2.00		If Fill Location is D or C then use Treatment DMIS ID to assign the Modified UBU Region from DMISID Index. If Fill Location is M merge to Omni CAD based on Date Dispensed Key and Zip Code (Pharmacy) choosing the choosing the "World" Region. If Fill Location is R or T or V then region is blank. Populated FY11 and back.
Region (Residence)	D_REGION	$2.00	Beneficiary Region	Derive from the Omni CAD using Date Dispensed, Residence Zip Code (DEERS, D_ZIP) choosing the 2character T3 region (position 17). If D_ZIP is not found, blank, invalid or unknown, set to blank. Populated FY11 and back.
RESERVIST				
Reservist Special Operation Code	SOC	$2.00		The identifier that represents the special operation. 08 – Operation Noble Eagle 09 – Operation Enduring Freedom 10 – Iraqi Freedom Populated FY03+.
Reservist Status Code	STATUS	$1.00		Entitlement status at the time of care. A – Early Alert M – Mobilization O – Original TAMP E – Extended TAMP Populated FY03+.
ENROLLMENT MEPRS				
Enrollment MEPRS Code	ENRMEPRS	$4.00	Enrollment MEPRS Code	Populated FY11+. Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification and Dispensed Date.
Medical Home Flag	MEDHOMEFL	$1.00	Medical Home Flag	Populated FY11 and back. Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification and Dispensed Date.

VII. REFRESH FREQUENCY

- o Frequency of updates, based on PDTS prescription fill date:

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

VIII. DATA MARTS

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

IX. QUALITY ASSURANCE

The processor should conduct weekly quality assurance checks to ensure input and output data are valid, complete, and reliable. At a minimum, the processor should:
- Compare weekly raw data row counts to ensure PDTS data are consistent with previous weekly raw data feeds.
- Ensure pre-processing data subtotals equal post-processing data subtotals.
- Evaluate post-processing values for data that appear out of the ordinary, or not consistent with SME expected values (face validity).

Appendix A: PEC-approved algorithms

1 -4 are removed.

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

Appendix B: MERHCF and Underwritten Region logic

MERHCF Logic for PDTS

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

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

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

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

FY04 and earlier

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

FY05 and later

Source System	Medicare Eligibility	Age Group	MERHCF Flag
M, T	C	A, B	U
		Not A or B	T
D, C	A or C	A, B	U
		Not A or B	T

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

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

SAS Variable	Data Element (see PDTS Layout)
COMBEN	Common Beneficiary Category
MEDFLAG	Medicare Flag
ACV	Alternate Care Value
ENRREG	Enrollment Region
ENRDMIS	Enrollment DMISID
D_REGION	Region (Residence)

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

    /* Flag non underwritten beneficiaries as "0". */
    if comben=4 then undrflag=0; /* Exclude Active Duty */
    if medflag ne 'N' then undrflag=0; /* Exclude Medicare Eligible */

    /* Exclude Reserve Select*/
    if acv = 'R' then undrflag=0;

    /* Exclude USTF */
    if acv='U' then undrflag=0;

    /* Define Prime based on ACV */
    if acv in ('A' 'D' 'E' 'B' 'F' 'H' 'J') then prime='Y';
      else prime='N';


/* Define Underwritten Region */

if undrflag=1 then do;  /* underwritten */
      if prime='Y' then do;
            if enrreg in ('01' '02' '05' '17') or enrdmis in ('6917' '7917') then undflag='N';
            else if enrreg in ('03' '04' '06' '18') or enrdmis in ('6918' '7918') then
      undflag='S';
            else if enrreg in ('07' '08' '09' '10' '11' '12' '19') or enrdmis in ('6919' '7919')
      then
            undflag='W';
            else undflag=' ';
      end;  /* if prime */

   else if prime='N' then do;
      if d_region in ('01' '02' '05' '17') then undflag='N';
            else if d_region in ('03' '04' '06' '18') then undflag='S';
            else if d_region in ('07' '08' '09' '10' '11' '12' '19') then undflag='W';
            else undflag=' ';
      end;  /* if not prime */
end;

else do;
  undflag=' ';  /* Not underwritten to any region */
end;
```

```
/* Remove AK underwritten from West */
if undflag='W' and enrdmis in ('6919' '7919') and d_region='AK' then undflag=' ';

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

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

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

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

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

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

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

FILE attributes:
- **GCN**: Character-5 field, Generic Class Number use to apply WAUP.
- **WAUP**: Numeric field that will replace Ingredient Cost (where applicable). In CONUS file= CWAUP, in OCONUS file=OWAUP.
- **SOURCE**: Character-8 field used by PASS (also denotes file month).
- **START**: Effective Begin Date to apply to Date Dispensed. Named CSTART,or OSTART.
- **END**: Effective End Date to apply to Date Dispensed.
- **WHERE**: Character-1 field with values C = CONUS O = OCONUS.

To match, Date Dispensed (DATEDISP) must fit in between start and end date; for example if DATEDISP=5/15/2015 then match to BASELINE where start=05/01/2015 and end=05/31/2015. If DATEDISP=9/30/2015 then match to AUGUST where start=08/01/2015 and end=12/31/9999. Date ranges for Date Dispensed (DATEDISP) follow:
05/01/2015 - 05/31/2015: use baseline
06/01/2015 - 06/30/2015: use May 2015
07/01/2015 - 07/31/2015: use Jun 2015
08/01/2015 - 08/31/2015: use Jul 2015
09/01/2015 forward: use Aug 2015

Minimum required fields from PDTS:
FILLLOC = D; use to select MTF claims only
DATEDISP GE ('1May2015')d; use to select claims between May 1, 2015 and April 30, 2017
MTF_T3_REG use to distinguish CONUS/OCONUS   if MTF_T3_REG in ('OE','OL,'OP','O') then where = 'O';   else where = 'C'
INGRCOST, OINGRCST, ODECQTY or DECQTY

Application:
Determine if GCN exists in CONUS/OCONUS WAUP file(s).
Check DATEDISP against Begin Date (use BEGIN Date to determine appropriate WAUP).
Retrieve appropriate WAUP, use to modify INGRCOST = WAUP*DECQTY.
If GCN is not found, then INGRCOST = **OINGRCST** (retains value already on record).
That is, the WAUP should only be applied to MTF scripts (FILLLOC=D) dispensed 1May 2015 - 30April 2017 where GCN is in list.