

10 January 2025

**Active Duty Dental Plan (ADDP)
for the
MHS Data Repository (MDR)
(Version 1.11.00)**

Future Specification

Revision History

Version	Date	Para/Tbl/Fig	Originator	Description of Change
1.01.00	10/30/2009	<ul style="list-style-type: none"> Initial publication 	L. Wright	
1.02.00	11/18/2009	<ul style="list-style-type: none"> Table 1 	L. Wright	<ul style="list-style-type: none"> Updated file names and location
1.03.00	05/19/2010	<ul style="list-style-type: none"> Table 1 Appendix A Table 3 Appendix A Table 3 Section VI Section X Appendix B 	L. Wright	<ul style="list-style-type: none"> Instead of a provider file for each year, one overall provider file is now produced. Moved the 5 dollar fields (billed, allowed, approved, OHI and third party liability) to under Internally Derived Fields and updated the business rules. Provider key set to tax id/provider id instead of just provider id. Added the MMSO residual indicator, which was a newly added field in the ICD. Initial records that have a duplicate in the raw feed are assumed to be a resubmit and should be placed in the dump archive file. There should only be one initial record. Added a section that covers quality review requirements for monthly processing. Added ADDP claims adjustment update examples.
1.04.00	06/21/2010	<ul style="list-style-type: none"> Table 3 		<ul style="list-style-type: none"> Blank values (unknown) coded as "Z" for several fields. RELCODE unknowns coded as "4".
1.05.00	07/19/2010	<ul style="list-style-type: none"> Update Process 	L. Wright	<ul style="list-style-type: none"> Added how the processor sorts the records.
1.05.01	08/26/2010	<ul style="list-style-type: none"> Record Layout 	L. Wright	<ul style="list-style-type: none"> Changed the length from \$5 to \$6 for "servcat" (beneficiary category). The field positions 229-234 were correct.
1.05.02	08/08/2012	<ul style="list-style-type: none"> Record Layout 	L. Wright	<ul style="list-style-type: none"> Added transformation rule for DMIS Code of the Referring Dental Treatment Facility.
1.06.01	10/25/2012	<ul style="list-style-type: none"> Table 3 	W. Funk	<ul style="list-style-type: none"> Added DWV and Number of Services
1.06.02	01/25/2013	<ul style="list-style-type: none"> Table 3 Table 2 	C. Kangas	<ul style="list-style-type: none"> Changed DWV table application to be fiscal year based, not calendar year. Added reference to DWV external file matching
1.06.03	01/25/2013	<ul style="list-style-type: none"> Table 3 	C. Kangas	<ul style="list-style-type: none"> Changed DWV external file match wording to be based on the FY of the end date of care.
1.07.01	11/04/2013	<ul style="list-style-type: none"> Table 3 	W. Funk	<ul style="list-style-type: none"> Added SPA Code. Updated logic for Derived DTF Referral Indicator.
1.08.01	09/03/2014	<ul style="list-style-type: none"> Table 3 Section VI 	W. Funk	<ul style="list-style-type: none"> Added Government Charged Amount, Diabetic Indicator, Pregnancy Indicator, Health Care Delivery Program (HCDP) Plan Coverage Code, Health Care Coverage (HCC) Member Category Code, Remote Authorization Processing will now be bi-monthly
1.09.01	11/05/2015	<ul style="list-style-type: none"> Table 3 	C. Kangas	<ul style="list-style-type: none"> Updated logic for Derived DTF Referral Indicator.
1.10.01	3/25/2015	<ul style="list-style-type: none"> Tables 2 and 3 	C. Kangas	<ul style="list-style-type: none"> Updated logic for application of DWVs
1.10.02	5/25/2015	<ul style="list-style-type: none"> Section IX 	C. Kangas	<ul style="list-style-type: none"> Added guidance on processing frequency
1.10.02	9/27/2017	<ul style="list-style-type: none"> Table 2 Table 3 	W. Funk	<ul style="list-style-type: none"> Added DMIS ID table merge Added fields related to NDAA 2017 and T2017
1.10.03	9/28/2017	<ul style="list-style-type: none"> Table 3 	W. Funk	<ul style="list-style-type: none"> Added ACV Group and Assigned HCDP
1.10.04	10/4/2017	<ul style="list-style-type: none"> Appendix C 	W. Funk	<ul style="list-style-type: none"> Corrected a typo on ACV Group
1.11.00	1/12/2025	<ul style="list-style-type: none"> Table 3 Section XII 	W. Funk	<ul style="list-style-type: none"> Implemented T5 Regions Removed requirement for dental readiness file.

Active Duty Dental Plan (ADDP) for the MDR

I. BACKGROUND:

This file specification describes the Active Duty Dental Plan claims and provider data in the MHS Data Repository.

II. SOURCE:

There are two primary feeds provided by the ADDP contractor: a claims feed and a provider feed. The Service Area File is also used as a reference file. The formats of these input files are available in the ICD.

III. TRANSMISSION (FORMAT AND FREQUENCY):

The data feeds are transmitted monthly according to the rules specified in the ADDP contract. The ICD for the feed is the 15th calendar day of each month.

IV. ORGANIZATION AND BATCHING

Source Data: The first step in MDR processing is to store the raw files in /mdr/raw/dental/addp/claims/dyymmdd.txt.Z and /mdr/raw/dental/addp/provider/dyymmdd.txt.Z where “yymmdd” represents the date of the file. Raw batches must be made available (and remain available) to the staff at TMA that will process the raw data.

Output Products: The MDR ADDP processor produces the files described in table 1. The preparation of them is described in subsequent sections of this document.

Table 1: MDR ADDP Processor Output Products

MDR ADDP File	File Naming Convention	Member Name
ADDP Claims File	/mdr/pub/dental/addp/claims/fy**	fy**.sas7bdat
ADDP Readiness CDR Extract	/mdr/pub/dental/addp/readiness/fy**/addp_ready.txt	N/A
ADDP Provider File	/mdr/pub/dental/addp/provider	Providers.sas7bdat

Archival of files is also required, so that corresponding “apub” and other files (i.e., log, apro, etc) are also loaded into the MDR according to routine operating procedures.

V. RECEIVING FILTERS

Filters are applied to the source data based on rules described in the ADDP contracts.

VI. UPDATE PROCESS

The MDR ADDP files will be updated on a monthly basis.

The raw claims feed comes in at a claim and line item level of detail. The claim ID number and line number is used to identify a unique record. Each claim line can potentially contain multiple line item codes. The MDR processor sorts the records based on claim id number, line number, claim paid date, and adjustment code, and collapses the extra line items into one record per line item before the netting process. For example, the raw feed can contain multiple adjustments in each feed (ADJCODE = null, A, B, C, etc). In this case, the MDR processor will take the initial record and all adjustments and sum the dollar fields (net), (please see Appendix B for examples). In addition, the monthly raw feed is checked for any duplicate non adjusted/rejected records, referred to as an initial claim. A duplicate initial claim is defined as a record with a null adjustment and a null line item rejection code with the same claimid, linenum, claim paid date, claim finalized date, billed amount and allowed amount. Any of these duplicates are sent to the dump archive.

In order to update the fiscal year ADDP file, a new feed is interleaved with the existing database and logic is used to determine how to handle each line item based on the following four scenarios:

1. Line item is rejected. These line items are sent to the dump archive and are not added to the MDR DED file. In addition, any records currently in the MDR ADDP that match these records based on a key of Claim ID and Line Item are pulled out of the MDR ADDP and sent to the dump archive.
2. Line item that is adjusted. These line items are added to the MDR DED File and any records currently in the MDR ADDP that match these records, sorted by claim id number, line number, claim paid date, and adjustment code, and based on a key of Claim ID and Line Item are updated (amounts netted) in the MDR ADDP file and the older version of the record is pulled out of the MDR ADDP and sent to the dump archive.
3. Line item is neither rejected nor adjusted, and does not match based on a key of Claim ID and Line Item number to any records currently residing in the MDR ADDP. These line items are added to the corresponding fiscal year MDR ADDP file.
4. Line item is neither rejected nor adjusted, but has a matching record based on a key of Claim ID and Line Item number to a record currently residing in the MDR ADDP. In this case the initial record is assumed to be a resubmit and is sent to the dump archive, while the original record is kept in the MDR ADDP file. There should only be 1 initial record at the claim/line item level.

Minimal additional processing occurs, including applying routine MDR processing utilities to enhance the content of the data.

Each monthly provider file is a complete replacement of the file of the preceding month. Processing of the ADDP Provider File is described in Appendix A.

VII. FIELD TRANSFORMATIONS AND DELETIONS FOR MDR CORE DATABASE

There are several merges required to prepare the MDR ADDP Claims File. An asterisk after the merge file name indicates that existing MDR processing utilities should be used.

Table 2: External Reference File Merges

Merge	Date Matching	Additional Matching
Master Person Index*	Most recent MPI is used for fiscal year that matches the end date of care of each record.	See VM-6 Specifications
LVM*	Use LVM file that matches begin date of care on each record.	EDIPN. See VM-6 Specification
Service Area File	Based on patient zip code and month processed	
Relative Value Unit Table	Calendar year of begin date of care with calendar year of RVU Table	CDT / Modifier & Procedure Code / Modifier
Dental Weighted Value Table	FY (before 1/1/2016) or CY (starting 1/1/2016) of end date of service with DWV Tables	CDT
DMIS ID Index Table	FY	Enrollment MTF ; Referring MTF

Business rules for each of the appended fields that result from the merges above, are described in the body of the table in Section VIII, or in an appendix, referenced in that table.

VIII. RECORD LAYOUT AND CONTENT

The table below describes the content of the MDR Master ADDP Claims File. Other output files are described in the appendices.

Table 3: MDR ADDP Claims SAS Dataset Structure and Business Rules

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Last Name	patlname	\$35	1-35	No transformation
First Name	patfname	\$25	36-60	No transformation
Middle Name	patmname	\$25	61-85	No transformation
Sponsor SSN – Raw	rponssn	\$9	86-94	No transformation
Sex	patsex	\$1	95	No transformation
Date Of Birth	patdob	yyyymmdd	96-103	No transformation
Person Identifier – Raw	redi_pn	\$10	104-117	Left justify and then substring to the 1 st 10 characters
Branch of Service	svc	\$1	118	No transformation
Remote Indicator	dtf_area	\$1	119	No transformation
Performing Provider	provid	\$9	134-142	No transformation
Provider Tax ID	taxid	\$9	143-151	No transformation
National Provider ID (Ind)	npi	\$14	152-165	No transformation
National Provider ID (Group)	npigroup	\$14	166-179	No transformation
Performing Provider Zip Code	provzip	\$5	180-184	No transformation
Performing Provider Specialty Code	provspec	\$3	185-187	No transformation
Performing Provider HIPAA Taxonomy	hipaaspec	\$10	188-197	No transformation

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Provider Network Status	network	\$1	198	No transformation
Provider Suffix	provsuff	\$3	199-201	No transformation
Claim Number	claimid	\$13	202-214	No transformation
Claim Line Item Number	linenum	\$4	215-218	No transformation
Claim Rejection Reason Code	rejrea	\$5	219-223	No transformation
Line Item Rejection Reason Code	linerej	\$5	224-228	No transformation
Benefit Category	servcat	\$6	229-234	No transformation
Date of Service	begdate	YYYYMMDD	235-242	No transformation
End Date of Care	enddate	YYYYMMDD	243-250	No transformation
Claim Receipt Date	clmrecdt	YYYYMMDD	251-258	No transformation
Claim Paid Date	clmpddt	YYYYMMDD	259-266	No transformation
Claim Finalized Date	clmfindt	YYYYMMDD	267-274	No transformation
Date of Last Exam	lastexam	YYYYMMDD	275-282	No transformation
CDT Code	cdt	\$5	283-287	No transformation
CDT Version #	cdtvers	\$2	288-289	No transformation
Adjustment Reason	adjkey	\$2	290-291	No transformation
Adjustment Code	adjcode	\$1	292	No transformation
Tooth Number	Tooth		293-294	No transformation
Anterior/Posterior Flag	ap_id	\$1	295	No transformation
Buccal Surface Indicator	buc_ind	\$1	296	No transformation
Distal Surface Indicator	dis_ind	\$1	297	No transformation
Facial Surface Indicator	fac_ind	\$1	298	No transformation
Incisal Surface Indicator	inc_ind	\$1	299	No transformation
Lingual Surface Indicator	ling_ind	\$1	300	No transformation
Mesial Surface Indicator	mes_ind	\$1	301	No transformation
Occlusal Surface Indicator	occl_ind	\$1	302	No transformation
Quadrant	quadrant	\$2	303-304	No transformation
Third Party Liability	Tpliab	9.2	341-349	No transformation
Prior Placement Date	prepldt	YYYYMMDD	350-357	No transformation
Replacement Reason	replrea	\$1	358	No transformation
Oral Health Initiative Flag	oral_ind	\$1	359	No transformation
Dental Readiness Classification	dentalclass	\$1	360	No transformation
Referral Number	refnum	\$16	361-376	No transformation
Authorization Number	authnum	\$16	377-392	No transformation
DMIS Code of the Referring Dental Treatment Facility	dtf_dmisid	\$4	393-396	If populated on any line item record for a claimid, set all line item records to the same DTF_DMISID.
MMSO Residual Claims Indicator	MMSO_ind	\$1.	397	No transformation
SPA Code	spa_code	\$2.	398-399	No transformation
Diabetic Indicator	diabetic_ind	3	409-411	No transformation

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Pregnancy Indicator	pregnancy_ind	3	412-414	No transformation
Health Care Delivery Program (HCDP) Plan Coverage Code	r_hcdp	3	415-417	No transformation
Health Care Coverage (HCC) Member Category Code	r_hcc	1	418	No transformation
Remote Authorization	remote_auth	1	419	No transformation
Internally Derived Fields				
Billed Charge	Bill	9.2	305-313	No transformation if initial claim, amounts from adjusted records are summed producing a net amount.
Allowed Amount	Allow	9.2	314-322	No transformation if initial claim, amounts from adjusted records are summed producing a net amount.
Amount Paid	approved	9.2	323-331	No transformation if initial claim, amounts from adjusted records are summed producing a net amount.
Other Carrier Payment	Ohi	9.2	332-340	No transformation if initial claim, amounts from adjusted records are summed producing a net amount.
Third Party Liability	Tpliab	9.2	341-349	No transformation if initial claim, amounts from adjusted records are summed producing a net amount.
Government Charged Amount	govt_chrg	9.2	400-408	No transformation if initial claim, amounts from adjusted records are summed producing a net amount.
FY	Fy	\$4	N/A	FY is created from end date.
FM	Fm	\$2	N/A	FM is created from end date.
CY	Cy	\$4	N/A	Calendar year of service date
CM	Cm	\$2	N/A	Calendar month of service date
Initial Processing Date (MDR)	procdte	yyyymmdd	N/A	Set to the initial date that this record was prepared for the MDR
Change Date (MDR)	chgdate	yyyymmdd	N/A	Set to the most recent date that any data element on the MDR record was changed. For records that never change, this will be equal to the initial processing date.
Age	Patage	3	N/A	Patient's age is calculated from date of birth and end date.
Age Group	Agegrp	\$1	N/A	A: ages 0-4; B: ages 5-14, C: ages 15-17, D: ages 18-24, E: 25-34, F: 35-44, G: 45-64, H: 65+, X: All others
Ben Cat Common	Comben	\$1	N/A	If bencat in ('ACT' GRD') then =4; If bencat in ('DA' DGR') then =1; If bencat = 'RET' then=2; Otherwise = 3
New Record Flag	new_rec	\$1	N/A	Set to 1 if this version of the record was received in most recent processing cycle. Otherwise, set to 0.
Extract Date	extr_dt	\$7	N/A	The date the data was processed, dYYMMDD format.

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Derived DTF Referral Indicator	d_dtfref	\$1	N/A	If SPA Code in("TA","AT") then d_DTFREF = 'Y' otherwise d_DTFREF = 'N.
Number of Services	Svcs	\$1	N/A	Set to 1
ACV Group	acvgroup	\$2	N/A	If begin date is >=1/1/2018 then: f enr_grp is "P" then set to "PR" elseif enr_grp is "L" then set to "PL" elseif enr_group="U" then set to "DP" elseif (bencat common=4 and pcm_type=N) then "R" elseif pcm_type="O" then "R" elseif elg_grp in ("R" "S") then "O" else "O" For logic prior to Jan 2018, see appendix C
Master Person Index Merge				
DEERS Person ID – Derived	edipn	\$10	N/A	See VM-6 Specification
Sponsor SSN – Derived	sponssn	\$9	N/A	See VM-6 Specification
Person Association Reason Code	parc	\$2	N/A	See VM-6 Specification
Longitudinal DEERS File Merge				
DEERS PCM ID	pcmid	\$32	N/A	Fill with PCM ID from LVM, if the begin date of care on the claim is between the begin and end date associated with the PCM ID. See VM-6 Specification, Sections G18 and 19 for segment and field position.
DEERS Enrollment DMIS Id	denrsite	\$4	N/A	Fill with enrollment DMISID from LVM, if the begin date of care on the claim is between the begin and end date associated with the enrollment site. See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Beneficiary Category	bencat	\$3	N/A	Fill with DEERS beneficiary category from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS beneficiary category. If no match for person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Medicare Flag	medflag	\$1	N/A	Fill with DEERS medicare flag from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS medicare flag. If no match for person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Race Code	Race	\$1	N/A	Fill with DEERS race code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS race code. If no match for the person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
DEERS Ethnicity Code	Ethnic	\$1	N/A	Fill with DEERS ethnicity code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS ethnicity code. If no match for the person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Sponsor Service	dsponsvc	\$1	N/A	Fill with DEERS sponsor service from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS sponsor service. If no match for the person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Sponsor Service Aggregate	dsvcagg	\$1	N/A	Fill with DEERS sponsor service (aggregate) from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS sponsor service (aggregate). If no match for the person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Alternative Care Value	acv	\$1	N/A	Fill with DEERS ACV from LVM, if the begin date of care on the claim is between the begin and end date associated with the ACV. See VM-6 Specification, Sections G18 and 19 for segment and field position. BLANK FILL AFTER JAN1, 2018
DEERS Medical Privilege Code	privcode	\$1	N/A	Fill with DEERS medical privilege code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS medical privilege code. If no match for the person, set to "Z". See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS HCDP - Enrolled	hcdp	\$3	N/A	Fill with DEERS HCDP code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS HCDP code. See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS HCDP - Assigned	hcdp_assgn	\$3	N/A	Fill with DEERS Assigned HCDP code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS Assigned HCDP code. See VM-6 Specification, Sections G18 and 19 for segment and field position

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
DEERS Zip Code	deerszip	\$5	N/A	Fill with DEERS zip code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS zip code. See VM-6 Specification, Sections G18 and 19 for segment and field position
DEERS Relationship to Sponsor	relcode	\$1	N/A	Fill with DEERS relationship to sponsor code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS relationship to sponsor code. If no match for the person, set to "4". See VM-6 Specification, Sections G18 and 19 for segment and field position
Dental HCDP Flag	dhcdp_fl	\$1	N/A	IF the HCDP code from LVM is dental and the encounter date is within the Dental HCDP begin and end date, the patient is eligible (Y) if not the patient is not eligible (N). See VM-6 Specification, Sections G18 and 19 for segment and field position
Enrollment Group	enr_grp	\$2		Fill with D_ENR_GRP_CD from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS relationship to sponsor code. See VM-6 Specification, Sections G18 and 19 for segment and field position
Eligibility Group	elg_grp	\$2		Fill with D_ENR_GRP_CD from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS relationship to sponsor code. See VM-6 Specification, Sections G18 and 19 for segment and field position
PCM Type	pcm_type	\$2		Fill with D_PCM_TYPE_CD from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS relationship to sponsor code. See VM-6 Specification, Sections G18 and 19 for segment and field position
Service Area File Merge				
ADDP Service Area (Remote Active Duty Eligibility Flag)	raddpfl	\$1	N/A	Based on matching patient zip code to the zip code to the monthly Service Area File (SAF). If the Remote Active Duty Field on the SAF file is coded as '1' then the patient is eligible for Remote Active Duty Dental Program (1=eligible) and '0' if not (0=not eligible).

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
MDR Omni CAD Merge				
Residence Catchment Area	Catch	\$4	N/A	Based on matching FY, FM and deerszip; if sponsvc=A then set equal to ACATCH, if sponsvc = F then set equal to FCATCH; if sponsvc in (M, N) then set equal to NCATCH, otherwise set equal to OCATCH. If zip code not found in MDR Omni-CAD, set equal to '0999'
Residence Prism Area	prism	\$4	N/A	Based on matching FY, FM and deerszip; if sponsvc=A then set equal to APRISM, if sponsvc = F then set equal to FPRISM; if sponsvc in (M, N) then set equal to NPRISM, otherwise set equal to OPRISM. If zip code not found in MDR Omni-CAD, set equal to '0999'
Residence Region	resreg	\$2	N/A	MOD_REG, based on matching FY, FM and deerszip. No longer required.
Residence TNEX Region	restnex	\$1	N/A	HSSCREG, based on matching FY, FM and deerszip. No longer populated.
Patient MTF Service Area	mtfsvcare	\$4	N/A	Based on matching FY, FM, zip and sponsor service. It returns Service related MTF service area.
Provider Catchment Area	pvcatch	\$4	N/A	Based on matching FY, FM and provzip; set = OCATCH. If provzip not found in MDR Omni-CAD, set equal to '0999'
Provider Prism Area	pvprism	\$4	N/A	Based on matching FY, FM and provzip; set = OPRISM. If provzip not found in MDR Omni-CAD, set equal to '0999'
Provider TNEX Region	pvtnex	\$1	N/A	HSSCREG, based on matching FY, FM and deerszip. No longer populated.
Provider MTF Service Area	pmtfsvcare	\$4	N/A	Based on matching FY, FM, provzip. It returns other MTF Service Area.
Beneficiary T3 Region	ben_t3_reg	\$2	N/A	t3_reg; Based on matching FY, FM and patzip. No longer populated as of January 2025.
Beneficiary T17 Region	ben_t17_reg	\$2	N/A	T17_reg; based on matching FY, FM and patzip
Beneficiary T5 Region	ben_t5_reg	\$2	N/A	T5_reg; based on matching FY, FM and patzip
Provider T3 Region	prov_t3_reg	\$2	N/A	t3_reg; based on matching FY, FM and provzip. No longer populated as of January 2025.
Provider T17 Region	prov_t17_reg	\$2	N/A	T17_reg; based on matching FY/FM and provzip
Provider T5 Region	prov_t5_reg	\$2	N/A	T5_reg; based on matching FY/FM and provzip

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Reservist Attributes Merge				
Reservist Status	res_stat	\$1	N/A	Populate with reservist status from MDR Reservist format file, if the begin date of care is between the begin and end dates of the reservist status code. No longer required as of January 2025.
Special Operations Code	soc	\$2	N/A	Populate with special operations code from MDR Reservist format file, if the begin date of care is between the begin and end dates of the reservist status code. No longer required after January 2025.
Relative Value Unit Table Merge				
Work RVU	rvu	7.2	N/A	Match to RVU table based on CDT and CY and retrieve purchased care work RVU.
Facility Practice Expense RVU	facpervu	7.2	N/A	Match to RVU table based on CDT and CY and retrieve practice expense RVU (Facility)
Non-facility Practice Expense RVU	nfpervu	7.2	N/A	Match to RVU table based on CDT and CY and retrieve practice expense RVU (Non-facility)
Dental Weighted Value Table Merge				
DWV	dvw	7.2	N/A	Match to DWV tables based on CDT and either FY or CY to retrieve DWV. For date matching, use FY tables before 1/1/2016 and CY table DWVs starting 1/1/2016. Use FY15 DWV table for the 10/2015-12/2015 period.
DMIS ID Index Table Merge				
Enrollment Site T3 Region	enr_t3_reg	\$2		t3_reg, based on FY/Enrollment Site. No longer required as of January 2025.
Enrollment Site T2017 Region	enr_t17_reg	\$2		t17_reg, based on FY/Enrollment Site
Referring MTF T3 Region	ref_t3_reg	\$2		t3_reg, based on FY/Referring MTF. No longer required as of January 2025.
Referring MTF T2017 Region	ref_t17_reg	\$2		t17_reg, based on FY/Referring MTF
Enrollment Site T5 Region	enr_t5_reg	\$2		T5_reg, based on FY/Enrollment Site
Referring MTF T5 Region	ref_t5_reg	\$2		T5_reg, based on FY/Referring MTF

IX. REFRESH FREQUENCY

Frequency of updates, based on end date of care:

- Current and Prior FY: monthly
- All other FYs: twice a year in October and April.
- After 5 years old, stop processing back FYs

X. QUALITY REVIEW REQUIREMENTS

In order to ensure processing is done correctly, several basic quality review requirements are presented in this section.

1. Basic Data Flow Process Check: A spreadsheet should be maintained that tracks record counts associated with each data step used in processing. Record counts from the raw monthly feeds, including the total billed amount should be recorded and checked against the “endoffile” that is in the ingest.lst file. Significant variations in ADDP data should be noted and explored with BEA. The number of claims and records (claims/line items) should be accounted for in this spreadsheet. Record counts of reference files should also be recorded so that expectations of changes in record counts can be ascertained.
2. File Size: Record counts should increase as the files are updated.
3. Proc contents should be reviewed and compared against specifications to ensure conformance.
4. Proc means should be compared from cycle to cycle for dollar amounts: allowed, approved, billed, OHI and third party liability.
5. Each month the values observed in certain fields should be checked to see if new or modified values are introduced. Fields that should be checked include raw fields used by the processor to derive other fields, and raw fields used to control the flow of processing.
6. Routine feed and file management procedures should be followed for the MDR ADDP processor.

XI. DATA MARTS

N/A

XII. SPECIAL OUTPUTS

With each ADDP processing, a special output file is prepared. The special output file is the CDA Dental Readiness Extract.

The CDA Dental Readiness Extract is due by the 25th of each month. This file only consists of new records from the most recent /mdr/apub/dental/addp/claims/fyXX/dYYMMDD

Table 4: MDR CDA Dental Readiness Extract

Variable Name	Format	Business Rule/ SAS Name
Patient Name	\$100	Concatenation of PATLNAME, PATFNAME, PATMNAME
Sponsor SSN	\$9	RSPONSSN
Patient Type	\$5	SVC
Patient Date of Birth	YYMMDD	PATDOB
EDIPN	\$10	REDI_PN
Start Date	\$8	BEGDATE
CDT Code	\$5	CDT
DRC	\$1	DENTALCLASS
DTF	\$100	DMISNME from DMISID Table Merge by DMISID
DMISID	\$10	DTF_DMISID

Appendix A: ADDP Provider File Processing Rules

The ADDP provider file sent from the ADDP contractor is a full file refresh each month. The initial ADDP feed will simply be placed in a SAS dataset, with content and field transformations as specified in Table 5. Thereafter, an update process must occur. Each month, the feed data is compared with the existing MDR dataset, using the provider tax ID and the provider ID as the basis of comparison. If a tax ID/provider ID exists only in the feed data, that record will be added to the MDR file, with field transformations and additions as appropriate. If the tax ID/provider ID is in both the feed and the existing MDR dataset, then the last record observed for each combination of tax ID/provider ID is retained (sorted on tax ID, provider id, provider ssn and processing date). If the tax ID/provider ID is in the existing MDR file, but not in the feed, then retain the record from the existing file, but set the provider termination flag and code the delete month to the date of the last month of feed data that the tax ID/provider ID was present in.

Table 5: ADDP Provider Data File Layout

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Provider Tax ID	taxid	\$9	1-9	No transformation
Provider ID	provid	\$9	10-18	No transformation
Individual Provider Name	provname	\$53	19-71	No transformation
Provider Group Name	provgrpname	\$53	72-124	No transformation
Provider Specialty	provspec	\$3	125-127	No transformation
Provider Taxonomy	hipaapr	\$10	128-137	No transformation
Provider SSN	provssn	\$9	138-146	No transformation
Provider Network Status	network	\$1	147	No transformation
Provider Street Address Line 1	provadd1	\$36	158-193	No transformation
Provider Street Address Line 2	provadd2	\$36	194-229	No transformation
State	provst	\$2	230-231	No transformation
Provider Zip Code	provzip	\$9	232-240	No transformation
Country Code	provctry	\$3	241-243	No transformation
NPI Individual	npi	\$14	244-257	No transformation
NPI Group	npigroup	\$14	258-271	No transformation
Internally Derived Fields				
Delete Month	Del_mnth	YYYYMM	N/A	Last month of feed data that the provider ID was present in.
Provider Termination Flag	term_flg	\$1	N/A	Set to "T" if provider is terminated during file update process, else leave blank.
Processing Date	procdate	YYYYMMDD	N/A	Fill with the date this record was added to the MDR dataset initially.

Appendix B: ADDP Claims Adjustment Update Examples

Example #1:

Master ADDP (previous extract)

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
1234567899C0001				20091218 D0150			29	29	29	0	0	d100209	20100209	1	20100209
1234567899C0002				20091218 D0274			25	25	25	0	0	d100209	20100209	1	20100209
1234567899C0003				20091218 D0330			48	48	48	0	0	d100209	20100209	1	20100209
1234567899C0004				20091218 D0220			12	12	12	0	0	d100209	20100209	1	20100209
1234567899C0005				20091218 D0230			9	9	9	0	0	d100209	20100209	1	20100209

Current Extract

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
1234567899C0001				20100125 D0150	I		-29	-29	-29	0	0	d100212	20100212		20100212
1234567899C0002				20100125 D0274	I		-25	-25	-25	0	0	d100212	20100212		20100212
1234567899C0003				20100125 D0330	I		-48	-48	-48	0	0	d100212	20100212		20100212
1234567899C0004				20100125 D0220	I		-12	-12	-12	0	0	d100212	20100212		20100212
1234567899C0005				20100125 D0230	I		-9	-9	-9	0	0	d100212	20100212		20100212

New Master ADDP (after processing)

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
1234567899C0001				20100125 D0150	I		0	0	0	0	0	d100212	20100212		20100212
1234567899C0002				20100125 D0274	I		0	0	0	0	0	d100212	20100212		20100212
1234567899C0003				20100125 D0330	I		0	0	0	0	0	d100212	20100212		20100212
1234567899C0004				20100125 D0220	I		0	0	0	0	0	d100212	20100212		20100212
1234567899C0005				20100125 D0230	I		0	0	0	0	0	d100212	20100212		20100212

Example #2:

Master ADDP (previous extract)

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
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Current Extract

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	chgflag	new_rec
2222222222C0002				20100114 D2740	A	10	398.5	398.5	398.5	0	0	d100212	20100212		
2222222222C0002				20100127 D2740	E	10	-398.5	-398.5	-398.5	0	0	d100212	20100212		
2222222222C0003				20100127 D2740	E	10	797	797	797	0	0	d100212	20100212		

New Master ADDP (after processing)

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
2222222222C0002				20100127 D2740	E	10	0	0	0	0	0	d100212	20100212	1	20100212
2222222222C0003				20100127 D2740	E	10	797	797	797	0	0	d100212	20100212	1	20100212

Example #3:

Master ADDP (previous extract)

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
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Current Extract

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFIND CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVED	OHI	TPLIAB	EXTR_DT	procdate	chgflag	new_rec
3333333333C0001			B5612	20100120 D7240		17	600	0	0	0	0	d100212	20100212		
3333333333C0001			B5612	20100128 D7240	A	17	-600	0	0	0	0	d100212	20100212		
3333333333C0002			B5612	20100128 D7240	A	32	-600	0	0	0	0	d100212	20100212		
3333333333C0002			B5612	20100120 D7240		32	600	0	0	0	0	d100212	20100212		
3333333333C0003			B5612	20100120 D9220			385	0	0	0	0	d100212	20100212		
3333333333C0003			B5612	20100128 D9220	A		-385	0	0	0	0	d100212	20100212		
3333333333C0004			B5612	20100128 D9221	A		-200	0	0	0	0	d100212	20100212		
3333333333C0004			B5612	20100120 D9221			200	0	0	0	0	d100212	20100212		
3333333333C0005				20100128 D7240	A	17	600	328	328	0	0	d100212	20100212		
3333333333C0006				20100128 D7240	A	32	600	328	328	0	0	d100212	20100212		
3333333333C0007				20100128 D9220	A		385	205	205	0	0	d100212	20100212		
3333333333C0008				20100128 D9221	A		200	103	103	0	0	d100212	20100212		

New Master ADDP (after processing)

CLAIMID	LINENUM	REJREA	LINEREJ	CLMFINDT	CDT	ADJCODE	TOOTH	BILL	ALLOW	APPROVE	OHI	TPLIAB	EXTR_DT	procdate	new_rec	chgdate
333333333330005				20100128	D7240	A	17	600	328	328	0	0	d100212	20100212	1	20100212
333333333330006				20100128	D7240	A	32	600	328	328	0	0	d100212	20100212	1	20100212
333333333330007				20100128	D9220	A		385	205	205	0	0	d100212	20100212	1	20100212
333333333330008				20100128	D9221	A		200	103	103	0	0	d100212	20100212	1	20100212

Appendix C: ACV Group

For time periods before Jan 1, 2018, ACV is derived as follows:

For FY03 and before:

If ACV = A, D, or E then "PR"
 Else if ACV = G or L then "PL"
 Else if ACV = U then "DP"
 Else if Ben Cat Common = 4 then "R"
 Else "O"

For FY04 and after:

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 Ben Cat Common = 4 then "R"
 Else "O"

This is a change in coding schema and it is recognized that not all years may be processed with the new values.

The legacy rules are:

For FY03 and before:

If ACV = A, D, or E then "1"
 Else if ACV = G or L then "3"
 Else if ACV = U then "4"
 Else if Ben Cat Common = 4 then "5"
 Else "6"

For FY04 and after:

If ACV = A, E, H, or J then "1"
 Else if ACV = B or F then "2"
 Else if ACV = G or L then "3"
 Else if ACV = U then "4"
 Else if ACV = R or V then "6"
 Else if ACV = M or Q then "5"
 Else if Ben Cat Common = 4 then "5"
 Else "6"