

**20 January 2025**

**Comprehensive Ancillary Data Record Extract  
(CADRE) Laboratory Enhanced  
for the  
MHS Data Repository (MDR)  
(Version 1.02.08)**

**Future Specification**

## Revision History

<b>Version</b>	<b>Date</b>	<b>Originator</b>	<b>Para/Tbl/Fig</b>	<b>Description of Change</b>
1.00.00	12/04/2014	S. Keane		<ul style="list-style-type: none"> <li>Initial Release.</li> </ul>
1.00.01	01/14/2015	S. Keane	Sections I, IV, V, VI, VII.	<ul style="list-style-type: none"> <li>Update rules for External file matching.</li> <li>Update key.</li> <li>Update file layout.</li> <li>Delete cancellation file.</li> </ul>
1.00.02	08/12/2015	S. Keane	Section V and Appendix A.	<ul style="list-style-type: none"> <li>Update business rules for certain fields.</li> </ul>
1.00.03	8/19/2015	S. Keane	Table 2.	<ul style="list-style-type: none"> <li>Update business rules for Relationship to sponsor (rel).</li> </ul>
1.00.04	03/29/2016	S. Keane	Table 2.	<ul style="list-style-type: none"> <li>Add Variables: MDRkey and M2key.</li> </ul>
1.00.05	05/17/2016	S. Keane	Table 2.	<ul style="list-style-type: none"> <li>Set Inpatient Record ID (PRN) to char7, stripped, with leading zeros.</li> <li>Update derivation rules for Beneficiary Residence Region (PATREGN) and HSSC Residence Region (RSREG).</li> </ul>
1.01.00	10/25/2017	K. Hutchinson	Table 2.	<ul style="list-style-type: none"> <li>Changes for NDAA 2017 and T2017</li> <li>Delete fields</li> </ul>
1.01.01	06/01/2018	S. Keane	Table 2.	<ul style="list-style-type: none"> <li><i>Administrative changes only. Removed Appendix A as no longer required.</i></li> </ul>
1.02.00	01/02/2019	S. Keane	Sections V and VI.	<ul style="list-style-type: none"> <li>Changed order of CPTMOD priority.</li> <li>Added footnotes on ACV and ACV Group.</li> </ul>
1.02.01	07/30/2019	S. Keane	Entire Document	<ul style="list-style-type: none"> <li>Cleanup.</li> </ul>
1.02.02	02/13/2020	S. Keane	Table 2	<ul style="list-style-type: none"> <li>Add Number of Orders (ordcount).</li> </ul>
1.02.03	06/19/2020	S. Keane	Table 2	<ul style="list-style-type: none"> <li>Add Certifying Provider Name, Ordering Provider Name, PCM Name, PCM NPI, PCM NPI Type Code, and Service Line Ordering.</li> </ul>
1.02.04	12/14/2020	S. Keane	Table 2	<ul style="list-style-type: none"> <li>Specify Last, First Names for Certifying Provider Name and Ordering Provider Name.</li> </ul>
1.02.05	03/10/2021	S. Keane	Table 2	<ul style="list-style-type: none"> <li>Add Reason For Test.</li> </ul>
1.02.06	12/06/2021	S. Keane	Table 2	<ul style="list-style-type: none"> <li>Add "S" Space Force to list of values for Sponsor Branch of Service (svc) and Sponsor Branch of Service, Aggregate (svcagg).</li> </ul>
1.02.07	01/20/2022	S. Keane	Section II	<ul style="list-style-type: none"> <li>Update Frequency of processing and updates.</li> </ul>
1.02.08	01/20/2025	S. Keane	Table 2 Section IX	<ul style="list-style-type: none"> <li>Update LVM4 to LVM6.</li> <li>Hide T3 fields.</li> <li>Add T5 fields.</li> <li>Add Section IX Special Outputs section.</li> </ul>

## CADRE Laboratory Enhanced for the MDR

This functional specification describes the process required to convert the CADRE Laboratory Basic, as described in the specification "Comprehensive Ancillary Data Record Extract (CADRE) Laboratory Basic for the MHS Data Repository (MDR)," into the CADRE Laboratory Enhanced. In time, the dataset(s) developed from this specification will replace current Ancillary dataset(s) as described in the specification "Ancillary Laboratory and Radiology for the MHS Data Repository (MDR)."

### I. SOURCE

The most recent CADRE Laboratory Basic file is the source for the CADRE Laboratory Enhanced file.

### II. ORGANIZATION AND BATCHING

- Time slicing: Organize data into fiscal year files. The Fiscal Year is determined by the Date of Service (SERVDATE) field.
- Frequency of processing and updates:
  - Current FY: Weekly after the CADRE Laboratory Basic.
  - Prior FY: Weekly for one quarter (October, November, and December) then 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): Use routine archiving rules and procedures of the MDR.

### III. RECEIVING FILTERS

None.

### IV. FIELD TRANSFORMATIONS AND DELETIONS

Table 1 lists the external reference files (and criteria) used to append many fields to the CADRE Laboratory Enhanced file.

**TABLE 1: EXTERNAL REFERENCE FILES**

MERGE	DATE MATCHING	ADDITIONAL MATCHING
Master Person Index	n/a	See MPI Specification.
Longitudinal VM6	Date of Service (SERVDATE)	Patient EDIPN (EDIPN).
DEERS	Date of Service (SERVDATE)	Patient EDIPN (EDIPN) or SSN
DMISID Index	FY of Date of Service (SERVDATE)	Treatment DMIS ID (TMTDMIS)
Omni-CAD	FY/FM of Date of Service (SERVDATE)	Beneficiary Zip Code (PATZIP) and Sponsor Branch of Service (SVC)
Reservist GWOT	Date of Service (SERVDATE)	Sponsor SSN (SPONSSN)
Enrollment MEPRS	Date of Service (SERVDATE)	Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification
CPT Weight Table	CY of Date of Service (SERVDATE)	CPT Code (CPT) and CPT Code Modifier (CPTMOD)
Cost	FY of Date of Service (SERVDATE)	MEPRS Parent (MEPRDMIS)

## V. UPDATING THE MASTER TABLES

To create the CADRE Laboratory Enhanced Table, join the Accession Table and the Test Table from the MDR CADRE Laboratory Basic Tables/Datasets using the combination of CHCS Host DMIS ID (CHCSDMIS) and Accession Number (ACCESSNO) as the key. All fields (except mod, recno) from the accession table will be populated on every record (of that accession) of CADRE enhanced. MOD will be populated ONLY on the corresponding recno of the CADRE enhanced.

To apply an update: append new ancillary records to the CADRE Laboratory Enhanced Table. The unique identifier or Record Key is defined as the combination of CHCS Host DMIS ID, Accession Number, Order ID, CPT Code, and Record Type Modifier. That is, **CHCSDMIS || ACCESSNO || ORDERID || CPT || CPTMOD**.

Delete duplicates before updating CADRE Laboratory Enhanced Table. Duplicate records, defined as those with the same unique identifier or Record Key: CHCSDMIS || ACCESSNO || ORDERID || CPT || CPTMOD. In the event of duplicate records, retain the record with the newest Extract File Date (FILEDATE) [extracted from the File Name].

**The CADRE Laboratory Enhanced table should contain only one (1) record per combination of CHCSDMIS, ACCESSNO, ORDERID, CPT.**

When there is a record with CHCSDMIS, ACCESSNO, ORDERID, CPT, and CPTMOD = "00", remove any other records with same CHCSDMIS, ACCESSNO, ORDERID, CPT. That is, remove records with same CHCSDMIS, ACCESSNO, ORDERID, CPT, and other CPT Code Modifier (CPTMOD). Remove records with CPT Code Modifier (CPTMOD) in ('26','90') when there is another record with the same CHCSDMIS, ACCESSNO, ORDERID, CPT, and CPTMOD = "32". Remove records with CPT Code Modifier (CPTMOD) = '90' when there is another record with the same CHCSDMIS, ACCESSNO, ORDERID, CPT, and CPTMOD = "26".

## VI. FILE LAYOUT AND CONTENT

MDR CADRE Laboratory Enhanced Table has one core file as described in Table 2. Variables are listed in the following order: Record Key variables and then alphabetically (approximately) by source.

**TABLE 2: MDR CADRE LABORATORY ENHANCED TABLE**

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
<b>CADRE Laboratory Basic</b>			
CHCS Host Platform DMIS ID	chcsmis	\$4	No Derivation.
Accession Number	accessno	\$17	No Derivation. A laboratory specimen has a unique accession number. There may be many records per accession number as many laboratory tests may be done on the same specimen.
Order ID	orderid	\$12	No Derivation.
CPT Code	cpt	\$5	No Derivation.
CPT Code Modifier	cptmod	\$2	If CPTMOD in ('00', '26', '32', '90') then CPTMOD= CPTMOD. Else if CPTMOD = '' then CPTMOD = '00'; Else if CPTMOD = 'PC' then CPTMOD = '26'; Else if CPTMOD = 'TC' then CPTMOD = '32'.
Record Type Modifier	mod	\$2	No Derivation.

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
Appointment Match Indicator	apptmatch	\$3	No Derivation.
Appointment Record ID	apptno	\$20	No Derivation. Aka Appointment IEN.
Calendar Month	cm	\$2	No Derivation.
Calendar Year	cy	\$4	No Derivation.
Certifying Provider EDIPN	cpedipn	\$10	No Derivation.
Certifying Provider HIPAA Taxonomy	cphipaa	\$10	No Derivation.
Certifying Provider IEN	cpien	\$20	No Derivation.
Certifying Provider NPI	cpnpi	\$10	No Derivation.
Certifying Provider SSN	cpssn	\$9	No Derivation.
CLIA Number	clia	\$15	No Derivation.
Date of Collection/Exam	examdate	yyyymmdd	No Derivation.
Date of Order	orddate	yyyymmdd	If orddate is missing from first row of order, obtain it from Order ID (orderid) [substr(orderid,1,6)]. Change YYMMDD to YYYYMMDD. Store as a SAS date. Populate (copy down) on every record of the order.
Date of Service	servdate	yyyymmdd	No Derivation.
External City	xcity	\$40	No Derivation.
External Country	xcountry	\$2	No Derivation.
External LAB Type	extype	\$1	No Derivation.
External Name	xname	\$60	No Derivation.
External State	xstate	\$2	No Derivation.
External Zip	xzip	\$5	No Derivation.
Extract File Date	filedate	yyyymmdd	No Derivation.
Fiscal Month	fm	\$2	No Derivation.
Fiscal Year	\$4	No Derivation.	
Inactive CPT Code Indicator	nactcpt	\$1	No Derivation.
Initial Processing Date	procdate	yyyymmdd	No Derivation.
Inpatient Record ID	prn	\$7	Change to Char7; add leading zeros (if applicable). Remove leading and trailing blanks. Aka Register Number.
Lab Test Name	labtest	\$30	No Derivation. Populate (copy down) on every record of the order.
Master Change Code	chgcode	\$1	No Derivation.
Master Change Date	chgdate	yyyymmdd	No Derivation.
Number of Services	count	commna	No Derivation.
OHI Indicator	ohi	\$1	No Derivation.
Ordering DMIS ID	orddmis	\$4	No Derivation. Aka Order Requesting Location DMIS ID. Populate (copy down) on every record of the order.
Ordering MEPRS Code	meprscd	\$4	No Derivation. Aka Order Requesting Location MEPRS Code.
Ordering Provider EDIPN	opedipn	\$10	No Derivation.
Ordering Provider HIPAA Taxonomy	ophipaa	\$10	No Derivation.
Ordering Provider IEN	opien	\$20	No Derivation.
Ordering Provider NPI	opnpi	\$10	No Derivation.
Ordering Provider SSN	opssn	\$9	No Derivation.
Patient Category Code	patcat	\$3	No Derivation.
PATCAT subcategory	patcat2	\$1	No Derivation.
Patient Age	patage	Numeric	No Derivation.
Patient EDIPN (raw)	redipn	\$10	No Derivation. Aka Patient Identifier on record.
Patient Family Member Prefix	fmp	\$2	No Derivation.

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
Patient HCDP Code (raw)	hcdpr	\$3	No Derivation.
Patient IEN	patien	\$20	No Derivation.
Patient SSN	patssn	\$9	No Derivation.
Patient SSN Type Code	patssnyp	\$1	No Derivation. Type code describing the Patient SSN. Valid values: D = Temporary Identification Number (TIN) F = Foreign Identification Number (FIN) I = Provider Tax ID (ITIN) P = US military personnel code prior to SSNs R = Special Code assigned to a DOD contractor S = Social Security Number (SSN) U = Pseudo SSN.
Performing CMAC Locality Code	cmaccd	\$3	No Derivation.
Purchased Service Facility ID	psfid	\$12	No Derivation. Purchased Service Facility IEN. Previously named IEN/SSN (ienssn).
Purchased Service Facility ID Type Code	psfidtyp	\$2	No Derivation. The type (IEN/SSN) of the Purchased Service Facility Identifier. Valid values: 24 = IEN, 34 = SSN. Previously named External Indicator (external).
Record Number	recno	Numeric	No Derivation. Numeric. Keep first item in CHCSDMIS, ACCESSION, RECNO, CPT, CPTMOD, MOD hierarchy.
Sponsor SSN (raw)	rsponssn	\$9	No Derivation.
Sponsor SSN (raw) Type Code	rsponssn typ	\$1	No Derivation. Type code describing the Sponsor SSN (raw). Valid values: D = Temporary Identification Number (TIN) F = Foreign Identification Number (FIN) I = Provider Tax ID (ITIN) P = US military personnel code prior to SSNs R = Special Code assigned to a DOD contractor S = Social Security Number (SSN) U = Pseudo SSN.
Treatment DMIS ID	tmtdmis	\$4	No Derivation. Aka Performing DMIS ID.
Treatment Group/Parent DMIS ID	pgrpdmis	\$4	No Derivation.
<b>CADRE Laboratory Enhanced Internally Derived Fields</b>			
ACV Group	acvgroup	\$15	<pre> If SERVDATE &gt;=1/1/2018 then do: 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 </pre> <p>For FY12 to Dec 31, 2017:</p> <pre> 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 </pre>

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
Age Group Common	agegroup	\$1	If 0 <= PATAGE <= 4 then "A" Else if PATAGE <= 14 then "B" Else if PATAGE <= 17 then "C" Else if PATAGE <= 24 then "D" Else if PATAGE <= 34 then "E" Else if PATAGE <= 44 then "F" Else if PATAGE <= 64 then "G" Else if PATAGE <= 69 then "H" Else if PATAGE <= 74 then "I" Else if PATAGE <= 79 then "J" Else if PATAGE <= 84 then "K" Else if PATAGE not blank or negative then "L" Else "Z".
AP Indicator	ap	\$1	If Record Type Modifier (MOD) = 'AP' then ap = 'Y'; Else, ap = 'N'.
Beneficiary Category (common)	comben	\$1	Derive from Bencat (D_COM_BEN_CAT). If "DA," "DGR" then "1." Else if "RET" then "2." Else if "DR", "DS", "DCO", "NAT", "IGR", "IDG", "OTH", "UNK" then "3". Else if "ACT," "GRD" then "4."
Certifying Provider Name	cpname	\$61	Use DMHRSi as lookup to obtain LAST_NM, FIRST_NM.
Derived Number of Services	drvcount	Numeric	If CPT Code Modifier (CPTMOD) = '90' then drvcount=1; else drvcount=count.
Derived Number of Tests/Exams	drvtest	Numeric	If CPT Code (CPT) is blank or Inactive CPT Code Indicator (NACTCPT) = I then set to zero (0). Else, set to one (1).
External Indicator	external	\$1	Equals "Y" if External LAB Type (EXTYPE) in ("V", "O", "C"); else equal "N".
Inpatient Indicator	inpt	\$1	If Inpatient Record ID (PRN) field is populated then "Y". Else, "N".
Laboratory Flag	labflag	\$1	If cptmod='00' or blank then labflag='I'; [Internal, tests ordered and performed in the same MTF (inhouse)]. Else If cptmod='32' then labflag='O'; [tests performed (inhouse) for outside facility/MTF]. Else If cptmod='90' then labflag='E'; [tests sent to external facility]. Else, blank.
M2Key	m2key	\$6	Base 62 of MDR Key.
MDR Key	mdrkey	\$13	Sequential counter of records.
MPI Status Flag	mpiflag	\$1	Flag has value of E if an EDI-PN (EDIPN) replaces a previous blank field. Otherwise, mpiflag has a blank value.
Number of Orders	ordcount	Numeric	If first ORDERID then 1; else 0.
Ordering Provider Name	opname	\$61	Use DMHRSi as lookup to obtain LAST_NM, FIRST_NM.
Relationship (to sponsor)	rel	\$1	Derived from first character of Patient Family Member Prefix (FMP) using rules in "MDR Master Person Index" Table 4: If FMP is 01-19 then Relationship = "1" If FMP is 20 then Relationship = "2" If FMP is 30-39 then Relationship = "3" If FMP is in list 40, 45, 50, 55, or is within 60-69, then Relationship is "4" ELSE Relationship is "2".
Reason for Test	reason_f or_test	\$100	Obtain from CADRE supplemental file and/or MIP.
Service Line Ordering	svclineo	\$5	Apply format from service line map. mepr3=substr(meprscd,1,3); svclineo = put(mepr3,\$slfmt.);

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
<b>MPI</b>			
EDI-PN	edipn	\$10	Results of MPI merge procedures with Patient EDIPN (raw) (REDIPN). If REDIPN is missing or null, apply routine MDR procedures for MPI merge. DoD Electronic Data Interchange Person Identifier DOD_EDI_PN_ID.
Person Association Reason Code	PARC	\$2	Results of MPI merge procedures. Change blank values to ZZ. Person Association Reason Code PNA_RSN_CD.
Sponsor SSN	sponssn	\$9	Results of MPI merge procedures. Sponsor Person Identifier (SSN) SPN_PN_ID.
<b>VM6</b>			
ACV <sup>1</sup>	acv	\$1	DEERS ACV in longitudinal derivation of VM6 where service date in ACV date range and the ACV on the segment is "not Z." If bencat is active or guard/reserve, then assign "M"; else set to blank if beneficiary is not active or guard/reserve.
Beneficiary Category	bencat	\$3	Ben Cat (R_BEN_CAT_CD) in longitudinal derivation of VM6 where service date in Ben Cat date range. If no match, derive from patient category code using universal PATCAT format table. Change value Z to UNK.
Beneficiary Zip Code	patzip	\$5	Zip Code (D_ZIP_CD) in longitudinal derivation of VM6 where service date in zip code date range, or "NONE" if unmatched.
Date of Birth	dob	yyyymmdd	Date of birth (PN_BRTH_DT) in longitudinal derivation of VM6.
HCDP - Enrolled	hcdplVM6	\$3	HCDP code in longitudinal derivation of VM6.
DEERS Match Flag	deers	\$1	"1" if EDI-PN matched with longitudinal VM6; "0" if no EDI-PN match in VM6.
Enrollment DMIS ID	enrdmis	\$4	Enrollment DMIS ID (D_MI_PCM_EDVSN_DMIS_ID) in longitudinal derivation of VM6 where service date in the enrollment dmis id date range, or "NONE" if unmatched.
Gender	sex	\$1	Gender (PN_SEX_CD) in longitudinal derivation of VM6. If no match or blank, set value to Z=unknown.
Medicare Eligibility	medelg	\$1	Medicare Eligibility in longitudinal derivation of VM6 based on Privcode, age. If no match or blank, set value to N.
PCM ID	pcmid	\$18	PCM ID (D_MI_PCM_ID) in longitudinal derivation of VM6 where service date in the PCM ID date range.
Privilege Code	privcode	\$1	Privilege code (D_ELG_CD) in the longitudinal derivation of VM6 where service date in privilege code date range.
Sponsor Branch of Service	svc	\$1	Sponsor service in longitudinal derivations of VM6 where service date is sponsor service date range. If no match, derive from 1st letter of PATCAT. If U, then recode as Z. If not (A,F,N,M,C,S,Z), then recode as X. If blank after the above, set to Z=Unknown.
Sponsor Branch of Service, Aggregate	svcagg	\$1	Aggregated sponsor service in longitudinal derivation of VM6 where service date in sponsor service date range. If no match, derive from 1st letter of PATCAT. If U, then recode as Z. If not (A,F,N,M,C,S,Z), then recode as X. If blank after the above, set to Z=Unknown.

<sup>1</sup> Beginning 1 January 2019, ACV and ACV Group are set to blank, refer to Enrollment Group instead.

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
Tricare Prime Remote Eligibility Flag	TPRelig	\$1	Merge to the VM6 where service date in the enrollment date range. Use D_TPR_ELG_CD.
HCDP – Assigned	hcdp_assgn	\$3	If the SERVDATE 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.
Eligibility Group	elg_grp	\$2	If the SERVDATE 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.
Enrollment Group	enr_grp	\$2	If the SERVDATE 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.
Enrollment PCM Type	pcm_type	\$1	If the SERVDATE 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.
<b>DEERS or PCM Table</b>			
Primary Care Manager Name	pcmid_nm	\$40	D_MI_PCM_NM from DEERS merge.
Primary Care Manager NPI	pcmid_npi	\$10	D_PCM_NP_ID from DEERS merge.
PCM NPI Type Code	pcmid_npi_typ	\$1	D_PCM_NP_ID_TYP_CD from DEERS merge.
<b>DMIS</b>			
MEPRS Parent	meprdmi_s	\$4	MEPRS Parent (MEPR_PAR) of treatment DMIS from DMIS table.
Parent DMIS	pdmis	\$4	Parent DMIS (UBU_PAR) of treatment DMIS from DMIS table.
Treatment Service	tmtsvc	\$1	Service (UBU_SVC) of treatment DMIS from DMIS table.
Enrollment Site T3 Region	enr_t3_reg	\$2	Hide. T3_REG from DMIS ID Index, based on matching FY and ENRDMIS
Enrollment Site T17 Region	enr_t17_reg	\$2	T17_REG from DMIS ID Index, based on matching FY and ENRDMIS
Treatment DMIS ID T3 Region	mtf_t3_reg	\$2	Hide. T3_REG from DMIS ID Index, based FY and TMTDMIS
Treatment DMIS ID T17 Region	mtf_t17_reg	\$2	T17_REG from DMIS ID Index, based FY and TMTDMIS
Ordering DMIS ID T3 Region	ord_t3_reg	\$2	Hide. T3_REG from DMIS ID Index, based FY and ORDDMIS
Ordering DMIS ID T17 Region	ord_t17_reg	\$2	T17_REG from DMIS ID Index, based FY and ORDDMIS
Enrollment Site T5 Region	enr_t5_reg	\$2	T5_REG from DMIS ID Index, based on matching FY and ENRDMIS. Populate FY23+.
Ordering DMIS ID T5 Region	ord_t5_reg	\$2	T5_REG from DMIS ID Index, based FY and ORDDMIS. Populate FY23+.
Treatment DMIS ID T5 Region	mtf_t5_reg	\$2	T5_REG from DMIS ID Index, based FY and TMTDMIS. Populated FY23+.
<b>OMNI-CAD</b>			
Catchment Area ID	catch	\$4	Catchment Area DMIS ID (x_WORLD) of patient residence, based on matching FY, FM, Beneficiary Zip Code (PATZIP), and Sponsor Branch of Service (SVC).

MDR FIELD NAME	SAS NAME	SAS FORMAT	BUSINESS RULE
PRISM Area ID	prism	\$4	Prism Service Area DMIS ID (x_PRISM) of patient residence, based on matching FY, FM, Beneficiary Zip Code (PATZIP), and Sponsor Branch of Service (SVC).
Tricare Prime Remote Flag	TPRflag	\$1	TPR Flag (TPRFLAG), based on matching FY, FM, and Beneficiary Zip Code (PATZIP).
Beneficiary T3 Region	ben_t3_reg	\$2	Hide. T3_REG, based on matching to OMNI CAD using FY and PATZIP
Beneficiary T17 Region	ben_t17_reg	\$2	T17_REG, based on matching to OMNI CAD using FY and PATZIP
Beneficiary T5 Region	ben_t5_reg	\$2	Hide. T5_REG, based on matching to OMNI CAD using FY and PATZIP. Populated FY23+.
<b>Reservist</b>			
Special Operation Code	soc	\$2	Merge to the Reservist Table File by Sponsor SSN. Reservist Special Operation Code is appended to the encounter record if the encounter 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.
Status Code	status	\$1	Merge to the Reservist Table File by Sponsor SSN. Reservist Status Code is appended to the encounter record if the encounter 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.
<b>Enrollment MEPRS</b>			
Enrollment MEPRS Code	med_home_meprs	\$4	Join based on rules in Appendix A, section 1 of the Enrollment MEPRS Code specification and Date of Service. med_home_meprs.
<b>CPT Weight Table</b>			
Relative Value Units (Facility Practice)	fprvu	6.2	From CPT Weight Table: Raw MHS updated Facility Practice Expense RVU of CPT Code (pexpfadc) for corresponding year, adjusted for modifiers and multiplied by derived number of services.
Relative Value Units (Non-Facility Practice)	nprvu	6.2	From CPT Weight Table: Raw MHS updated Non-facility Practice Expense RVU of CPT Code (pexpnfdc) for corresponding year, adjusted for modifiers and multiplied by derived number of services.
Relative Value Units (Work)	r vuwork	6.2	From CPT Weight Table: Raw MHS updated Work RVU of CPT code (workdc) for corresponding year, multiplied by derived number of services.
Relative Value Units (Total)	rvu	6.2	Sum the values of Work RVU (rvuwork) and Non-facility Practice RVUs (nprvu).
<b>Cost</b>			
Full Cost	fullcost	8.2	Product of appropriate rvu and cost fields. Use l_fcostw, l_fcostpp. fullcost=sum((rvuwork*l_fcostw),(nprvu*l_fcostp)).
Lab Full Cost / Practice (Non-facility) RVU	l_fcostp(not stored)	10.6	MEPRS Parent's unit cost for Laboratory in matching year (not stored in final DB).
Lab Full Cost / Work RVU	l_fcostw(not stored)	10.6	MEPRS Parent's unit cost for Laboratory in matching year (not stored in final DB).
Lab Variable Cost / Practice (Non-facility) RVU	l_vcostp(not stored)	10.6	MEPRS Parent's unit cost for Laboratory in matching year (not stored in final DB).

<b>MDR FIELD NAME</b>	<b>SAS NAME</b>	<b>SAS FORMAT</b>	<b>BUSINESS RULE</b>
Lab Variable Cost / Work RVU	l_vcstaw (not stored)	10.6	MEPRS Parent's unit cost for Laboratory in matching year (not stored in final DB).
Variable Cost	varcost	8.2	Product of appropriate rvu and cost fields. Use l_vcstaw, l_vcstp. varcost=sum((rvuwork*l_vcstaw),(nprvu*l_vcstp)).

## **VII. DATA MARTS**

MHS Mart (M2)

See *M2 Laboratory Ancillary\** functional specification of those respective MDR-to-M2 feeds.

## **VIII. QUALITY ASSURANCE**

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

- Compare current raw data row counts to ensure data are consistent with previous 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).

## **IX. SPECIAL OUTPUTS**

This file serves as the input to the MIP Core Laboratory table. In accordance with Technical Data Standards, the data should be made available to users with the same file names, field names and formats as the source data, with underscores replacing spaces in the names, if desired. The MIP core Laboratory table should be updated at the same cadency of the M2 file and row counts should be validated against the MDR Export transmittals.