



Defense Health Agency

CHIEF DATA AND
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Competitive Plans Demonstration Clinical File

February 11, 2026

Version 1.00.01

Future Specification





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Revision History

Version	Date	Para/Tbl/Fig	Originator	Description of Change
1.00.00	12/1/2025	<ul style="list-style-type: none">• Whole document	Wendy Funk	<ul style="list-style-type: none">• Initial versioning.
1.00.01	2/11/2026	<ul style="list-style-type: none">• Section 2• Section 6• Section 7	Wendy Funk	<ul style="list-style-type: none">• Updated feed information• Added merge to MPI by sponsor SSN to retrieve sponsor EDIPN• Updated file layout in accordance with the new Interface Control Document. Added fields to the DEERS LVM merge and changed the derivation rule for the CPD Plan



MDR Competitive Plans Demonstration Clinical File

I. SOURCE:

Data Capture: The Enrollment, Eligibility and Encounter (EEE) Contractor for the CPD program (MicroHealth) prepares the monthly CPD Clinical file for the MDR, along with the Pharmacy, and Provider files.

II. TRANSMISSION (FORMAT AND FREQUENCY)

The data files are sent monthly in accordance with ICD XXXXXX. Batches include new and update records. The naming convention of the files dictates that the CPD Plan name by includes in the subtype component of the name, with values for CSMV_ATL and CSMV_TPA.

III. ORGANIZATION AND BATCHING

The CPD Clinical file contains all fiscal years of data.

IV. RECEIVING FILTERS

N/A

V. UPDATE PROCEDURES

- The raw CPD Clinical file contains new records, updated/corrected records and records that need to be deleted from the monthly MDR file. Records are deleted and corrected according to the following logic:
 - Records in each monthly batch with the Transaction Type Code="D" are used to purge records from the MDR file based on DMISID and Unique Patient Reference Number.
 - Records in each monthly batch with the Transaction Type Code="C" replace any previously received record with the same DMISID and Unique Patient Reference Number.
 - After removing/replacing records per steps above, only the most recent version of a record should be retained, based on DMISID, Unique Patient Reference Number and File Date.
 - Entire duplicate records in each feed should be purged.

VI. FIELD TRANSFORMATIONS AND DELETIONS FOR MDR CPD CLINICAL FILE

- The table below describes each reference (or data) file being used to append fields to each MDR CPD Clinical data.



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Merge	Merge to	Date Matching	Additional Matching
Longitudinal VM6 File	Master	Latest Encounter Date, with begin and end dates for each changeable demographic segment.	PATID if available.
Master Person Index	Master	None	For records with blank PATID, match CPD by sponssn, patsex, dob Also match by sponsor SSN to retrieve the sponsor EDIPN.

VII. RECORD LAYOUT AND CONTENT

MDR CPD Clinical File: Data are stored as a SAS data set. The table below describes the format, file layout, and field derivation rules for the CPD Clinical Detail data set.

DATA ELEMENT NAME	Format	Source Position	SAS Name	Business Rule
DMIS ID	\$4	1-4	dmisid	No Transformation
Family ID	\$9	5-13	fam_id	No transformation
Beneficiary Suffix	\$2	14-15	ben_sfx	No transformation
DEERS EDIPN	\$10	16-25	edipn	No Transformation
Last Name	27	26-52	last_nm	No Transformation
First Name	20	53-72	first_nm	No Transformation
Unique Patient Reference Number	\$12	82-93	record_id	No Transformation
Encounter Setting	\$1	94	enc	No Transformation
Primary Diagnosis	\$7	95-101	dx1	No Transformation
Diagnosis 2	\$7	102-108	dx2	No Transformation
Diagnosis 3	\$7	109-115	dx3	No Transformation
Diagnosis 4	\$7	116-122	dx4	No Transformation
Diagnosis 5	\$7	123-129	dx5	No Transformation
Diagnosis 6	\$7	130-136	dx6	No Transformation
Diagnosis 7	\$7	137-143	dx7	No Transformation
Diagnosis 8	\$7	144-150	dx8	No Transformation





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DATA ELEMENT NAME	Format	Source Position	SAS Name	Business Rule
Diagnosis 9	\$7	151-157	dx9	No Transformation
Diagnosis 10	\$7	158-164	dx10	No Transformation
Diagnosis 11	\$7	165-171	dx11	No Transformation
Diagnosis 12	\$7	172-178	dx12	No Transformation
Unique Provider ID Number	\$18	179-196	provid	No Transformation
Provider Specialty/Institution Type	\$2	197-198	spc	No Transformation
Ordering Physician	\$18	199-216	order_prov	No transformation
Total Charges	11	217-227	charge	No Transformation
Co-Payment Amount	6	228-233	copay	No Transformation
Emergency Flag	\$1	234	erflag	No Transformation
Date of Related Admission	yyyymmdd	235-242	admdate	If ENC ne "I" then set to missing
Date of Related Disposition	yyyymmdd	243-250	dispdate	If ENC ne "I" then set to missing
Number of Services	1	251	numsvcs	No Transformation
Service 1 Start Date	yyyymmdd	252-259	svcbeg1	If ENC=H set to missing.
Service 1 End Date	yyyymmdd	260-267	svccend1	If ENC=H set to missing.
Service 1 Place of Service	\$2	268-269	svcplc1	No Transformation
Service 1 Procedure Code	\$13	270-282	svcproc1	No Transformation
Service 1 Diagnosis Code	\$7	283-289	svcdx1	No Transformation
Service 1 Quantity	3	290-292	svcqty1	No Transformation
Service 2 Start Date	yyyymmdd	293-300	svcbeg2	If ENC=H set to missing.
Service 2 End Date	yyyymmdd	301-308	svccend2	If ENC=H set to missing.
Service 2 Place of Service	\$2	309-310	svcplc2	No Transformation
Service 2 Procedure Code	\$13	311-323	svcproc2	No Transformation
Service 2 Diagnosis Code	\$7	324-330	svcdx2	No Transformation
Service 2 Quantity	3	331-333	svcqty2	No Transformation
Service 3 Start Date	yyyymmdd	334-341	svcbeg3	If ENC=H set to missing.
Service 3 End Date	yyyymmdd	342-349	svccend3	If ENC=H set to missing.
Service 3 Place of Service	\$2	350-351	svcplc3	No Transformation
Service 3 Procedure Code	\$13	352-364	svcproc3	No Transformation
Service 3 Diagnosis Code	\$7	365-371	svcdx3	No Transformation
Service 3 Quantity	3	372-374	svcqty3	No Transformation
Service 4 Start Date	yyyymmdd	375-382	svcbeg4	If ENC=H set to missing.
Service 4 End Date	yyyymmdd	383-390	svccend4	If ENC=H set to missing.
Service 4 Place of Service	\$2	391-392	svcplc4	No Transformation
Service 4 Procedure Code	\$13	393-405	svcproc4	No Transformation





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DATA ELEMENT NAME	Format	Source Position	SAS Name	Business Rule
Service 4 Diagnosis Code	\$7	406-412	svcdx4	No Transformation
Service 4 Quantity	3	413-415	svcqty4	No Transformation
Service 5 Start Date	yyyymmdd	416-423	svcbeg5	If ENC=H set to missing.
Service 5 End Date	yyyymmdd	424-431	svccnd5	If ENC=H set to missing.
Service 5 Place of Service	\$2	432-433	svcplc5	No Transformation
Service 5 Procedure Code	\$13	434-446	svcproc5	No Transformation
Service 5 Diagnosis Code	\$7	447-453	svcdx5	No Transformation
Service 5 Quantity	3	454-456	svcqty5	No Transformation
Service 6 Start Date	yyyymmdd	457-464	svcbeg6	If ENC=H set to missing.
Service 6 End Date	yyyymmdd	465-472	svccnd6	If ENC=H set to missing.
Service 6 Place of Service	\$2	473-474	svcplc6	No Transformation
Service 6 Procedure Code	\$13	475-487	svcproc6	No Transformation
Service 6 Diagnosis Code	\$7	488-494	svcdx6	No Transformation
Service 6 Quantity	3	495-497	svcqty6	No Transformation
Hospital Service Admission Date	8	498-505	hospadm	If ENC ne "H" then set to missing
Hospital Service Admission Type	1	506	hosptype	No Transformation
Hospital Service Admission Source	1	507	hospsrc	No Transformation
Hospital Service Disposition Status	2	508-509	hospstat	No Transformation
Hospital Service Disposition Date	8	510-517	hospdisp	If ENC ne "H", then set to missing
Diagnosis Related Group	3	518-520	drg	No Transformation
Hospital Service Principle Procedure	7	521-527	hosp_proc1	No Transformation
Hospital Service Procedure 2	7	528-534	hosp_proc2	No Transformation
Hospital Service Procedure 3	7	535-541	hosp_proc3	No Transformation
Hospital Service Procedure 4	7	542-548	hosp_proc4	No Transformation
Hospital Service Procedure 5	7	549-555	hosp_proc5	No Transformation
Hospital Service Procedure 6	7	556-562	hosp_proc6	No Transformation
Point of Service	1	563	pos	No Transformation
Transaction Type	1		trantype	No Transformation
Internally Derived Fields				
Fiscal Month of Last Encounter	\$2		fy	Derived from latest valid encounter date.
Fiscal Year of Last Encounter	\$4		fm	Derived from latest valid encounter date.





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DATA ELEMENT NAME	Format	Source Position	SAS Name	Business Rule
Last Encounter Date	yyyymmdd		lastenc	Equals the latest valid encounter date on the record. If the Encounter Setting=H, then set equal to HOSPDISP. If Encounter Setting=I then set equal to latest of DISPDATE and Service End Date 1-6. If Encounter Setting=O, then set equal to the latest of Service End Date1-Service End Date6 1-6.
File Date	yyyymmdd		filedate	Set equal to feed date.
CPD Area	\$20		cpd_area	Set equal to the subtype component from the file name the record came from (CSMV-TPA or CSMV-ATL) for the current project
MPI Merge based on EDIPN Match				
Person Association Reason Code	\$2		parc	From MPI merge. See MPI specification.
MPI Merge based on SPONSSN Match				
Sponsor EDIPN	\$10		sponedipn	Match to MPI based on sponsor SSN and append the sponsor EDIPN. Sponsor SSN is read in from the raw data feed but not retained in the final MDR file
Longitudinal VM-6 DEERS Merge				
DEERS Enrollment DMISID	\$4		denrsite	Fill with enrollment DMISID from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the enrollment site.
DEERS Health Care Delivery Program Code	\$3		dhcdp	Fill with DEERS health care delivery program coverage code from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS health care delivery program coverage code.
DEERS Beneficiary Category	\$3		bencat	Fill with DEERS beneficiary category from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS beneficiary category.





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DATA ELEMENT NAME	Format	Source Position	SAS Name	Business Rule
DEERS Sponsor Service Aggregate	\$1		dsponsvc	Fill with DEERS sponsor service (aggregate) from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS sponsor service (aggregate).
DEERS Zip Code	\$5		deerszip	Fill with DEERS zip code from LVM-4, if the Latest Encounter Date on the claim is between the begin and end date associated with the DEERS zip code.
DEERS Race Code	\$1		race	Fill with DEERS Race Code from LVM-4.
DEERS Ethnicity Code	\$1		ethnic	Fill with DEERS Ethnicity Code from LVM-4.
DEERS Eligibility Group	\$1		elg_grp	If the begin date or care is between the begin and end date of D_ELG_GRP_CD then fill with D_ELG_GRP_CD else leave blank
DEERS Enrollment Group	\$1		enr_grp	If the begin date of care is between the begin and end date of D_ENR_GRP_CD then fill with D_ENR_GRP_CD else leave blank; see VM=6 specification
DEERS PCM Type	\$1		pcm_type	If the begin date of care is between the begin and end date of D_PCM_TYPE_CD then fill with D_PCM_TYPE_CD else leave blank; see VM=6 specification
DEERS PCM ID	\$10		pcm_id	If the begin date of care is between the begin and end date of D_PCM_ID then fill with D_PCM_TYPE_CD else leave blank
DEERS Sex	\$1		sex	Fill with Sex
DEERS Sponsor Service Aggregate	\$1		sponsvc	If the begin date of care is between the begin and end date of Sponsor Service Aggregate fill with Sponsor Service Aggregate else leave blank; see VM=6 specification
DEERS Date of Birth	\$8		dob	Fill with Date of Birth





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VIII. REFRESH FREQUENCY

Data is updated monthly

IX. DATA MARTS

N/A

X. SPECIAL OUTPUTS

N/A.





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