#  MHS Data Repository (MDR) Point in Time Extract (PITE)

1. Source

Data capture system: New DEERS VSAM Database

1. Transmission (Format and Frequency)

PITE files are provided monthly as flat files, on 3490 mainframe tape, generally within the first few days of the month, as described in the PITE Interface Control Document (PITE ICD Mod 022.doc, ICD 1300-7003-02). Each PITE represents a snapshot of the DEERS VSAM database at the time the extract was cut. Each record in the PITE represents a beneficiary relationship in DEERS. There can be more than one record per person, in that many people have more than one beneficiary relationship with the DoD.

1. Organization and batching
* PITEs are received and processed monthly.
* MDR PITEs are organized into monthly files.
* Monthly MDR PITE files are not updated (except to correct errors when/if discovered).
* New monthly feeds create new MDR PITE monthly files without affecting the previous file
1. Receiving Filters
* No records are filtered from the MDR PITE.
1. Field Transformations and Deletions for MDR Database
* A series of MHS Derived fields associated with legacy processing of DEERS data are added to the PITE. Refer to Appendix A1 for a field listing and business rules.
* A primary record flag (0 or 1) is added to each record. The primary record flag allows for the selection of the record with the richest MHS benefit, among all records for a given person. See Appendix A2 for further detail.
* The content of Medical Insured (MI) NED enrollment fields (all fields beginning with MI in the description column of the table in Section VII ) is replicated across all records having the same DMDC ID. An appended field (MDR\_NED\_DRV) indicates when Medical Insured NED data have been copied from a different record with the same DMDC ID: 1 indicates that the MI information has been obtained from a different record, 0 indicates that the enrollment data are unchanged from the input record. Note that the algorithm identifies the “best” record for each DMDC ID and all MI fields are copied from that record to all other records having the same DMDC ID. The algorithm for identifying the best record among all records with the same DMDC ID is as follows:
1. If there is just one record for a given DMDC ID, use that record.
2. If there are multiple records for a given DMDC ID, and just one record has non-blank fields in any of the MI fields, use that record.
3. If there are multiple records for a given DMDC ID having non-blank MI fields, use the following priority scheme to rank the records. Lower priorities are only used to break ties of all higher priorities.
4. If the MI\_HCDP\_BGN\_DT is before the PITE snapshot date and the MI\_EMC\_ENRL\_END\_DT is either after the PITE snapshot date or blank on just one record, use that record.
5. If no records satisfy condition (i.) but one record has all three of MI\_HCDP\_PEP\_END\_DT, MI\_EMC\_ENRL\_END\_DT, and MI\_PCM\_EDVSN\_DMISID populated, use that record
6. If more than one record satisfies condition (i.), or if more than one record or no records, satisfy condition (ii.) then of these records, select the record that has D\_PRIMARY\_RECORD\_ID=’1’;
7. If none of the records evaluated in (iii.) have D\_PRIMARY\_RECORD\_ID=’1’ then of these records, select the record with the latest MI\_EMC\_ENRL\_END\_DT, or the record that has a populated MI\_HCDP\_BGN\_DT and a blank MI\_EMC\_ENRL\_END\_DT.
8. If no records are selected as the best record in (iv.) then select the record with the most recent Last Update Date
9. If no records are selected as the best record in (v.) then select the first record encountered.[[1]](#footnote-1)
* A series of fields are added to describe a beneficiary’s enrollment status in DEERS. These fields are populated for enrollees in TRICARE Prime, TRICARE Plus, and the Uniformed Services Family Health Plan (USFHP). Several fields needed to support development of M2 data feeds are also referenced in this section. Refer to Appendix B for a field listing and business rules.
1. Updating the Master Tables

N/A

1. File Layout and Content

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

Table 1: MDR PITE Format and Fields

| Variable Name | Description | Length | Start | Appendix |
| --- | --- | --- | --- | --- |
| LST\_UPD\_DT | Last Update Date | 8 | 1 | N/A |
| SPN\_PN\_ID | Sponsor Person Identifier | 9 | 9 | N/A |
| SPN\_PN\_ID\_TYP\_CD | Sponsor Person Identifier Type Code | 1 | 18 | N/A |
| SPN\_DUP\_ID | Sponsor Duplicate Identifier | 1 | 19 | N/A |
| MLT\_MBR\_ID | Multiple Membership Identifier | 1 | 20 | N/A |
| DDS\_CD | DMDC Dependent Suffix Code | 2 | 21 | N/A |
| PN\_TYP\_CD | Person Type Code | 1 | 23 | N/A |
| PN\_ID | Person Identifier | 9 | 24 | N/A |
| PN\_ID\_TYP\_CD | Person Identifier Type Code | 1 | 33 | N/A |
| PN\_BRTH\_DT | Person Birth Date | 8 | 34 | N/A |
| MRTL\_STAT\_CD | Marital Status Code | 1 | 42 | N/A |
| PN\_SEX\_CD | Person Sex Code | 1 | 43 | N/A |
| RACE\_CD | Race Code | 1 | 44 | N/A |
| ETHNC\_NAT\_ORIG\_CD | Ethnicity National Origin Code | 1 | 45 | N/A |
| PN\_DTH\_DT | Person Death Date | 8 | 46 | N/A |
| PN\_DTH\_CD | Person Death Code | 1 | 54 | N/A |
| MD\_TST\_DGP\_DT | Medical Test Diagnostic Procedure Date | 8 | 55 | N/A |
| Filler\_1 | Filler | 1 | 63 | N/A |
| MDC\_A\_BRSN\_CD | Medicare A Begin Reason Code | 1 | 64 | N/A |
| MDC\_A\_EFF\_DT | Medicare A Effective Date | 8 | 65 | N/A |
| MDC\_A\_EXP\_DT | Medicare A Expiration Date | 8 | 73 | N/A |
| MDC\_B\_BRSN\_CD | Medicare B Begin Reason Code | 1 | 81 | N/A |
| MDC\_B\_EFF\_DT | Medicare B Effective Date | 8 | 82 | N/A |
| MDC\_B\_EXP\_DT | Medicare B Expiration Date | 8 | 90 | N/A |
| CHAMPVA\_CD | CHAMPVA Code | 3 | 98 | N/A |
| Filler\_2 | Filler | 4 | 101 | N/A |
| CHAMPVA\_ERSN\_CD | CHAMPVA End Reason Code | 1 | 105 | N/A |
| CHAMPVA\_EFF\_DT | CHAMPVA Effective Date | 8 | 106 | N/A |
| CHAMPVA\_EXP\_DT | CHAMPVA Expiration Date | 8 | 114 | N/A |
| Filler\_4 | Filler  | 4 | 122 | N/A |
| PHM\_CVG\_CD | Pharmacy Coverage Code | 3 | 126 | N/A |
| Filler\_5 | Filler | 1 | 129 | N/A |
| LEG\_DDS\_CD | Legacy DEERS Dependent Suffix Code | 2 | 130 | N/A |
| PNL\_CAT\_CD | Personnel Category Code | 1 | 132 | N/A |
| SVC\_CD | Service Branch Classification | 1 | 133 | N/A |
| RET\_TYP\_CD | Retirement Type Code | 1 | 134 | N/A |
| PAY\_PLN\_CD | Pay Plan Code | 5 | 135 | N/A |
| PG\_CD | Pay Grade Code | 2 | 140 | N/A |
| DOD\_OCC\_CD | DoD Occupation Code | 4 | 142 | N/A |
| ATTCH\_UIC | Attached Unit Identification Code | 8 | 146 | N/A |
| ASSGN\_UIC | Assigned Unit Identification Code | 8 | 154 | N/A |
| PNLEC\_TYP\_CD | Personnel Entitlement Condition Type Code | 2 | 162 | N/A |
| PNLEC\_BGN\_DT | Personnel Entitlement Condition Begin Date | 8 | 164 | N/A |
| PNLEC\_END\_DT | Personnel Entitlement Condition End Date | 8 | 172 | N/A |
| MBR\_CAT\_CD | Member Category Code | 1 | 180 | N/A |
| MBR\_DSPN\_CD | Member Disposition Code | 1 | 181 | N/A |
| DC\_CD | Direct CareBenefit Type Code | 1 | 182 | N/A |
| DC\_BELIG\_DT | Direct Care Benefit Type Begin Eligibility Calendar Date | 8 | 183 | N/A |
| DC\_EELIG\_DT | Direct Care Benefit Type End Eligibility Calendar Date | 8 | 191 | N/A |
| CHC\_CD | Civilian Health Care Entitlement Type Code | 1 | 199 | N/A |
| CHC\_BELIG\_DT | Civilian Health Care Entitlement Type Begin Eligibility Date | 8 | 200 | N/A |
| CHC\_EELIG\_DT | Civilian Health Care Entitlement Type End Eligibility Date | 8 | 208 | N/A |
| Filler\_6 | Filler | 3 | 216 | N/A |
| MA\_ST\_CD | Mailing Address US Postal Region State Code | 2 | 219 | N/A |
| MA\_CTRY\_CD | Mailing Address Country Code | 2 | 221 | N/A |
| MA\_PR\_ZIP\_CD | Mailing Address US Postal Region ZIP Code | 5 | 223 | N/A |
| GEN\_LOC\_CD | General Location Code | 1 | 228 | N/A |
| ULOC\_PR\_ZIP\_CD | Unit Location US Postal Region ZIP Code | 5 | 229 | N/A |
| DMDC\_ID | DMDC Identifier | 9 | 234 | N/A |
| SPN\_DMDC\_ID | Sponsor DMDC Identifier | 9 | 243 | N/A |
| DoD\_BNFRY\_TYP\_CD | DoD Beneficiary Type Code | 2 | 252 | N/A |
| PN\_LST\_NM | Person Last Name | 26 | 254 | N/A |
| PN\_1ST\_NM | Person First Name | 20 | 280 | N/A |
| PN\_CDNCY\_NM | Person Cadency Name | 4 | 300 | N/A |
| BLD\_TYP\_CD | Blood Type Code | 1 | 304 | N/A |
| OHI\_MED\_IND\_CD | Other Health Insurance (OHI) Medical Coverage Indicator Code | 1 | 305 | N/A |
| OHI\_DNT\_IND\_CD | OHI Dental Coverage Indicator Code | 1 | 306 | N/A |
| OHI\_INP\_IND\_CD | OHI Inpatient Coverage Indicator Code | 1 | 307 | N/A |
| OHI\_OUTP\_IND\_CD | OHI Outpatient Coverage Indicator Code | 1 | 308 | N/A |
| OHI\_LTC\_IND\_CD | OHI Long Term Care Coverage Indicator Code | 1 | 309 | N/A |
| OHI\_PHM\_IND\_CD | OHI Pharmacy Coverage Code | 1 | 310 | N/A |
| OHI\_MH\_IND\_CD | OHI Mental Health Coverage Indicator Code | 1 | 311 | N/A |
| OHI\_VSN\_IND\_CD | OHI Vision Coverage Indicator Code | 1 | 312 | N/A |
| OHI\_PART\_HOSP\_IND\_CD | OHI Partial Hospitalization Coverage Indicator Code | 1 | 313 | N/A |
| MDC\_HMO\_EFF\_DT | Medicare HMO Effective Date | 8 | 314 | N/A |
| MDC\_HMO\_EXP\_DT | Medicare HMO Expiration Date | 8 | 322 | N/A |
| MDC\_HMO\_PLN\_ID | Medicare HMO Plan Identifier | 3 | 330 | N/A |
| RANK\_CD | Rank Code | 6 | 333 | N/A |
| PN\_AGE\_YRS\_QY | Person Age Years Quantity | 3 | 339 | N/A |
| MED\_FAM\_BNF\_EXT\_CD | Medical Family Benefit Extract Indicator Code | 1 | 342 | N/A |
| RES\_LOC\_ST\_CD | Residence Location State Alpha Code | 2 | 343 | N/A |
| RES\_LOC\_CTRY\_CD | Residence Location Address Country Code | 2 | 345 | N/A |
| RES\_LOC\_PR\_ZIP\_CD | Residence Location Address Postal Region ZIP Code | 5 | 347 | N/A |
| RES\_LOC\_MHS\_RGN\_CD | Residence Location Military Health Service Region Code | 2 | 352 | N/A |
| DRVD\_LOC\_DT | Derived Location Date | 8 | 354 | N/A |
| DRVD\_LOC\_ST\_CD | Derived Location State Alpha Code | 2 | 362 | N/A |
| DRVD\_LOC\_CTRY\_CD | Derived Location Country Code | 2 | 364 | N/A |
| DRVD\_LOC\_PR\_ZIP\_CD | Derived Location US Postal Region ZIP Code | 5 | 366 | N/A |
| DRVD\_LOC\_MHS\_RGN\_CD | Derived Location Military Health Service Region Code | 2 | 371 | N/A |
| RACE\_ETHNC\_CD | Race Ethnic Code | 1 | 373 | N/A |
| Filler | Filler | 11 | 374 | N/A |
| D\_CATCH\_AREA\_CD | Catchment Area ID | 4 | 385 | A1 |
| D\_ELG\_CD | Medical Privilege Code | 1 | 389 | A1 |
| D\_DEP\_QY | Dependent Quantity | 2 | 390 | A1 |
| D\_AGE\_GROUP\_CD | Age Group Code | 1 | 392 | A1 |
| D\_AGE\_QY | Derived Age Quantity | 3 | 393 | A1 |
| R\_BEN\_CAT\_CD | Beneficiary Category | 3 | 396 | A1 |
| D\_PRISM\_CD | PRISM Area ID | 4 | 399 | A1 |
| D\_MHS\_ELIG\_INDIC | MHS Eligibility Indicator | 1 | 403 | A1 |
| D\_MHS\_POP\_SECTOR\_CD | Population Sector | 1 | 404 | A1 |
| D\_REGION\_CD | MHS-Derived Region | 2 | 405 | A1 |
| D\_ZIP\_CD | MHS-Derived ZIP Code | 5 | 407 | A1 |
| D\_SPON\_BR\_SVC\_CD | Sponsor Service Aggregated | 1 | 412 | A1 |
| D\_PRIMARY\_RECORD\_FLAG | Primary Record Identifier | 1 | 413 | A2 |
| MBR\_REL\_CD | Member Relationship Code | 1 | 414 | N/A |
| D\_COM\_BEN\_CAT | Common Beneficiary Category  | 1 | 415 | A1 |
| D\_MDC\_ELIG\_CD | Medicare Eligibility Code | 1 | 416 | A1 |
| OV\_SRC\_CD | Origination/Verification Source Code | 3 | 417 | N/A |
| PNL\_VER\_STAT\_CD | Personnel Verification Status Code | 1 | 420 | N/A |
| PN\_VER\_STAT\_CD | Person Verification Status Code | 1 | 421 | N/A |
| PNLEC\_VER\_STAT\_CD | Personnel Entitlement Condition Verification Status Code | 1 | 422 | N/A |
| DI\_HCDP\_PLN\_CVG\_CD[[2]](#footnote-2) | DI HCDP Plan Coverage Code | 3 | 423 | N/A  |
| DI\_HCDP\_CD | DI HCDP Code  | 3 | 426 | N/A |
| DI\_HCDP\_BGN\_DT | DI HCDP Begin Date | 8 | 429 | N/A |
| DI\_HCDP\_PEP\_BGN\_DT | DI HCDP Policy Enrollment Period Begin Date | 8 | 437 | N/A |
| DI\_HCDP\_PEP\_END\_DT | DI HCDP Policy Enrollment Period End Date | 8 | 445 | N/A |
| DI\_HCDP\_PEP\_ERSN\_CD | DI HCDP Policy Enrollment Period End Reason Code | 1 | 453 | N/A |
| DI\_EMC\_ENRL\_BGN\_DT  | DI Enrollment Management Contractor Enrollment Begin Date | 8 | 454 | N/A |
| DI\_EMC\_ENRL\_END\_DT  | DI Enrollment Management Contractor Enrollment End Date | 8 | 462 | N/A  |
| DI\_EMC\_ENRL\_ERSN\_CD  | DI Enrollment Management Contractor Enrollment End Reason Code | 1 | 470 | N/A |
| D\_MI\_HCDP\_PLN\_CVG\_CD[[3]](#footnote-3) | Derived MI HCDP Plan Coverage Code | 3 | 471 | N/A |
| D\_MI\_HCDP\_CD | Derived MI HCDP Code  | 3 | 474 | N/A |
| D\_MI\_HCDP\_BGN\_DT | Derived MI HCDP Begin Date | 8 | 477 | N/A |
| D\_MI\_HCDP\_PEP\_BGN\_DT | Derived MI HCDP Policy Enrollment Period Begin Date | 8 | 485 | N/A |
| D\_MI\_HCDP\_PEP\_END\_DT | Derived MI HCDP Policy Enrollment Period End Date | 8 | 493 | N/A  |
| D\_MI\_HCDP\_PEP\_ERSN\_CD | Derived MI HCDP Policy Enrollment Period End Reason Code | 1 | 501 | N/A |
| D\_MI\_PLCY\_HCDP\_CNTC\_CD  | Derived Medical Insured Policy Health Care Delivery Program Contractor Code | 2 | 502 | N/A |
| D\_MI\_EMC\_ENRL\_BGN\_DT  | Derived MI Enrollment Management Contractor Enrollment Begin Date | 8 | 504 | N/A |
| D\_MI\_EMC\_ENRL\_END\_DT  | Derived MI Enrollment Management Contractor Enrollment End Date | 8 | 512 | N/A |
| D\_MI\_ EMC\_ENRL\_ERSN\_CD  | Derived MI Enrollment Management Contractor Enrollment End Reason Code | 1 | 520 | N/A |
| D\_MI\_ENRL\_HCDP\_CNTC\_CD  | Derived Medical Insured Enrollment Health Care Delivery Program Contractor Code | 2 | 521 | N/A  |
| D\_MI\_PCM\_PROV\_TYP\_CD[[4]](#footnote-4) | Derived MI PCM Network Provider Type Code  | 1 | 523 | N/A |
| D\_MI\_PCM\_ID | Derived MI PCM Identifier | 18 | 524 | N/A |
| D\_MI\_PCM\_ID\_TYP\_CD | Derived MI PCM Identifier Type Code | 1 | 542 | N/A |
| D\_MI\_PCM\_EDVSN\_DMIS\_ID | Derived MI PCM “Enrolling Division” DMIS Code | 4 | 543 | N/A  |
| D\_MI\_PCM\_RGN\_CD | Derived MI PCM Region Code | 2 | 547 | N/A |
| D\_MI\_PCM\_SLCT\_BGN\_DT | Derived MI PCM Selection Begin Calendar Date | 8 | 549 | N/A |
| D\_MI\_PCM\_SLCT\_END\_DT | Derived MI PCM Selection End Calendar Date | 8 | 557 | N/A |
| D\_MI\_PCM\_SLCT\_ERSN\_CD | Derived MI PCM Selection End Reason Code | 1 | 565 | N/A  |
| SI\_HCDP\_PLN\_CVG\_CD[[5]](#footnote-5) | SI HCDP Plan Coverage Code | 3 | 566 | N/A |
| SI\_HCDP\_CD | SI HCDP Code  | 3 | 569 | N/A |
| SI\_EMC\_ENRL\_BGN\_DT  | SI Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 572 | N/A |
| SI\_EMC\_ENRL\_END\_DT  | SI Enrollment Management Contractor Enrollment End Calendar Date | 8 | 580 | N/A  |
| SI\_EMC\_ENRL\_ERSN\_CD  | SI Enrollment Management Contractor Enrollment End Reason Code | 1 | 588 | N/A |
| SI\_HCDP\_CNTC\_CD  | SI HCDP Contractor Code | 2 | 589 | N/A  |
| PTNT\_ID | Patient Identifier | 10 | 591 | N/A |
| MDC\_A\_VS\_CD | Medicare A Verification Status Code | 1 | 601 | N/A |
| MDC\_B\_VS\_CD | Medicare B Verification Status Code | 1 | 602 | N/A |
| MDC\_HI\_CLM\_ID | CMS Identifier | 12 | 603 | N/A |
| RSVCC\_CD | Reserve Component Code | 2 | 615 | N/A |
| CRD\_END\_DT | ID Card End Date | 8 | 617 | N/A |
| CRD\_ERSN\_CD | ID Card End Reason Code | 1 | 625 | N/A |
| PNA\_NXT\_VER\_DT | Person Association Next Verification Date | 8 | 626 | N/A |
| MDR\_AGEGRP\_EXP | Expanded Age Group Code | 1 | 634 | B |
| MDR\_ACV | Alternate Care Value | 1 | 635 | B |
| MDR\_EL\_AGECAT | Equivalent Lives Age Category | 1 | 636 | B |
| MDR\_EL\_BENGRP | Equivalent Lives Beneficiary Group | 6 | 637 | B |
| MDR\_ENROLL | Enrollment Indicator | 1 | 643 | B |
| MDR\_TFL | TFL Indicator | 1 | 644 | B |
| MDR\_MARITAL\_AGG | Aggregate marital status | 1 | 645 | B |
| MDR\_MARKET | Market Area ID | 3 | 646 | B |
| MDR\_M2\_DEP\_QY | M2 Dependent Quantity | 2 | 649 | B |
| MDR\_M2\_SUM\_PRIVCD | M2 Summary Privilege Code | 1 | 651 | B |
| MDR\_NED\_DRV | NED Field Derivation Indicator | 1 | 652 | Fill with 0 if NED data not changed on record. Fill with 1 if NED data is changed. |
| SPCL\_OPER\_CD | Special Operations Code | 2 | 653 | N/A |
| D\_ENR\_RGN\_CD | Enrollment Region | 2 | 655 | B |
| D\_HSSC\_ENR\_RGN\_CD | HSSC Enrollment Region | 1 | 657 | B |
| D\_HSSC\_RES\_RGN\_CD | HSSC Residence Region | 1 | 658 | A |
| D\_DEATH\_CD | Derived Death Code | 1 | 659 | A |
| D\_DEATH\_DT | Derived Death Date | 8 | 660 | A |

1. Refresh Frequency

MDR PITE Files are not refreshed unless a data quality problem is found.

1. Special Outputs

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

* MDR PITE Aggregate File (PITEAGG): This file is created by counting primary records (D\_PRIMARY\_RECORD\_FLAG=1) for eligible beneficiaries (D\_MHS\_ELIG\_INDIC=1) and then tabulating. The format for the PITEAGG is provided in Appendix C.
* MDR PITE Address File: This file is created simultaneously with the MDR PITE by extracting the address fields in the source PITE together with a subset of fields from the MDR PITE. Only primary records are retained (D\_PRIMARY\_RECORD\_FLAG=1.) The format for the PITE Address file is in Appendix D.
* MDR TRICARE Enrollment File (TEF). This file is created by keeping a subset of the fields of the primary records of only those eligibles who are enrollees in TRICARE Prime, TRICARE Plus or the Uniformed Services Federal Health Plan (MDR\_ENROLL=1). The format for the TEF, with associated business rules is provided in Appendix E.
* “M2” Datamart Extracts (the DEERS Person Detail, DEERS Enrollment Summary, Pop Sum , DEERS Enrollment Detail and DEERS Longitudinal Enrollment): The “M2” Datamart extracts are described in separate M2 Functional Specification Documents. APPENDIX A: INITIAL PITE APPENDED FIELDS[[6]](#footnote-6)

**A.1 Appended Field Requirements**

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

Table A-1: Appended Field Requirements and Associated Field

|  |  |  |
| --- | --- | --- |
| Requirement ID | Element | Name |
| 1 | R\_BEN\_CAT\_CD | Beneficiary Category |
| 2 | D\_SPON\_BR\_SVC\_CD | Sponsor Service Aggregated  |
| 3 | D\_ELG\_CD | Medical Privilege Code |
| 4 | D\_MHS\_ELIG\_INDIC | MHS Eligibility Indicator |
| 5 | D\_ZIP\_CD | MHS-Derived ZIP Code |
| 6 | D\_CATCH\_AREA\_CD | Catchment Area ID |
| 7 | D\_PRISM\_CD | PRISM Area ID |
| 8 | D\_REGION\_CD | MHS-Derived Region |
| 9 | D\_AGE\_QY | Derived Age Quantity |
| 10 | D\_AGE\_GROUP\_CD | Age Group Code |
| 11 | D\_MHS\_POP\_SECTOR\_CD | Population Sector  |
| 12 | D\_COM\_BEN\_CAT\_CD | Common Beneficiary Category |
| 13 | D\_MDC\_ELIG\_CD | Medicare Eligibility Code |
| 14 | D\_DEP\_QY | Dependent Quantity |

A.1.1 Requirement 1: Beneficiary Category (R\_BEN\_CAT\_CD)

The list of valid values for the field shall be:

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

The logic for assigning the beneficiary category is as follows:

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

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

| Member Category Code | Beneficiary Category |
| --- | --- |
| A – Active Duty | ACT |
| J – Academy Student (does not include OCS) | ACT |
| G – National Guard (mobilized or on active duty for 31 days or more) | GRD |
| N – National Guard (not on active duty or on active duty for 30 days or less) | GRD |
| S – Reserve (mobilized or on active duty for 31 days or more) | GRD |
| V – Reserve (not on active duty or on active duty for 30 days or less) | GRD |
| Q – Reserve Retiree | RET |
| R – Retired | RET |
| B – Presidential Appointee | OTH |
| C – DoD Civil Service | OTH |
| D – Disabled American Veteran | OTH |
| E – DoD contractor | OTH |
| F – Former member (a 20-year active-duty serviceman who was eligible to retire but elected to discharge) | OTH |
| H – Medal of Honor | OTH |
| I – Other Government Employee | OTH |
| L – Lighthouse Service | OTH |
| M – Non-government Agency Personnel | OTH |
| O – Other Government Contractor | OTH |
| P – Transitional Assistance Management Program | OTH |
| T – Foreign military | OTH |
| U – Foreign national employee | OTH |
| W – DoD Beneficiary, a person who receives benefits from the DoD based on prior association, condition or authorization, an example is a former spouse | DR |

If the member category code is anything other than one of the values listed in the table, the beneficiary category will be set to Z – Unknown.

Next, the beneficiary category of the dependent records (Person Type = “D”) is determined. If the dependent has a death code of “Y,” his/her beneficiary category will be set to OTH – Other. Otherwise, the processor will look at the dependent’s Family Sponsor Record’s beneficiary category to assign the dependent’s beneficiary category.

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

In cases where there is more than one potential sponsor record for a given family (meaning more than one record having the same Sponsor Person ID, Sponsor Duplicate ID, and non-“D” Person Type), the processor shall select the last sponsor record with Primary Record Identifier = 1 as the Family Sponsor Record. (See Section A.2 for a discussion of the Primary Record Identifier).

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

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

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

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

A.1.2 Requirement 2: Sponsor Service Aggregated (D\_SPON\_BR\_SVC\_CD)

The logic for assigning Sponsor Service Aggregated follows:

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

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

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

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

A.1.3 Requirement 3: Medical Privilege Code (D\_ELG\_CD)

This variable describes the beneficiary’s entitlement to receive MHS benefits. It is derived based on the following fields:

* Direct Care Code;
* Medical Insured Health Care Delivery Program Plan Coverage Code;
* Medical Insured Primary Care Manager Selection Begin Date;
* Medical Insured Primary Care Manager Selection End Date;
* Medical Insured Primary Care Manager Provider Type Code;
* Civilian Health Care Entitlement Type Code;
* Medicare A Begin Reason Code; and
* Personnel Entitlement Condition Type Code.

The combinations of values in each of these fields that result in a particular Medical Privilege Code value are presented in Table A-5.

Table A-5: Logic for Determining Medical Privilege Code

| **Case** | **Person Death Code** | **Direct Care Code** | **MI\_HCDP\_PLN\_CVG\_CD****MI\_PCM\_SLCT\_BGN\_DT****MI\_PCM\_SLCT\_END\_DT****MI\_PCM\_PROV\_TYP\_CD** | **Civilian Health Care Entitlement Type Code** | **Medicare A Begin Reason Code** | **Personnel Entitlement Condition Type Code** | **Person Type Code** | **Dependent Quantity** | **Medical Privilege Code** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1a** | Y | Any | Any | Any | Any | Any | not D | >0 | 3 (Ineligible, some dependents may be eligible) |
| **1b** | All other combinations | 0 (Ineligible) |
| **2** | Not Y | Any | (MI\_HCDP\_PLN\_CVG\_CD in (109, 114, 115, 118, 119, 133, 138, 139) or (MI\_HCDP\_PLN\_CVG\_CD in (107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137) and D\_MI\_PCM\_PROV\_TYP\_CD=U)) and D\_MI\_PCM\_SLCT\_BGN\_DT <= first day of month of extract and (D\_MI\_PCM\_SLCT\_END\_DT >= first day of month of extract or blank) | Any | Any | Any | Any | Any | U (USFHP Enrollee) |
| **3** | Not Y | S | All other combinations not identified for case 2  | Not M | Not A, D, E, P, or R | 20,21,22,23,24, 25, 26, 31, 34, 35, 36, or 37 | Any | Any | 4 (Transitional Direct Care Only) |
| **4** | Not Y | S | Not M | Not A, D, E, P, or R | Not 20, 21, 22, 23,24,25,26,31, 34,35,36, 37 | Any | Any | 1 (Direct Care Only) |
| **5** | Not Y | S, N | M | Any | 20,21,22,23,24,25,26,31,34,35,36, or 37 | Any | Any | 5 (Transitional Direct Care And CHAMPUS) |
| **6** | Not Y | S | M | Any | Not 20, 21, 22, 23,24,25,26,31, 34,35,36, 37 | Any | Any | 2 (Direct Care And CHAMPUS) |
| **7** | Not Y | S | Not M | A, D, E, P, or R | 20,21,22,23,24,25,26,31,34,35,36, or 37 | Any | Any | 6 (Transitional Direct Care and Medicare) |
| **8** | Not Y | S | Not M | A, D, E, P, or R | Not 20, 21, 22, 23,24,25,26,31, 34,35,36, 37 | Any | Any | 7 (Direct Care and Medicare) |
| **9** | Not Y | N | M\* | Any | Not 20, 21, 22, 23,24,25,26,31, 34,35,36, 37 | Any | Any | C (CHAMPUS Only) |
| **10** | Not Y | N | T | Any | Not 20, 21, 22, 23,24,25,26,31, 34,35,36, 37 | Any | Any | M (TFL Only) |
| **11a** | Not Y | Blank, N, R | not M | Any | Any | not D | >0 | 3 (Ineligible, some dependents may be eligible) |
| **11b** | All other combinations | 0 (Ineligible) |
| **12** | Not Y | Not S, N, R, Blank | Any | Any | Any | Any | Any | 8 (Other) |
| **\* and Civilian Health Care Entitlement Type Begin Eligibility Calendar Date (CHC\_BELIG\_DT) prior or equal to extract date and Civilian Health Care Entitlement Type End Eligibility Calendar Date (CHC\_EELIG\_DT) either after or equal to extract date or blank.** |

**A.1.4 Requirement 4: MHS Eligibility Indicator (D\_MHS\_ELIG\_INDIC)**

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

**A.1.5 Requirement 5: MHS-Derived ZIP Code (D\_ZIP\_CD)**

The MHS-derived ZIP Code will be set to the Derived LocationUS Postal Region ZIP Code from the input PITE record with one exception. Any records that belong to active duty Navy or Navy Afloat personnel AND that have an invalid Derived Location US PostalRegion ZIP Code will be processed through special ZIP Code logic. ZIP Codes will be considered invalid if the ZIP Code is not found in the CAD or the ZIP Code is found in the CAD but the assigned catchment/noncatchment ID is a non-specific geographic location (DMISIDs 0982, 0983, 0998, or 0999). Records for which the processor needs to employ the special ZIP Code logic will be processed as follows:

* The Navy BUPERS file is searched for a record matching the sponsor’s UIC (Assigned Unit Identification Code).
* If the UIC is found in the Navy BUPERS file, the processor shall use the geolocation from the Navy BUPERS file to search the geolocation file.
* If the processor cannot locate the UIC in the Navy BUPERS file, it shall set the MHS-Derived ZIP Code to the Derived Location US Postal Region ZIP Code found on the input PITE record.
* Otherwise, the processor will search the CAD for the zip code from the geolocation file.
* If the zip code is found in the CAD, the processor will set the MHS-derived ZIP Code to the ZIP Code from the geolocation file.
* If the ZIP Code from the geolocation file is not found in the CAD, the processor shall set the MHS-Derived ZIP Code to the Derived Location US Postal Region ZIP Code found on the input PITE record.

**A.1.6 Requirement 6: Catchment Area ID (D\_CATCH\_AREA\_CD)**

Using the MHS-derived ZIP Code field (requirement 5) and the Sponsor Service Aggregate, the processor will assign the Catchment/NoncatchmentArea ID to the record based on the official CAD that is in effect at the time of the extract. If the processor is unable to assign a catchment/noncatchment area to the record because the MHS-derived ZIP Code is not in the CAD, it will set the Catchment/ Noncatchment Area ID to 0999 – Unknown Catchment Area.

**A.1.7 Requirement 7: PRISM Area ID (D\_PRISM\_CD)**

The processor will assign the PRISM Catchment/Noncatchment Area ID using the same logic as that described for the assignment of the Catchment/Noncatchment Area ID (requirement 6) except it will use the PRISM CAD in effect at the time of the extract instead of the official CAD. The PRISM CAD is only updated once or twice a year, so the same PRISM CAD will be in effect for multiple population processing cycles. If the ZIP Code used to merge with the PRISM CAD is not found in the PRISM CAD, the PRISM Catchment/Noncatchment Area Id will be set to 0999 – Unknown Catchment Area.

**A.1.8 Requirement 8: MHS-Derived Region (D\_REGION\_CD)**

The processor will assign the MHS-Derived Region at the same time as the Catchment/ Noncatchment Area ID using the Health Service Region field on the CAD. In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of 16 – Unknown Region.

**A.1.9 Requirement 9: Derived Age Quantity (D\_AGE\_QY)**

Valid age values range from zero to 130. If the Person Death Code <> “Y”, calculate the person’s age using the Extract Date and the Person Birth Date. (If in this case, the Person Death Code is something other than “N”, write an error message to a log file.) If the Person Death Code = “Y”, calculate the person’s age using the Person Death Date and the Person Birth Date. If the Person Birth Date is blank or after the extract date, or the calculated age is greater than 130, set the Derived Age Quantity to blank.

**A.1.10 Requirement 10: Age Group Code (D\_AGE\_GROUP\_CD)**

Assign the person’s Age Group Code using the Derived Age Quantity (requirement 8) and the age group ranges in Table A-6.

Table A-6: Mapping of Derived Age Quantity Range to Age Group Code

|  |  |
| --- | --- |
| Age Range (years) | Age Group Code |
| 0 to 4 | A |
| 5 to 14 | B |
| 15 to 17 | C |
| 18 to 24 | D |
| 25 to 34 | E |
| 35 to 44 | F |
| 45 to 64 | G |
| 65 and over | H |

If the Derived Age Quantity is blank, set the age group code to Z – Unknown.

**A.1.11 Requirement 11: Population Sector (D\_MHS\_POP\_SECTOR\_CD)**

This field represents the broad population class to which the person belongs. Assign the person’s Population Sector using the Beneficiary Category and Age Group mappings in Table A-7.

Table A-7: Mapping of Beneficiary Category and Age Group Code to Population Sector

|  |  |  |
| --- | --- | --- |
| Beneficiary Category | Age Group | Population Sector |
| ACT, GRD | Any | 1 |
| DA, DGR | A, B, C, D, E, F, G | 2 |
| RET, DR, DS, OTH | A, B, C, D, E, F, G | 3 |
| DA, DGR, RET, DR, DS, OTH | H | 4 |
| DA, DGR, RET, DR, DS, OTH | Z | Z |
| Z | Any | Z |

A.1.12 Requirement 12: Common Beneficiary Category

(D\_COM\_BEN\_CAT\_CD)

This field represents another broad stratification of population class. The mapping of Beneficiary Category to Common Beneficiary Category is presented in Table A-8.

Table A-8: Mapping of Beneficiary Category to Common Beneficiary Category

|  |  |
| --- | --- |
| Beneficiary Category | Common Beneficiary Category |
| ACT | 4 |
| DA | 1 |
| GRD | 4 |
| DGR | 1 |
| RET | 2 |
| DR | 3 |
| DS | 3 |
| OTH | 3 |
| Z | 3 |

A.1.13 Requirement 13: Medicare Eligibility Code (D\_MDC\_ELIG\_CD)

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

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

The logic for deriving Medicare eligibility is described below:

Exhibit A-9: Medicare Eligibility Derivation Logic

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Case | Medicare A Begin Reason Code | Medicare A Effective Calendar Date | Medicare A End Calendar Date | Medicare B Begin Reason Code | Medicare B Effective Calendar Date | Medicare B End Calendar Date | Medicare Eligibility Code |
| 1. | A, D,E,P, or R | Prior or equal to extract date | After extract date or blank | B,D, or R | Prior or equal to extract date | After extract date or blank | C |
| 2. | A, D,E,P, or R | Prior or equal to extract date | After extract date or blank | Medicare B Begin Reason Code not in {B,D,R} OR Medicare B Effective Calendar Date in {blank, after extract date} OR Medicare B End Calendar Date prior to extract date. | A |
| 3. | Medicare A Begin Reason Code not in {A,D,E,P,R} OR Medicare A Effective Calendar Date in {blank, after extract date} OR Medicare A End Calendar Date prior to extract date. | B,D, or R | Prior or equal to extract date | After extract date or blank | B |
| 4. | Medicare A Begin Reason Code not in {A,D,E,P,R} OR Medicare A Effective Calendar Date in {blank, after extract date} OR Medicare A End Calendar Date prior to extract date. | Medicare B Begin Reason Code not in {B,D,R} OR Medicare B Effective Calendar Date in {blank, after extract date} OR Medicare B End Calendar Date prior to extract date. | N |

A.1.14 Requirement 14: Dependent Quantity (D\_DEP\_QY)

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

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

A.1.15 Requirement 15: HSSC Residence Region (D\_HSSC\_RES\_RGN\_CD)

The processor will assign the HSSC Residence Region using the HSSC Region field from the OmniCAD. In the case where this does not result in the assignment of a region, the residence country code is used to map the beneficiary to a region. After this, if the processor is unable to assign a region to the record, it will assign a value of blank – Unknown HSSC Residence Region.

A.1.16 Requirement 16: Derived Death Code (D\_DEATH\_CD)

For sponsors, the processor will look up Sponsor Person ID in the Casualty File. If the Sponsor Person ID is in the Casualty Feed, then Derived Death Code will be set to ‘Y’. Otherwise, Derived Death Code will be set equal to the PITE Person Death Code.

A.1.17 Requirement 17: Derived Death Date (D\_DEATH\_DT)

For sponsors, the processor will look up Sponsor Person ID in the Casualty File. If the Sponsor Person ID is in the Casualty Feed, then Derived Death Date will be set to the date in the Casualty File. Otherwise, Derived Death Date will be set equal to the PITE Person Death Date.

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

This field shall identify whether the record should be considered the primary record for the individual. In most cases, each individual is represented by one record in the extract: for these individuals, the Primary Record Identifier will be set equal to one (1). In a few cases, multiple records exist with the same DMDC Identifier. A de-duping (duplicate record removal) process has been developed for determining which record should be used to represent the individual in the MDR. The primary record will have a Primary Record Identifier of 1; all nonprimary records will have a Primary Record Identifier of 0. The requirements for populating this field are presented in Table A-10.

Table A-10: Requirements for Deriving Primary Record Identifier

| Requirement ID | Description |
| --- | --- |
| 1 | On all records having unique (i.e., nonrepeating) DMDC Person ID, set Primary Record Identifier to 1. |
| 2 | **Assign Primary Record Identifier to records having nonunique DMDC Person ID and at least one of the records has Beneficiary Category Active Duty using the logic in Requirement IDs 2.1-2.4.** |
| 2.1 | For each set of records having the same DMDC ID, assign a Primary Record Identifier of 0 to the non-AD records. |
| 2.2 | Assign a Primary Record Identifier of 1 to the AD record having the highest benefit priority, according to the Benefit Priority Matrix (Table A-11) — EXCLUDING “USTF Enrollee.” Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 2.3 | If there are two or more AD records for a given DMDC ID that tie for the highest benefit priority, assign a Primary Record Identifier of 1 to the tied record having the most recent Last Update Date. Set the Primary Record Identifier to 0 for all other records for the given DMDC ID.  |
| 2.4 | If there is still a tie among two or more AD records, assign a Primary Record Identifier of 1 to the first of the tied records. Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 3 | **Assign Primary Record Identifier to records having nonunique DMDC ID, none of the records is Active Duty, and at least one of the records has Beneficiary Category Guard/Reserve using the logic in Requirement IDs 3.1-3.4** |
| 3.1 | For each set of records having the same DMDC ID, assign a Primary Record Identifier of 0 to the non-GRD records. |
| 3.2 | Assign a Primary Record Identifier of 1 to the GRD record having the highest benefit priority, according to the Benefit Priority Matrix (Table A-11) — EXCLUDING “USTF Enrollee.” Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 3.3 | If there are two or more GRD records for a given DMDC ID that tie for the highest benefit priority, assign a Primary Record Identifier of 1 to the tied record having the most recent Last Update Date. Set the Primary Record Identifier to 0 for all other records for the given DMDC ID.  |
| 3.4 | If there is still a tie among two or more GRD records, assign a Primary Record Identifier of 1 to the first of the tied records. Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 4 | **Assign Primary Record Identifier to records having nonunique DMDC ID and none of the records has Beneficiary Category Active Duty or Guard/Reserve using the logic in Requirement IDs 4.1-4.4.** |
| 4.1 | For each set of records having the same DMDC ID, assign a Primary Record Identifier of 1 to the one record having the highest benefit priority, according to the Benefit Priority Matrix (Table A-11) INCLUDING “USTF Enrollee.” Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 4.2 | If two or more records for a given DMDC ID tie for the highest benefit priority, assign a Primary Record Identifier of 1 to the tied record having the highest beneficiary category priority, according to the Beneficiary Category Priority Matrix (Table A-12). Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 4.3 | If there is still a tie among two or more records, assign a Primary Record Identifier of 1 to the tied record having the most recent Last Update Date. Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |
| 4.4 | If there is still a tie among two or more records, assign a Primary Record Identifier of 1 to the first of the tied records. Set the Primary Record Identifier to 0 for all other records for the given DMDC ID. |

Table A-11: Benefit Priority Matrix

|  |  |  |
| --- | --- | --- |
| Benefit Priority | Medical Privilege Code | Medical Privilege Code Description |
| Highest | U\* | USTF Enrollee\* |
| 2nd | 2 | Direct Care & CHAMPUS |
| 3rd  | 5 | Transitional – Direct Care & CHAMPUS |
| 4th | C | CHAMPUS Only |
| 5th | 7 | Direct Care & Medicare |
| 6th | 6 | Transitional – Direct Care & Medicare |
| 7th | 1 | Direct Care Only |
| 8th | 4 | Transitional – Direct Care Only |
| 9th | M | Medicare Only |
| 10th | 8 | Other |
| 11th | 3 | Ineligible, some dependents may be eligible |
| Lowest | 0 | Ineligible |

\*Not used in the Active Duty or Guard path; only used in non-AD de-duping.

Table A-12: Beneficiary Category Priority Matrix

|  |  |  |
| --- | --- | --- |
| Beneficiary Category Priority | Beneficiary Category | Beneficiary Category Description |
| Highest | 2 | Active Duty Family Member |
| 2nd | 4 | Guard/Reserve Family Member |
| 3rd | 5 | Retiree |
| 4th | 6 | Retiree Family Member |
| 5th | 7 | Survivor |
| 6th | 8 | Other |
| Lowest | Z | Unknown |

### APPENDIX B: Appended Fields, July 2002

This appendix describes fields primarily created to support the development of an MDR TRICARE Enrollment File (TEF). Most of the fields in this section are enrollment related, however a few represent new, more detailed fields to support TRICARE for Life (MDR\_AGEGRP\_EXP and MDR\_TFL)

|  |  |  |
| --- | --- | --- |
| Requirement ID | Element | Name |
| 1 | MDR\_ACV | Alternate Care Value |
| 2 | MDR\_EL\_AGECAT | Equivalent Lives Age Group |
| 3 | MDR\_EL\_BENGRP | Equivalent Lives Beneficiary Group |
| 4 | MDR\_ENROLL | Enrollment Indicator |
| 5 | MDR\_TFL | TFL Indicator |
| 6 | MDR\_AGEGRP\_EXP | Expanded Age Group Code |
| 7 | MDR\_MARITAL\_AGG | Marital Status Aggregated (MCFAS) |
| 8 | MDR\_MARKET | MDR Market Area ID |
| 9 | MDR\_M2\_DEP-QY | M2 Dependent Quantity |
| 10 | MDR\_M2\_SUM\_PRIVCD | M2 Summary Privilege Code |
| 11 | D\_ENR\_RGN\_CD | Enrollment Region |
| 12 | PPS\_LIVES | PPS Equivalent Lives |

**B.1.1 Requirement 1: Alternate Care Value (MDR\_ACV)**

The list of valid values for the field shall be:

* A: TRICARE Prime Active Duty
* B: TRICARE Global Remote Overseas Prime Active Duty
* C: Standard CHAMPUS
* D: TRICARE Senior Prime
* E: TRICARE Prime, CHAMPUS Eligible
* F: TRICARE Global Remote Overseas Prime, CHAMPUS Eligible
* G: TRICARE Plus, with Standard CHAMPUS
* H: TRICARE Overseas Prime Active Duty
* I: FEHBP Demonstration
* J: TRICARE Overseas Prime, CHAMPUS Eligible
* K: Med Excel
* L: TRICARE Plus, w/o Standard CHAMPUS
* N: Not eligible for TRICARE benefits
* P: CHAMPUS Reform Initiative
* S: Continued Health Care Benefits Program (CHCBP)
* U: Uniformed Services Federal Health Plan (USFHP)
* W: TRICARE Senior Supplement

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

Table B-1: MDR Alternate Care Value Derivation Logic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D\_MI\_HCDP\_PLN\_CVG\_CD | D\_MI\_PCM\_SLCT\_BGN\_DT | D\_MI\_PCM\_SLCT\_END\_DT | D\_MI\_PCM\_PROV\_TYP\_CD | MDR\_ACV |
| 106, 128 | Prior to or equal to first day of month of extract | Equal to or after first day of month of extract or blank | Any | A |
| 155 | Any | B |
| 003, 005, 007, 009, 010, 012, 015, 017, 018, 020, 021, 022, 023 | Any | C |
| 120 | Any | D |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | Not U | E |
| 107, 108, 110, 111, 112, 113, 116, 117, 129, 130, 131, 132, 134, 135, 136, 137 | U | U |
| 156,157 | Any | F |
| 140, 142, 144, 146, 147, 149 | Any | G |
| 152 | Any | H |
| 123, 124, 125, 126 | Any | I |
| 153,154 | Any | J |
| 105 | Any | K |
| 141, 143, 145, 148, 150, 151 | Any | L |
| 001, 002, 004, 006, 008, 011, 013, 014, 016, 019, 024 | Any | N |
| 101 | Any | P |
| 121, 122 | Any | S |
| 109, 114, 115, 118, 119, 133, 138, 139 | Any | U |
| 127 | Any | W |
| Any Other | Any Other | Any Other | Any | Z |

**B.1.2 Requirement 2: Equivalent Lives Age Group (MDR\_EL\_AGECAT)**

This field is used to classify beneficiaries into homogeneous groups in terms of costliness and demand for primary care. The list of valid values for the field shall be:

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

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

Table B-2: Equivalent Lives Age Category Derivation Logic

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PN\_AGE\_YRS\_QY | D\_AGE\_QY | PN\_SEX\_CD | MRTL\_STAT\_CD | R\_BEN\_CAT\_CD | D\_ELG\_CD | MBR\_REL\_CD | MDR\_EL\_AGECAT |
| [0,1] | Any | Any | Any | Any | Any | Any | 1 |
| [2-11] | Any | Any | Any | 2 |
| [12-17] | Any | Any | Any | 3 |
| [18-44] | Any | F | <>M | 4 |
| [18-37] | Any | <>F | <>M | 4 |
| [18-44] | Any | F | M | 5 |
| [18-37] | Any | <>F | M | 5 |
| [45-54] | Any | F | Any | 6 |
| [38-54] | Any | <>F | Any | 6 |
| [55-64] | Any | Any | Any | 7 |
| [65-74] | Any | Any | Any | 8 |
| [75+ | Any | Any | Any | 9 |
| <missing> | [0,1] | Any | Any | 1 |
| [2-11] | Any | Any | 2 |
| [12-17] | Any | Any | 3 |
| [18-44] | F | <>M | 4 |
| [18-37] | <>F | <>M | 4 |
| [18-44] | F | M | 5 |
| [18-37] | <>F | M | 5 |
| [45-54] | F | Any | 6 |
| [38-54] | <>F | Any | 6 |
| [55-64] | Any | Any | 7 |
| [65-74] | Any | Any | 8 |
| [75+ | Any | Any | 9 |
| <missing> | Any | <>M | ACT,GRD | Any | Any | 4 |
| Any | M | ACT,GRD | Any | Any | 5 |
| Any | Any | DA,DGR | Any | B,H,I,J,K | 5 |
| Any | Any | DA,DGR | Any | C | 1 |
| Any | Any | DA, DGR  | 6,7 | not B,C,H,I,J,K | 8 |
| Any | Any |  DA,DGR | not 6,7 | not B,C,H,I,J,K | 7 |
| Any | Any | not ACT, GRD, DA, DGR | 6,7 | Any | 8 |
|  |  | Any | Any | not ACT, GRD, DA, DGR | not 6,7 | Any | 7 |

**B.1.3 Requirement 3: Equivalent Lives Beneficiary Group (MDR\_EL\_BENGRP)**

This field is used to classify beneficiaries into homogeneous groups in terms of costliness and primary care utilization.. The list of valid values for the field shall be:

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

The assignment logic is reflected in the table below.

Table B-3: Equivalent Lives Beneficiary Group Derivation Logic

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

**B.1.4 Requirement 4: Enrollment Indicator (MDR\_ENROLL)**

This variable describes whether a beneficiary is enrolled in one of the three programs: TRICARE Prime, TRICARE Plus or the USFHP Program. Records with alternate care values of A, B, D, E, F, G, H, J, L, or U receive an MDR\_ENROLL value of 1. All other records are assigned the value 0.

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

This indicator variable holds (0,1) values, where a 1 indicates that a beneficiary is TFL eligible for network care, and a 0 indicates that the beneficiary is not TFL eligible for network care. The business rules for deriving this variable are detailed below.

Table B-4: TFL Indicator Derivation Logic

|  |  |  |  |
| --- | --- | --- | --- |
| CHC\_CD | CHC\_BELIG\_DT | CHC\_EELIG\_DT | MDR\_TFL |
| T | Prior to or equal to extract date | Equal to or after extract date or blank | 1 |
| Any Other | Any Other | Any Other | 0 |

**B.1.6 Requirement 6: Expanded Age Group (MDR\_AGEGRP\_EXP)**

This variable holds values that indicate beneficiary age group, to include expanded categories for beneficiaries of Medicare age. The business rules for deriving this variable are detailed below.

Table B-5: Expanded Age Group Derivation Logic

|  |  |
| --- | --- |
| D\_AGE\_QY | MDR\_AGEGRP\_EXP |
| 0 to 4 | A |
| 5 to 14 | B |
| 15 to 17 | C |
| 18 to 24 | D |
| 25 to 34 | E |
| 35 to 44 | F |
| 45 to 64 | G |
| 65 to 69 | H |
| 70 to 74 | I |
| 75-79 | J |
| 80-84 | K |
| 85+ | L |

If the Derived Age Quantity is blank, set the age group code to Z – Unknown.

**B.1.7 Requirement 7: Marital Status Aggregated (MDR\_MARITAL\_AGG)**

This variable holds values that indicate a beneficiary’s marital status. The business rules for deriving this variable are detailed below.

Table B-5: Marital Status Aggregated Logic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Case | Person Type Code (PN\_TYP\_CD) | Marital Status Code (MRTL\_STAT\_CD ) | Member Relationship Code (MBR\_REL\_CD) | Beneficiary Category Code (R\_BEN\_CAT\_CD) | Member Category Code | Marital Status Aggregated (MDR\_MARITAL\_AGG) |
| 1 | S | I or M | Any | Any | Not W | M |
| 2 | S | Any | Any | Any | W | S |
| 3 | Any | Any | B | not DS | Not W | M |
| 4 | Any | Any | Any | DS | Any | S |

Records that are not assigned an MDR Marital Status Aggregate Code in Case 1, 2 or 3 are assigned a code of “S”.

**B.1.8 Requirement 8: Market Area ID (MDR\_Market)**

Using the MHS-derived ZIP Code field (requirement 5), the processor will assign the Market Area ID to each record based on the Market Area ID (also known as LAMARKET) column in the MDR Omni CAD that is in effect at the time of the extract (using a simple look-up, returning the value of the Lead Agent Market Area. Each zip code can be assigned to only one market area ID in the MDR Omni-CAD look-up table). If the processor is unable to assign a market area to the record (because the MHS-derized ZIP Code is either blank or not in the CAD, or because it is mapped to a blank, missing, or null Market Area ID), the processor will assign a value of ‘999’.

**B.1.9 Requirement 9: M2 Dependent Quantity (MDR\_M2\_DEP\_QY)**

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

**B.1.10 Requirement 10: M2 Summary Privilege Code (MDR\_M2\_SUM\_PRIVCD)**

Table B-6: M2 Summary Privilege Code Logic Table

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

**B.1.11 Requirement 11: Enrollment Region (D\_ENR\_RGN\_CD)**

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

**B.1.12 Requirement 12: PPS Equivalent Lives (D\_PPS\_EQ\_LIVES)**

Merge each record with the PPS Equivalent Lives table most recently obtained from OASD(HA), by Common Beneficiary Category, PN\_SEX\_CD, and Age Group. Populate PPS\_LIVES\_QY with the quantity in the PPS Equivalent Lives table. If Age Group=Z on the population record, then use the quantity for Age Group=E. If PN\_SEX\_CD is not M or F, then use M if PN\_TYP\_CD is ‘S’, F otherwise.

**B.1.13 Requirement 13: HSSC Enrollment Region (D\_HSSC\_ENR\_RGN\_CD)**

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

**B.1.14 Requirement 14: Derived Death Code (D\_DEATH\_CD)**

If the PITE record is for a sponsor, look up the sponsor SSN in the Casualty Death File. If the sponsor SSN is in the Casualty Death file, set D\_DEATH\_CD=’Y’; otherwise, set D\_DEATH\_CD equal to raw PITE Person Death Code.

**B.1.15 Requirement 15: Derived Death Date (D\_DEATH\_DT)**

If the PITE record is for a sponsor, look up the sponsor SSN in the Casualty Death File. If the sponsor SSN is in the Casualty Death file, set D\_DEATH\_DT equal to death date in Casualty File; otherwise, set D\_DEATH\_DT equal to raw PITE Person Death Date.

### Appendix C: Extraction rules and file format for the MDR “PITEAGG” file

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

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

File Format:

|  |  |  |  |
| --- | --- | --- | --- |
| PITEAGG Field | SAS Name | MDR PITE Field | Format |
| Catchment Area ID | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| Assigned UIC | ASSGNUIC | ASSGN\_UIC | Char(8) |
| Sponsor Service Aggregated | DSPONSVC | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Gender | PNSEXCD | PN\_SEX\_CD | Char(1) |
| Race/Ethnicity | RACEETHN | RACE\_ETHNC\_CD | Char(1) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Age | DAGEQY | D\_AGE\_QY | Numeric |
| Medical Privilege Code | DMEDELG | D\_ELG\_CD | Char(1) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| MHS-Derived Zip Code | DZIPCD | D\_ZIP\_CODE | Char(5) |
| PRISM Area ID | DPRISM | D\_PRISM\_CD | Char(4) |
| Population Sector | DPOPSECT | D\_MHS\_POP\_SECTOR\_CD | Char(1) |
| Health Service Region | DHSREG | D\_REGION\_CD | Char(2) |
| Country Code | CNTRY | DRVD\_LOC\_CTRY\_CD | Char(2) |
| HSSC Residence Region | DHSSCRES | D\_HSSC\_RES\_RGN | Char(1) |
| Population Count | POPQY | \*\* Sum of records in each row \*\* | Numeric |

**Appendix D: Extraction rules and file format for the MDR PITE Address file**

Frequency: The PITE Address file is prepared each time an MDR PITE is processed (monthly).This file is created simultaneously with the MDR PITE by extracting the address fields in the source PITE together with a subset of fields from the MDR PITE. Only primary records are retained (D\_PRIMARY\_RECORD\_FLAG=1.) The PITE Address files are monthly SAS datasets

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

File Format:

|  |  |  |  |
| --- | --- | --- | --- |
| PITE Address Field | SAS Name | MDR PITE Field | Format |
| Sponsor Social Security Number | SPONSSN | SPN\_PN\_ID | Char(9) |
| Gender | GENDER | PN\_SEX\_CD | Char(1) |
| Date of Birth | DOB | PN\_BRTH\_DT | Char(8) |
| Alternate Care Value (ACV) | ACV | MDR\_ACV | Char(1) |
| Enrollment DMISID | ENR | DMI\_PCM\_EDVSN\_DMIS\_ID; where value within date window as described in table B-1 | Char(4) |
| DEERS Dependent Suffix | DDS | LEG\_DDS\_CD | Char(2) |
| Family Sequence ID | FSN | SPN\_DUP\_ID | Char(1) |
| Unique Person ID | PATUNIQ | PTNT\_ID | Char(10) |
| Pay Grade | PAYGRD | PG\_CD | Char(2) |
| Pay Plan | PAYPLAN | PAY\_PLN\_CD | Char(5) |
| Catchment Area ID | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Health Service Region | DHSREG | D\_REGION\_CD | Char(2) |
| Sponsor Service Aggregated | DSPONSVC | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Mailing Address, Line 1 | ADDLN1 | MA\_LN1\_TX | Char(40) |
| Mailing Address, Line 2 | ADDLN2 | MA\_LN2\_TX | Char(40) |
| City | CITY | MA\_CITY\_NM | Char(20) |
| Country | CTRY | MA\_CTRY\_CD | Char(2) |
| State | STATE | MA\_ST\_CD | Char(2) |
| Zip Code | ZIP | MA\_PR\_ZIP\_CD | Char(5) |
| Zip Code Extender | ZIPX | MA\_PR\_ZIPX\_CD | Char(4) |
| Last Name | LSTNAME | PN\_LST\_NM | Char(26) |
| First Name | FRSTNAME | PN\_1st\_NM | Char(20) |
| Cadency | CADENCY | PN\_CDNCY\_NM | Char(4) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| HSSC Residence Region | DHSSCRES | D\_HSSC\_RES\_RGN\_CD | Char(1) |
| Work Telephone Number Code | WKTNUM | WK\_TNUM\_CD | Char(14) |
| Home Telephone Number Code | HMTNUM | HM\_TNUM\_CD | Char(14) |

Appendix E: Extraction rules and file format for the TRICARE Enrollment File

Frequency: The TRICARE Enrollment file is prepared each time an MDR PITE is processed (monthly), as a simple extraction of selected fields from the PITE

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

* Primary records (D\_PRIMARY\_RECORD\_FLAG=1).
* Beneficiary is eligible for MHS Health Care (D\_MHS\_ELIG\_INDIC=1).
* Beneficiary is enrolled in any of the following programs: (MDR\_ENROLL=1):
* Enrolled in TRICARE
* Enrolled in TRICARE Plus
* Enrolled in the USFHP Program

File Format:

| TRICARE Enrollment Field | SAS Name | PITE Field/Transformation | Format |
| --- | --- | --- | --- |
| Enrollee Name | NAME | PN\_LST\_NM (1st 19), PN\_1ST\_NAME (10) | Char(29)  |
| Sponsor Person ID | SPONSSN | SPN\_PN\_ID | Char(9) |
| DEERS Dependent Suffix | DDS | LEG\_DDS\_CD | Char(2) |
| Sponsor Service Aggregated | SERVICE | D\_SPON\_BR\_SVC\_CD | Char(1) |
| Unique Person ID | PATUNIQ | PTNT\_ID | Char(10) |
| Date of Birth | DOB | PN\_BRTH\_DT | Char(8) |
| ACV Start Date | ACVBEG | D\_MI\_PCM\_SLCT\_BGN\_DT | Char(8) |
| Alternate Care Value (ACV) | ACV | MDR\_ACV | Char(1) |
| Enrollment DMISID | DMISID | D\_MI\_PCM\_EDVSN\_DMIS\_ID | Char(4) |
| ACV End Date | ACVEND | D\_MI\_PCM\_SLCT\_END\_DT | Char(8) |
| Member Category Code | SPONSTAT | MBR\_CAT\_CD | Char(1) |
| Enrollment Region | REGION | D\_ENR\_RGN\_CDI\_PCM\_RGN\_CD | Char(2) |
| Gender | GENDER | PN\_SEX\_CD | Char(1) |
| Marital Status | MARITAL |  MDR\_MARITAL\_AGG | Char(1) |
| Age | AGE | D\_AGE\_QY | Numeric |
| Equivalent Lives Ben Group | BENCAT | MDR\_EL\_BENGRP | Char(6) |
| Equivalent Lives Age Group | ELAGE | MDR\_EL\_AGE\_CAT | Char(1) |
| Beneficiary Category | DBENCAT | R\_BEN\_CAT\_CD | Char(3) |
| Age Group Code | DAGEGRP | D\_AGE\_GROUP\_CD | Char(1) |
| Pay Grade  | PAYGRD | PG\_CD | Char(2) |
| Pay Plan  | PAYPLAN | PAY\_PLN\_CD | Char(5) |
| Population Sector | DPOPSECT | D\_MHS\_POP\_SECTOR\_CD | Char(1) |
| MHS-Derived Zip Code | DZIPCD | D\_ZIP\_CODE | Char(5) |
| Catchment Area ID  | DCATCH | D\_CATCH\_AREA\_CD | Char(4) |
| PRISM Area ID  | DPRISM | D\_PRISM\_CD | Char(4) |
| Medical Privilege Code | DMEDELG | D\_ELG\_CD | Char(1) |
| Medicare Eligibility Code | DMEDCARE | D\_MDC\_ELIG\_CD | Char(1) |
| PCM ID | PCMID | D\_MI\_PCM\_ID | Char(18) |
| PCM ID Type | PCMIDTP | D\_MI\_PCM\_ID\_TYP\_CD | Char(1) |
| Common Beneficiary Category | COMBEN | D\_COM\_BEN\_CAT\_CD | Char(1) |
| CHCS Family Member Prefix | FMP | FMP\_CD | Char(2) |
| PRIME | PRIME | Derived. If ACV in (“A”, “D”,’E”) then PRIME=1, else PRIME=0 | Char(1) |
| Fiscal Month | FM | Derived from MDR PITE file name  | Char(2) |
| Fiscal Year | FY | Derived from MDR PITE file name | Char(4) |
| Calendar Month | CM | Derived from MDR PITE file name | Char(2) |
| Calendar Year | CY | Derived from MDR PITE file name | Char(4) |
| Beneficiary SSN | BENSSN | PN\_ID | Char(9) |
| Person ID Type Code | PNIDTP | PN\_ID\_TYP\_CD | Char(1) |
| Family Sequence ID | FSN | SPN\_DUP\_ID | Char(1) |
| Summary Privilege Code | SUMPRIV | MDR\_M2\_SUM\_PRIVCD | Char(1) |
| Market Area | MARKET | MDR\_MARKET | Char(3) |
| PPS Equivalent Lives | PPSLIVES | D\_PPS\_EQ\_LIVES | Numeric |
| HSSC Enrollment Region | DHSSCENR | D\_HSSC\_ENR\_RGN\_CD | Char(1) |

Appendix F: Extraction rules and file format for the Master Person Index (MPI)

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

Extraction Rules: Include all records from the raw FDE.

File layout: Bar delimited flat file. Table F-1 displays the contents and layout of the MPI.

Table F-1: MDR PITE Format and Fields

|  |  |  |
| --- | --- | --- |
| Variable Name | Description | Length |
| PTNT\_ID | Patient ID | Char(10) |
| SPN\_PN\_ID | Sponsor Person Identifier | Char(9) |
| LEG\_DDS\_CD | Legacy DEERS Dependent Suffix Code | Char(2) |
| PN\_SEX\_CD | Person Sex Code | Char(1) |
| PN\_BRTH\_DT | Person Birth Date | Char(8) |

1. This may be “last”, depending on matching the current algorithm used for Primary Record flags. [↑](#footnote-ref-1)
2. “DI\_HCDP”= Dental Insured Health Care Delivery Program [↑](#footnote-ref-2)
3. “MI\_HCDP” = Medical Insured Health Care Delivery Program [↑](#footnote-ref-3)
4. “MI\_PCM” = Medically Insured Primary Care Manager [↑](#footnote-ref-4)
5. “SI\_HCDP” = Special Program Insured Health Care Delivery Program [↑](#footnote-ref-5)
6. Appendix 1 written by EI/DS and subsequently modified by HPA&E (July 02 modification) [↑](#footnote-ref-6)