**3 October 2017**

TRICARE Encounter Data - Non Institutional

(TED-NI)

for the MHS Mart (M2)

(Version 1.08.01)

Current Specification

**Revision History**

| **Version** | **Date** | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| --- | --- | --- | --- | --- |
| 1.01.00 | 04/27/2009 | J. Huber |  | * File Content * Removed section on “Splitting Add Files” * Only the case management family are visible to users * Updated on a monthly basis using a two-step process * File Location |
| 1.02.00 | 03/15/2010 | * J. Huber | * Pages 7-8 | * Added Provider Individual NPI, Provider Organizational NPI, APC, Payment Status Indicator, and Pricing Rate Code * Renamed RVU fields * Delete Historical RVU, Raw. Send “null” instead. |
| 1.02.01 | 05/05/2010 | * J. Huber | * Section V | * Added APC Desc |
| 1.02.02 | 05/11/2010 | * J. Huber | * Page 9 | * Added back Historical RVU, Raw. |
| 1.02.03 | 06/17/2010 | * J. Huber | * Page 9 | * Added Same Day Surgery Proc and APC Weight |
| 1.03.00 | 04/28/2011 | * J.Huber | * Page 5 * Page 5 * Page 6 * Page 9 | * Changed GWOT to OCO * ACV Group Algorithm clarified * Drop DDS for FY 09+ * Added new field, Sponsor Service, Aggregate |
| 1.04.00 | 08/25/2011 | * K. Hutchinson for J. Huber | * Appendix A | * Modified Product Line |
| 1.05.00 | 03/05/2012 | * K. Hutchinson for J. Huber | * Section V * Section VI | * Added Pseudo Person ID. * Added note that Person ID is visible only in the restricted universe. |
| 1.06.00 | 05/30/3012 | * J. Huber | * Section V * Section VII | * Added OHI Flag * Re-named Number of Line Items to Number of Line Items, Raw * Added Number of Line Items, Total * Deleted Same Day Surgery Proc * Added Same Day Surgery Record ID * Added Medical Home Fields |
| 1.06.01 | 10/26/2012 | * J. Huber | * Section VII | * Widened ICD fields for ICD-10 * These modifications make this document ICD-10 compliant |
| 1.06.02 | 01/07/2013 | * J. Huber | * Section VII | * Hide Same Day Surgery Record ID (this requirement was later removed) |
| 1.07.00 | 04/09/2013 | * K. Hutchinson for J. Huber | * Section V | * Modified ACV Group for ACV R and V |
| 1.07.01 | 04/24/2013 | * M. North | * Table 1 | * Reset size of diagnosis code fields to 7. |
| 1.07.02 | 06/07/2013 | * J. Huber | * M2 Feed Layout | * Added PCM\_ID * Added Evaluative Visits, Raw and Total |
| 1.07.03 | 07/21/2014 | * J. Huber | * M2 Feed Layout | * Changed Primary Diagnosis to Diagnosis 1, etc. Object name change only. |
| 1.07.04 | 07/27/2015 | * W. Funk | * Table 1 * Table 2 | * Changed derivation for bencat common. Added fields from MTF-MCSC Referral file. * Added Table 2. |
| 1.07.05 | 11/17/2015 | * W. Funk | * Table 1 * Table 2 | * Added fields related to the MTF Referral project. Deleted Medical Home Flag and Referring CHCS Host. * Added DMIS ID hierarchy for Referring MTF. |
| 1.07.06 | 3/15/2016 | * W.Funk | * Table 1 * Table 2 * Section VIII | * Added initial visit flag; renamed MTF Referral Flag to be consistent with TED-I * Changed rule for procedure description, added count pseudo person begin and end date (with a HOVER requirement), added fiscal quarter * Clarified quality review requirements. |
| 1.07.07 | 4/25/2016 | * W. Funk | * Table 2 | * Modified rule for procedure description. |
| 1.07.08 | 7/7/2016 | * W. Funk | * Table 1 | * Added VA Flag |
| 1.08.00 | 8/16/2017 | * B. Ross for W. Funk | * Table 1 * Table 2 | * Added new fields related to NDAA and region transition & hid region fields * Hid region fields |
| 1.08.01 | 10/13/2017 | * B. Ross for W. Funk | * Table 1 | * Change field text for consistency * Changed Eligibility Group and Enrollment Group Type to $1 |

# M2 TED NON-INSTITUTIONAL FILE SPECIFICATION

1. **Source**

Source: Non-Institutional TEDs are provided to the M2 by the MDR, which receives its claims data from TMA-Aurora’s claims acceptance system.

1. **Input Feeds**

File format: Regardless of the length specified, all fields are variable length and delimited by “!”. A null field will simply have an end of field delimiter “!” immediately following the previous field’s end of field delimiter (unless it is the last field).

File content: Two source files are provided to the M2 each month for each fiscal year of data being processed: an “add file” (total of two files per FY) that is used to add new records, and a “delete file that is used to remove denied, cancelled or changed records.

1. **Organization and Batching**

Time slicing: Batches are by fiscal year for the current fiscal year and two previous fiscal years. Each file consists of all records with an end-date-of-care in the same fiscal year.

Frequency of processing: Monthly refreshes.

1. **Filters**

Original batches include all net non-institutional line items that were accepted, and not cancelled or denied, with an end-date of care later than 30 September 1998.

Monthly refresh batches include all net non-institutional records accepted by the TMA-Aurora Claims Acceptance System in the preceding month or any record that has changed as a result of MDR processing. Whenever a record is updated, cancelled, or changed via application of LVM4 or other method, the record key (HCSR or TED Number) is added to the delete file and ALL line items associated with that key are included in the add file, regardless of which particular line item changed.

1. **Updating the master tables**

M2 tables are updated on a monthly basis using a two-step process. In the first step, records in the M2 non-institutional database are purged by applying the monthly delete file, deleting records with matching record IDs. Once that step is complete, the non-institutional records are appended[[1]](#footnote-1) to the existing M2 non-institutional table being updated.

1. **Record Layout and Content**

The record layout for the feed from the MDR to M2 is described in table 1.

**Table 1: M2 TED (Non-Institutional) Feed Layout**

| **M2 Name** | **Format** | **SAS name from MDR** | **Processing Rule/Comments** |
| --- | --- | --- | --- |
| Record ID | $24 | tedno | In MDR: If TED Indicator is “T”, fill with content from positions 87-110; otherwise, fill with positions 87-107 |
| TED Indicator | $1 | tedind | No transformation |
| Program Ind Code | $1 | pic | No transformation. |
| Sponsor ID | $9 | sponssn | No transformation. |
| Sponsor Pay Grade | $2 | pay grade and pay plan | Use pay plan if available in source data, otherwise: If payplan= 'ZZ' then paygr = '90';  else if ((payplan = 'ME') and (paygrd in '01','02','03','04','05', '06',’07','08','09'))) then no transformation;  else if ((payplan eq 'MW') and (paygrd in ('01','02','03','04','05'))) then paygr = paygrd + 10;  else if ((payplan eq 'MC') and (paygrd eq '01')) then paygr ='19';  else if ((payplan = 'MO') and (paygrd in '01','02','03','04','05', '06','07','08','09','10','11'))) then  paygr = paygrd + 20;  else if ((payplan = 'GS') and (paygrd in ('01','02','03','04','05', '06','07','08','09','10','11','12', '13', '14','15','16','17','18'))) then paygr = paygrd + 40;  else if (paygrd in ('00','90')) then paygr = '99'; |
| Sponsor Service | $1 | sponsvc | No transformation. |
| Beneficiary Name of Record | $27 | lastname, frstname, midlname | In MDR: Concatenate last name, first name and middle name |
| Date of Birth | Date (8) (YYYYDDMM) | patdob | No transformation. |
| DDS | $2 | dds | Drop for FY09+ |
| Gender | $1 | patsex | No transformation. |
| Beneficiary Zip Code | $5 | patzip | No transformation. |
| Enrollment Status | $2 | enrstat | No transformation. |
| Amount Allowed, Raw | 10.2 | allow | No transformation. |
| Amount Paid, Raw | 10.2 | paid | No transformation |
| Provider Tax ID | $9 | taxid | No transformation. |
| Multiple Provider ID | $4 | multprov | No transformation. |
| Provider Zip | $5 | provzip | No transformation. |
| Diagnosis 1 | $7 | dx1 | No transformation. |
| Diagnosis 2 | $7 | dx2 | No transformation. |
| Diagnosis 3 | $7 | dx3 | No transformation. |
| Enrollment Site of Record | $4 | enrsite | No transformation. |
| Age | N (3) | patage | No transformation. |
| Beneficiary Region | $2 | resreg | HIDE No transformation. |
| Provider Specialty | $2 | provspec | No transformation. |
| Begin Date of Care | Date (YYYYMMDD) | begdate | No transformation. |
| End Date of Care | Date (YYYYMMDD) | enddate | No transformation. |
| Procedure Code | $5 | cpt | No transformation. |
| Type of Sub Code | $1 | subcode | No transformation. |
| Ben Cat Common | $1 | dcomben | No transformation. |
| Number of Visits, Raw | N (3) | visits | No transformation. |
| Service Type Code | $1 | typsvc1 | No transformation. |
| Line Item No | $3 | linum | Left-pad with 0s, to be of length 3. |
| Serv Nature | $1 | typsvc2 | No transformation. |
| Place of Serv | $2 | place | No transformation. |
| Diagnosis 4 | $7 | dx4 | No transformation. |
| Diagnosis 5 | $7 | dx5 | No transformation. |
| Catchment Area ID of Record | $4 | catch | No transformation in M2. Derived at source, by inserting a “0” before the three digit DMIS ID code. Hidden field. |
| CM | N (2) | cm | No transformation. |
| CY | N (4) | cy | No transformation. |
| FM | N (2) | fm | No transformation |
| FY | N (4) | fy | No transformation. |
| Spec Processing Code 1 | $2 | sprocd1 | No transformation. |
| Spec Processing Code 2 | $2 | sprocd2 | No transformation. |
| Spec Processing Code 3 | $2 | sprocd3 | No transformation. |
| Number Services, Raw | N (3) | svcs | No transformation. |
| Number Scripts, Raw | N (3) |  | In MDR: Set to number of services where program indicator code is “D” |
| Person ID | $10 | edi\_pn | No transformation  Only visible in the restricted universe. |
| Basic Work RVU, Raw  (formerly RVU, Simple, Raw) | 5.2 | simprvu | No transformation |
| Amt OHI, Raw | 10.2 | ohi | No transformation |
| Amt Patient Cost Share, Raw | 8.2 | patcost | No transformation |
| Amt Patient Deductible, Raw | 8.2 | deduc | No transformation |
| Acceptance Date | Date (YYYYMM) | accptdt | In MDR: Convert SAS Date to YYYYMMDD and then set to the first 6 characters of the converted date. |
| Processing Date | YYYYMMDD | procdate | No transformation |
| Amount Billed, Raw | 9.2 | bill | No transformation. Only populated for FY04+ |
| Cycle Year | $4 | cycle | 4 character year of cycle date. |
| Cycle Month | $2 | cycle | 2 character month of cycle date. |
| Sponsor Status | $1 | memcat | No transformation |
| CPT Modifier 1 | $2 | cptmod1 | No transformation |
| CPT modifier 2 | $2 | cptmod2 | No transformation |
| MDC | $2 | mdc | No transformation |
| MERHCF Flag | $1 | tflflag | No transformation |
| DEERS Enr Site | $4 | denrsite | Hidden field |
| ACV | $1 | acv | No transformation |
| Beneficiary Category | $3 | bencat | No transformation |
| Admitting TED Number | $24 | admtedno | No transformation |
| Filler | 10 | N/A | No transformation |
| HCDP - Enrolled | $3 | dhcdp | Based on LVM4 merge. See MDR specification for rules. FY04+ |
| Filler | $3 | N/A | Filler |
| NDC | $11 | ndc | No transformation |
| Enhanced Work RVU, Raw | 14.2 | workrvu | No transformation. FY04+ |
| Enhanced PE RVU, Raw | 14.2 | pervu | No transformation. FY04+ |
| Malpractice RVU, Raw | 14.2 | malprvu | No transformation. FY04+ |
| Administrative Tail, Raw | 14.2 | admtail | No transformation. Hidden field. |
| Contractor Number | $2 | konum | No transformation |
| Provider State/Country Code | $3 | provloc | No transformation |
| Referral Number | $15 | authnum | Future release (hidden). FY06+ |
| Medicare Pharmacy Indicator | $1 | medrx | No transformation. FY06+ |
| Enrollment Site | $4 | denrsite | No transformation. |
| Enhanced Total RVU, Raw | 14.2 | totrvu | No transformation. FY04+ |
| Space Available Flag | $1 | spacea | No transformation. |
| Network Indicator | $1 | network | No transformation. FY04+ |
| Underwritten Region | $1 | underwrt | HIDE Only populated for FY04 and later. |
| Provisional Acceptance Indicator | $1 | provaccp | Only populated for FY04 and later |
| Person Association Reason Code | $2 | parc | No transformation |
| TPR Eligibility Flag | $1 | tprelig | To be added when available. FY04+ |
| Historical RVU, Raw |  |  | No transformation. FY03+ |
| Provider Specialty, HIPAA | $10 | hipaaspc | No transformation. FY04+ |
| Provider Individual NPI | $10 | provnpi | No transformation. Not populated prior to January 1, 2009. |
| Provider Organizational NPI | $10 | grpnpi | No transformation. Not populated prior to January 1, 2009. |
| APC | $5 | apccode | No transformation. May 2009 and forward. |
| Payment Status Indicator | $2 | oppspsic | No transformation. May 2009 and forward. |
| Pricing Rate Code | $2 | pricert | No transformation. |
| APC Weight | 8.4 | apcwgt | No transformation. |
| Sponsor Service, Aggregate | $1 | dsponsvc | If dsponsvc = blank, then Sponsor Service, Aggregate = ‘Z’, else No transformation. Populate all M2 TED-NI records. |
| Same Day Surgery Record ID | $24 | TBD | No transformation. |
| Enrollment MEPRS Code | $4 | med\_home\_meprs | No transformation.  Populated FY11+. |
| PCM ID | $18 | pcmidlvm | No transformation.  Populated FY11+. |
| Number of Evaluative Visits, Raw | N(2) | evalvisits | No transformation.  Populated FY08+.  (Calculate “,Total” with same factors as other “,Totals”) |
| Referring CHCS Order Number | $13 | ref\_order\_num | No transformation. |
| UIN | $17 | uin | No transformation. |
| Referring MTF | $4 | ref\_mtf | No transformation. |
| Referring MTF Provider ID | $9 | ref\_provid | No transformation. |
| Referring MTF Provider EDI PN | $10 | ref\_edipn | No transformation. |
| Referring MTF Provider NPI | $10 | ref\_npi | No transformation. |
| Referral Date | YYYYMMDD | refdate | No transformation. |
| Referring MTF MEPRS Code | $4 | ref\_meprscd | No transformation. |
| MTF Referral Access to Care Category | $1 | ref\_atc | No transformation. |
| Ben Cat Common of Record | $1 | comben | No transformation. |
| MTF MCSC Referral | $1 | mtfref\_flag | No transformation |
| Referral Begin Date | YYYYMMDD | ref\_begdate | No transformation |
| Referral End Date | YYYYMMDD | ref\_enddate | No transformation |
| Initial MTF-Referred Visit Flag | $1 | init\_visit\_from\_mtfref | No transformation |
| VA Flag | $1 | va\_flag | No transformation |
| Eligibility Group | $1 | elg\_grp | No transformation |
| Enrollment Group | $1 | enr\_grp | No transformation |
| Enrollment PCM Type | $1 | pcm\_type | No transformation |
| HCDP - Assigned | $3 | hcdp\_assgn | No transformation |
| Enrollment Site T3 Region | $2 | enr\_reg\_t3 | No transformation |
| Enrollment Site T17 Region | $2 | enr\_reg\_t17 | No transformation |
| Beneficiary T3 Region | $2 | ben\_reg\_t3 | No transformation |
| Beneficiary T17 Region | $2 | ben\_reg\_t17 | No transformation |
| Enrollment Site of Record T3 Region | $2 | enr\_rec\_reg\_t3 | No transformation |
| Enrollment Site of Record T17 Region | $2 | enr\_rec\_\_reg\_t17 | No transformation |
| Provider T3 Region | $2 | prov\_reg\_t3 | No transformation |
| Provider T17 Region | $2 | prov\_reg\_t17 | No transformation |
| Referring MTF T3 Region | $2 | ref\_mtf\_reg\_t3 | No transformation |
| Referring MTF T17 Region | $2 | ref\_mtf\_reg\_t17 | No transformation |
| ACV Group | $15 | acvgroup | No transformation in M2. In MDR, when preparing the M2 feed; if begin date >=1/1/18 then: map  “PR” to “Prime”  “DP” to “Desig Prov”  “OP” to “Overseas Prime”  “PL” to “Plus”  “O” to “Other”  “R” to “Reliant”; else: If ACV = A, E, H, or J then “Prime”  Else if ACV = B or F then “Overseas Remote”  Else if ACV = G or L then “Plus”  Else if ACV = U then “Desig Prov”  Else if ACV = M or Q then “Reliant”  Else if ACV = R or V then “Other”  Else if ACV is any other value and Ben Cat Common = 4 then “Reliant”  Else “Other” |

1. **M2 Appended Objects**

The M2 makes certain fields visible to users via joins and other business rules. The objects added in M2 processing are listed in table 2.

| **M2 Object** | **Format** | **Processing Rule/Comments** |
| --- | --- | --- |
| Number of Visits, Total | N | See Appendix A. |
| Amt OHI, Total | N | See Appendix A. |
| Amt Patient Cost Share, Total | N | See Appendix A. |
| Amt Overall Patient Paid, Raw | N | Patient Cost Share + Patient Deductible |
| Amt Overall Patient Paid, Total | N | See Appendix A. |
| Amount Allowed, Total | N | See Appendix A. |
| Amount Billed, Total | N | See Appendix A. |
| Amount Paid, Total | N | See Appendix A. |
| Days Since Most Recent OCO Depl | N(5) | See M2 CTS specification for business rules.  This is a measure. |
| Number of Claims, Raw | N | Count of unique Record IDs. |
| Number of Claims, Total | N | See Appendix A |
| ACV Group - Legacy | $10 | Hide; coming from MDR |
| Age Group Code | $1 | A = 0-4  B = 5-14  C = 15-17  D = 18-24  E = 25-34  F = 35-44  G = 45-64  H = 65+  Z = blank |
| Age Group Common | $1 | A = 0-4  B = 5-14  C = 15-17  D = 18-24  E = 25-34  F = 35-44  G = 45-64  H = 65-69  I = 70-74  J = 75-79  K = 80-84  L = 85+  Z = blank |
| Case Management Acuity Level | $1 | See M2 Case Management specification for business rules. |
| Case Management DMIS ID | $4 | See M2 Case Management specification for business rules. |
| Case Manager ID 1 | $14 | See M2 Case Management specification for business rules. |
| Case Manager ID 2 | $14 | See M2 Case Management specification for business rules. |
| Case Manager ID 3 | $14 | See M2 Case Management specification for business rules. |
| Catchment Area ID | $4 | See M2 Omni-CAD specification for business rules. |
| Catchment Area Name | $ | See M2 DMIS specification for business rules. |
| Catchment Area Command | $ | See M2 DMIS specification for business rules. |
| Catchment Area Military Service | $ | See M2 DMIS specification for business rules. |
| Catchment Area MSMA | $ | See M2 DMIS specification for business rules. |
| Cumulative OCO Days Deployed | N | See M2 CTS specification for business rules. |
| Days Since Return from OCO Depl | $5 | See M2 CTS specification for business rules.  This is a dimension. |
| Enrollment Site Name | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site Command | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site DHP Code | $1 | See M2 DMISID Index specification for business rules. |
| Enrollment Site Military Svc | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site MSMA | $3 | See M2 DMISID Index specification for business rules. |
| Enrollment Site Parent | $4 | See M2 DMISID Index specification for business rules. |
| Enrollment Site Parent Name | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record Name | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record Command | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record DHP Code | $1 | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record Mil Svc | $ | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record MSMA | $3 | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record Parent | $4 | See M2 DMISID Index specification for business rules. |
| Enrollment Site of Record Parent Nm | $ | See M2 DMISID Index specification for business rules. |
| Ever Deployed Flag (OCO) | $1 | See M2 CTS specification for business rules. |
| OCO Deployed Flag | $1 | See M2 CTS specification for business rules. |
| IBNR Category | N | See Appendix A. |
| IBNR Cost Factor | 7.6 | See Appendix A. |
| IBNR Lag | N | See Appendix A. |
| IBNR Work Factor | 7.6 | See Appendix A. |
| IIW Flag | $ | See M2 IIW specification for business rules. |
| Market Area ID | $3 | See M2 Omni-CAD specification for business rules. |
| MTF Service Area | $4 | See M2 Omni-CAD specification for business rules. Populated FY06+. |
| MTF Service Area Name | $ | See M2 DMISID Index specification for business rules. |
| PPS Enr Parent Site | $4 | See M2 DMISID Index Specification for business rules. |
| PPS Product Line |  | See Appendix A |
| Number of Line Items, Raw | N | Count of unique record IDs/line item numbers for a given query. |
| Number of Line Items, Total | N | See Appendix B. |
| PPS Enr Parent Site Name | $ | See M2 DMISID Index specification for business rules. |
| Prime Service Area | $1 | See M2 Omni-CAD specification for business rules. |
| PRISM Area ID | $4 | See M2 Omni-CAD specification for business rules. |
| PRISM Area Name | $ | See M2 DMISID Index specification for business rules. |
| PRISM Area Command | $ | See M2 DMISID Index specification for business rules. |
| PRISM Area Military Service | $ | See M2 DMISID Index specification for business rules. |
| PRISM Area MSMA | $3 | See M2 DMISID Index specification for business rules. |
| Processing CM | $2 | Substring 5th and 6th characters of Processing Date. |
| Processing CY | $4 | Substring first 4 characters of Processing Date. |
| Provider Catchment Area ID | $4 | See M2 Omni-CAD specification for business rules. |
| Provider Catchment Area Name | $ | See M2 DMISID Index specification for business rules. |
| Provider Catchment Area MSMA | $ | See M2 DMISID Index specification for business rules. |
| Provider Market Area ID | $4 | See M2 Omni-CAD specification for business rules. |
| Provider PRISM Area ID | $4 | See M2 Omni-CAD specification for business rules. |
| Provider PRISM Area Name | $ | See M2 DMISID index specification for business rules. |
| Provider PRISM Area MSMA | $ | See M2 DMISID index specification for business rules. |
| Pseudo Person ID | $ | Encryption of Person ID. |
| Pseudo Sponsor ID | $ | Encryption of Sponsor ID. |
| Reservist Status Code | $2 | See M2 Reservist specification for business rules. |
| Special HCDP Code | $3 | See M2 HCDP specification for business rules. |
| Special Operations Code | $2 | See M2 Reservist specification for business rules. |
| Sponsor Rank Group | $ | See M2 Levels of Access specification for business rules. |
| TPR Flag | $1 | See M2 Omni-CAD specification for business rules. |
| OHI Flag | $1 | If Amt OHI, Raw > 0, the ‘Y’, else ‘N’ |
| Referral FY | $4 | Fiscal year of referral date |
| Referral FM | $2 | Fiscal month of referral date |
| APC Weight, Total | N | See Appendix A |
| Basic Work RVU, Total | N | See Appendix A |
| Enhanced Work RVU, Total | N | See Appendix A |
| Enhanced PE RVU, Total | N | See Appendix A |
| Enhanced Total RVU, Total | N | See Appendix A |
| Historical RVU, Total | N | See Appendix A |
| Malpractice RVU, Total | N | See Appendix A |
| Number of Evaluative Visits, Total | N | See Appendix A |
| Number of Scripts, Total | N | See Appendix A |
| Number of Services, Total | N | See Appendix A |
| Number of Visits, Total | N | See Appendix A |
| Psuedo Person ID/Begin Date of Care | $ | Concatenate pseudo person ID and begin date of care. |
| Count Pseudo Person/Begin Date (see hover) | N | Count distinct pseudo person ID/begin date. Hover should read “This field is not correct if your query includes more than one row per person/begin date.” |
| Count Pseudo Person/End Date (see hover) | N | Count distinct pseudo person ID/end date. Hover should read “This field is not correct if your query includes more than one row per person/end date.” |
| Pseudo Person ID/End Date of Care | $ | Concatenate pseudo person ID and end date of care. |
| Record ID/Line Item Number | $ | Concatenate Record ID and Line Item Number. |
| APC Desc | $ | Match from APC reference table by APC and FY. |
| Procedure Description | $ | Match from CPT/HCPCS reference table where CY matches the CY of the end date of care, setting flag = “PC” and modifier is blank/null. Use Description, Short. |
| Fiscal Quarter | $1 | If FM in 1, 2 or 3 then set to 1, else if FM in 4, 5, 6 then set to 2, else if FM in 7, 8,9 set to 3, else set to 4. |
| Provider Tax ID/Prov Zip/Multiple Prov ID | $ | Concatenate provider tax id, provider zip code and multiple provider code. |
| Referring MTF Name | $ | Match to M2 DMIS ID Table by FY and Referring MTF |
| Referring MTF Military Service | $1 | Match to M2 DMIS ID Table by FY and Referring MTF |
| Referring MTF Command | $ | Match to M2 DMIS ID Table by FY and Referring MTF |
| Referring MTF DHP Code | $1 | Match to M2 DMIS ID Table by FY and Referring MTF |
| Referring MTF MSMA | $2 | Match to M2 DMIS ID Table by FY and Referring MTF |
| Referring MTF Parent DMIS ID | $4 | Match to M2 DMIS ID Table by FY and Referring MTF |
| Referring MTF Parent DMIS ID Name | $ | Match to M2 DMIS ID Table by FY and Referring MTF Parent DMIS ID |
| Fiscal Quarter | 1 | Set to 1 if FM in (1,2,3) else set to 2 if FM in (4,5,6) else set to 3 if FM in (7,8,9) else set to 4. |

1. **Quality Review**

* The total record counts should be checked against the MDR source files after applying updates to ensure that the update process worked properly. Record counts should match exactly. This check should be done every time the TED-NI file is updated or reloaded in M2.
* The first and last 10 records in the files should be visually inspected to ensure proper formatting.
* Any new requirements for derived fields should (before implementation) be either checked to ensure an exact match with the MDR, or verified with the specification author that the logic is working correctly. Derived fields should not yield different results, depending on what data elements are retrieved except when a HOVER is in place warning the user how to use the variable properly.

1. **File Location**

Health Care Services / Purchased Care / Non-Institutional (HCSR/TED) / FY\*\* / Non-Institutional

1. **Special Outputs**

NA

**Appendix A: PPS Product Line Definition**

PPS product lines are appended to the M2 non-institutional records. The mapping to use for the PPS product line field is contained in the table below.

|  |  |  |
| --- | --- | --- |
| **PPS Product Line**[[2]](#footnote-2) | **Place of Service** | **Provider Specialty Code** |
| ER | 23 | Any |
| MH | Not 23 | 62, 85, 26, 94, 93, 91, 95 |
| FACILITY | Not 23 | 99 |
| PC | Not 23 | 01 , 11 , 37 , 08 , 90 , 84 , 70 |
| IMSUB | Not 23 | 10, 06, 13, 29, 03, 47, 39, 40, 38, ON |
| OPTOM | Not 23 | 98, 18 |
| ORTHO | Not 23 | 20, 65, 48, 25 |
| RAD | Not 23 | 30 |
| ENT | Not 23 | 04 |
| OBGYN | Not 23 | 16, 92 |
| SURG | Not 23 | 02 |
| DERM | Not 23 | 07 |
| SURGSUB | Not 23 | 24, 14, 33, 34, 28, 50 |
| ANESTH | Not 23 | 05, 80 |
| NONE | Not 23 | 69, 49, 42, 43, 51, 59, 88, 82, 97, 60, 81, 35, 83, BC |
| HOME | Not 23 | HA, HH |
| PATH | Not 23 | 22 |
| OTHER | All else | All else |

**Appendix B: Estimating M2 non-institutional measures to Completion**

Because it takes many years for all claims for a given period of service to be received, adjudicated and posted, most management questions require “completion” of the existing claims to form an estimate of the total claims that occurred for a period. (Those claims already processed can be called “raw”, while those expected to be received are usually termed “incurred but not reported” (IBNR), which summed together make “total”.)

This means that every quantitative element in a claim exists as measure (raw) but can also be used to estimate a total. Consequently, each of these variables, though fed only once, appears twice, once as “raw” and once as “total”.

The method used by the M2 to do this is to use a lookup to an IBNR factor table. An IBNR factor is a numeric value between 0 and 1, used to compute total measures by dividing the corresponding raw measure by the factor. There will be a set of 10 IBNR factors for the Non-Institutional M2 tables, each corresponding to a different type of care (e.g., drugs, outpatient professional, inpatient professional) and/or measurement type (e.g., cost or workload). The types of care, represented by IBNR categories, are described in Table B-1.

## Table B-1: M2 Non-Institutional IBNR Categories

| Category Number | Category | Program Indicator Code | Service Type Code | Enrollment Status |
| --- | --- | --- | --- | --- |
| 1 | Drugs | D | Not I or M | Not Applicable |
| 2 | Non-TFL Inpatient | Any | I or M | Not FE or FS |
| 3 | TFL Inpatient | Any | I or M | FE or FS |
| 4 | Non-TFL Ambulatory | Not D | Not I or M | Not FE or FS |
| 5 | TFL Ambulatory | Not D | Not I or M | FE or FS |

This method will join the non-institutional table to the IBNR factor table on the IBNR category and lag value columns. The IBNR factor table will contain 60 months of IBNR factors, where lag value is the age of a claim in number of months from end date of care (EDOC) to the current reported as of date plus one month (e.g., non-institutional records reported from the source system on Aug 1st with EDOC in July 2002 the lag value is 1, with EDOC in June lag value is 2, etc). Completion factors will only be applied when the lag value is less than 37. For cases where the lag is greater or equal to 37, the data is considered 100% complete. The M2 Non-Institutional IBNR file layout is described in Table B-2.

## Table B-2: M2 Non-Institutional IBNR Fields:

| Name | Format | Processing Rules/ Comments |
| --- | --- | --- |
| IBNR Category | Integer (1) | See table below |
| IBNR Lag | Integer (2) | Age of a claim in number of months from end date of care (EDOC) to the current reported as of date plus one month |
| IBNR Cost Factor | Decimal (7,6) | See above |
| IBNR Work Factor | Decimal (7,6) | See above |

1. Processing may occur prior to appending records, if it is part of the process of adding fields to M2 records, as described in Section V. [↑](#footnote-ref-1)
2. Removed spaces, made all upper-case, changed OB to OBGYN, changed designation of 34. [↑](#footnote-ref-2)