29 June 2020

Direct Care Dental Encounter Data (DED)
for the
MHS Data Repository (MDR)
(Version 1.04.02)

Current Specification

Revision History

Version	Date	Originator	Para/Tbl/Fig	Description of Change
1.00.00	04/27/2011	C. Kangas	• Whole Document	Initial version
1.01.00	09/24/2012	A. Hong	• Table 2 • Table 3 • Added Appendix A - E	Added external reference file merges Updated and added data elements Added Appendix A – E
1.01.01	10/11/2012	A. Hong	• Table 3	Updated field names
1.02.00	06/06/2016	A. Hong	• Tables 2 and 3 • Updated Appendix D	Updated logic for application of DWVs Additional HIPAA Provider Specialty Codes were added
1.03.00	04/12/2017	A. Hong	• Table 3 • Updated Appendix B	Updated and added data elements (CDTMOD)
1.03.01	10/2/2017	W. Funk	• Table 2 • Table 3	Changed DMIS ID Table Join rule Updated table 3 for NDAA 2017 and T2017
1.03.02	10/4/2017	W. Funk	• Appendix F	Corrected a typo on ACV Group
1.03.03	12/17/2018	A.Hong	• Table 3 • Appendix A	Added rule for CTS merge to Table 3 Added additional wording for CDA DMIS ID crosswalk
1.04.01	04/13/2020	C. Kangas	• Table 2 • Table 3	Added CLV lookup table and field to Tables 2 & 3
1.04.02	06/29/2020	C. Kangas	• Table 3	Modified derivation of Record ID field

Direct Care Dental Encounter Data (DED) for the MDR

I. BACKGROUND:

The U.S. Army Dental Command (DENCOM) is responsible for the operation of the Corporate Dental System (CDS) data repository. CDS is used to collect, process, and archive dental workload, readiness, and patient scheduling data for active duty service members (ADSMs) treated at Army and Air Force Dental Treatment Facilities (DTF). CDS data is being sent to the MDR for incorporation into tri-Service MDR DED files. The Navy has historically used a separate dental system (DENCAS) that did not capture data at the level of detail to support inclusion in the MDR DED file. Starting in FY15, the Navy began transitioning all its DTFs to use the CDS to capture workload. MHS GENESIS data through the Dentrix application are also being sent to CDS and are included in the CDS data feeds to the MDR.

II. SOURCE:

There is one primary feed provided by CDS that contains both workload and readiness data to the MDR. The format of this input file is available in the ICD.

III. TRANSMISSION (FORMAT AND FREQUENCY):

The data feeds are transmitted monthly according to the rules specified in the MOA between DENCOM and TMA, which specifies the 10th calendar day of each month.

IV. ORGANIZATION AND BATCHING

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

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

Table 1: MDR DED Processor Output Products

MDR File	File Naming Convention	Member Name
DED SAS Dataset	/mdr/pub/dental/ded/	fy**.sas7bdat

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

V. RECEIVING FILTERS

No filters are applied to the source data.

VI. UPDATE PROCESS

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

The raw encounter feed from CDS contains treatment level information, meaning that each record represents a single encounter by an ADSM at a DTF. Each month, the feed from CDS will represent only new records for that month. The monthly file will need is appended to the master file and processed.

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

VII. Field Transformations and Deletions for MDR Core Database

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

Table 2: External Reference File Merges

Merge	Date Matching	Additional Matching
DMIS ID Index	FY	DMISID
CDS DMIS ID Table		DMISID_RAW
Master Person Index*	Most recent MPI is used for fiscal year that matches the end date of care of each record.	See VM-6 Specifications
LVM*	Use LVM file that matches begin date of care on each record.	See VM-6 Specification
Relative Value Unit Table	Calendar year of begin date of care with calendar year of RVU Table	CDT
ADDP Service Area File[1]	FY/FM	Patient zip code
Omni-CAD	FY/FM	Zip Code and Sponsor Service (A=Army, F=Air Force, N=Navy and all others = O)
Reservist Status Code	Begin date of care	EDIPN
CTS	Treatment Date vs. Dates of Deployment (except for "ever deployed flag")	Person ID
DMHRSi HR Basic File	Most recent DMHRSi HR Basic file is used	Provider SSN
NPPES (National Plan and Provider Enumeration System)	Use most recent NPPES table	NPI
Dental Weighted Values	FY (before 1/1/2016) or CY (starting 1/1/2016) of end date of service with DWV Tables	CDT
Composite Lab Values		CDT

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

VIII. Record Layout and Content

The MDR DED file is a SAS Dataset. Table 3 describes the content of the MDR DED File.

Table 3: MDR DED SAS Dataset Structure and Business Rules

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Sponsor SSN – Raw	rsponssn	$9	2	No transformation
Sponsor Service – Raw	rsponsvc	$1	3	No transformation
Dental Readiness Classification	drc	$1	7	No transformation
Dental Treatment Facility Name	dtf	$30	8	No transformation
DMIS ID - Raw	dmisid_raw	$6	9	No transformation
Provider SSN	provssn	$9	10	No transformation

[1] This step is only required until the ADDP service area is incorporated into the Omni-CAD

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Internally Derived Fields and Secondary Fields (Derived from other merged data)				
FY	fy	$4	N/A	FY is created from encounter date.
FM	fm	$2	N/A	FM is created from encounter date.
CY	cy	$4	N/A	Calendar year of encounter date
CM	cm	$2	N/A	Calendar month of encounter date
Initial Processing Date (MDR)	procdate	yyyymmdd	N/A	Set to the initial date that this record was prepared for the MDR
Change Date (MDR)	chgdate	yyyymmdd	N/A	Set to the most recent date that any data element on the MDR record was changed. For records that never change, this will be equal to the initial processing date.
Age	patage	3	N/A	Patient's age is calculated from date of birth and encounter date.
Age Group	agegrp	$1	N/A	A: ages 0-4; B: ages 5-14, C: ages 15-17, D: ages 18-24, E: 25-34, F: 35-44, G: 45-64, H: 65+, X: All others
Ben Cat Common	comben	$1	N/A	If bencat in ('ACT' GRD') then =4, If bencat in ('DA' 'DGR') then =1; If bencat = 'RET' then=2; Otherwise = 3
New Record Flag	new_rec	$1	N/A	Set to 1 if this version of the record was received in most recent processing cycle. Otherwise, set to 0.
Extract Date	extr_dt	$7	N/A	The date the data was extracted, dYYMMDD format.
DMIS ID	dmisid	$4	N/A	See Appendix A
Current Dental Terminology Procedure Code	cdt	$5	N/A	See Appendix B
Procedure Modifier	cdtmod	$2	N/A	See Appendix B
Number of Procedures	svcs	$8	N/A	See Appendix B
Treatment Date	encdate	$8	N/A	Remove all non-numeric character data from the raw ENCDATE field
Last Exam Date	last_exam	$8	N/A	Remove all non-numeric character data from the raw Last Exam Date field.
Patient First Name	patfname	$30	N/A	See Appendix C
Patient Last Name	patlname	$30	N/A	See Appendix C
Patient Middle Name	patmname	$30	N/A	See Appendix C
Record ID	record_id	$18	N/A	yyyyyymmddnnnnnnnn where: yyyy = FY of record yymmdd = last six digits of the Extract Date nnnnnnnn = sequential
Line Number	linenum	$4	N/A	Sequential within the same record ID
Dental Category	enc_type	$6	N/A	Grouping of CDTs into categories
Provider Specialty	provspec	$3	N/A	Grouping of HIPAA Taxonomy based on provider NPI into categories (see Appendix D)
Provider Type	prov_type	$3	N/A	Grouping of HIPAA Taxonomy based on provider NPI into corresponding Direct Care Specialty Codes (see Appendix D)

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
ACV Group	acvgroup	$2	N/A	If begin date is >=1/1/2018 then:f enr_grp is "P" then set to "PR" elseif enr_grp is "L" then set to "PL" elseif enr_group="U" then set to "DP" elseif (bencat common=4 and pcm_type=N) then "R" elseif pcm_type="O" then "R" elseif elg_grp in ("R" "S") then "O" else "O" For logic prior to Jan 2018, see appendix F
CDS DMISID Table Merge				
DMIS ID	dmisid	$4	N/A	See Appendix A
DMIS ID Merge				
Facility Zip Code	faczip	$5	N/A	Fill with 5 digit zip code of corresponding DMIS ID
HSSC Region	hsscreg	$1	N/A	Fill with HSSC Region of corresponding DMIS ID
Treatment DMIS ID T3 Region	mtf_t3_reg	$2	N/A	T3_REG of treatment MTF
Treatment DMIS ID T2017 Region	mtf_t17_reg	$2	N/A	T17_REG of treatment MTF
Enrollment Site T3 region	enr_t3_reg	$2	N/A	T3_REG of enrollment MTF
Enrollment Site T2017 Region	enr_t17_reg	$2	N/A	T17_REG of enrollment MTF
Master Person Index Merge				
DEERS Person ID – Derived	edipn	$10	N/A	See Appendix E
Sponsor SSN – Derived	sponssn	$9	N/A	See Appendix E
Person Association Reason Code	parc	$2	N/A	See Appendix E
Date of Birth	patdob	yyyymmdd	N/A	See Appendix E
Patient Gender	patsex	$1	N/A	See Appendix E
Longitudinal DEERS File Merge				
DEERS PCM ID	pcmid	$32	N/A	Fill with PCM ID from LVM, if the begin date of care on the claim is between the begin and end date associated with the PCM ID.
DEERS Enrollment DMIS ID	denrsite	$4	N/A	Fill with enrollment DMISID from LVM, if the begin date of care on the claim is between the begin and end date associated with the enrollment site.
DEERS Beneficiary Category	bencat	$3	N/A	Fill with DEERS beneficiary category from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS beneficiary category. If no match for person, set to "Z".
DEERS Medicare Flag	medflag	$1	N/A	Fill with DEERS medicare flag from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS medicare flag. If no match for person, set to "Z".
DEERS Race Code	race	$1	N/A	Fill with DEERS race code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS race code. If no match for the person, set to "Z".
DEERS Ethnicity Code	ethnic	$1	N/A	Fill with DEERS ethnicity code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS ethnicity code. If no match for the person, set to "Z".

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
DEERS Sponsor Service	dsponsvc	$1	N/A	Fill with DEERS sponsor service from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS sponsor service. If no match for the person, set to "Z".
DEERS Sponsor Service Aggregate	dsvcagg	$1	N/A	Fill with DEERS sponsor service (aggregate) from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS sponsor service (aggregate). If no match for the person, set to "Z".
DEERS Alternative Care Value	acv	$1	N/A	Fill with DEERS ACV from LVM, if the begin date of care on the claim is between the begin and end date associated with the ACV. Blank fill after 1/1/2018
DEERS Medical Privilege Code	privcode	$1	N/A	Fill with DEERS medical privilege code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS medical privilege code. If no match for the person, set to "Z".
DEERS HCDP	hcdp	$3	N/A	Fill with DEERS HCDP code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS HCDP code.
DEERS Zip Code	deerszip	$5	N/A	Fill with DEERS zip code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS zip code.
DEERS Relationship to Sponsor	relcode	$1	N/A	Fill with DEERS relationship to sponsor code from LVM, if the begin date of care on the claim is between the begin and end date associated with the DEERS relationship to sponsor code. If no match for the person, set to "4".
Dental HCDP Flag	dhcdp_fl	$1	N/A	IF the HCDP code from LVM is dental and the encounter date is within the Dental HCDP begin and end date, the patient is eligible (Y) if not the patient is not eligible (N).
Enrollment Group	enr_grp	$2		Fill with enrollment group from LVM, if the begin date of care is between the segment begin and end dates. See DEERS VM-6 Beneficiary specification, Sections G18 and G19 for segment and field numbers.
Enrollment PCM Type	pcm_type	$1		Fill with pcm type from LVM, if the begin date of care is between the segment begin and end dates. See DEERS VM-6 Beneficiary specification, Sections G18 and G19 for segment and field numbers
Eligibility Group	elg_grp	$2		Fill with eligibility group from LVM, if the begin date of care is between the segment begin and end dates. See DEERS VM-6 Beneficiary specification, Sections G18 and G19 for segment and field numbers

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
MDR Omni CAD Merge				
Residence Catchment Area	catch	$4	N/A	Based on matching FY, FM and deerszip; if sponsvc=A then set equal to ACATCH, if sponsvc = F then set equal to FCATCH; if sponsvc in (M, N, V) then set equal to NCATCH, otherwise set equal to OCATCH. If zip code not found in MDR Omni-CAD, set equal to '0999'
Residence Prism Area	prism	$4	N/A	Based on matching FY, FM and deerszip; if sponsvc=A then set equal to APRISM, if sponsvc = F then set equal to FPRISM; if sponsvc in (M, N, V) then set equal to NPRISM, otherwise set equal to OPRISM. If zip code not found in MDR Omni-CAD, set equal to '0999'
Residence Region	resreg	$2	N/A	MOD_REG, based on matching FY, FM and deerszip
Residence TNEX Region	restnex	$1	N/A	HSSCREG, based on matching FY, FM and deerszip
Patient MTF Service Area	mtfsvcarea	$4	N/A	Based on matching FY, FM, zip and sponsor service (A=Army, F=Air Force, N, M and V =Navy. All others = Other
Provider Catchment Area	pvcatch	$4	N/A	Based on matching FY, FM and facvzip; set = OCATCH. If provzip not found in MDR Omni-CAD, set equal to '0999'
Provider Prism Area	pvprism	$4	N/A	Based on matching FY, FM and faczip; set = OPRISM. If provzip not found in MDR Omni-CAD, set equal to '0999'
Provider TNEX Region	pvtnex	$1	N/A	HSSCREG, based on matching FY, FM and deerszip
Provider MTF Service Area	pmtfsvcarea	$4	N/A	Based on matching FY, FM, faczip.
Beneficiary T3 Region	ben_t3_reg	$2	N/A	Based on matching FY, FM, patzip
Beneficiary T2017 Region	ben_t17_reg	$2	N/A	Based on matching FY, FM, patzip
Provider T3 Region	prov_t3_reg	$2	N/A	Based on matching FY, FM, faczip
Provider T17 Region	prov_t17_reg	$2	N/A	Based on matching FY, FM, faczip
Reservist Attributes Merge				
Reservist Status	res_stat	$1	N/A	Populate with reservist status from MDR Reservist format file, if the begin date of care is between the begin and end dates of the reservist status code.
Special Operations Code	soc	$2	N/A	Populate with special operations code from MDR Reservist format file, if the begin date of care is between the begin and end dates of the reservist status code.
Dental Weighted Values Table Merge				
Dental Weighted Value	dwv	7.2	N/A	Match to DWV tables based on CDT and either FY or CY to retrieve DWV. For date matching, use FY tables before 1/1/2016 and CY table DWVs starting 1/1/2016. Use FY15 DWV table for the 10/2015-12/2015 period.

Data Element	SAS Name	Format	Input Position in Source Feed	Business Rule
Composite Laboratory Values Table Merge				
Composite Laboratory Value	clv	7.2	N/A	Match to CLV table based on CDT and multiply by svcs to calculate the CLV.
Relative Value Unit Table Merge				
Work RVU	rvu	7.2	N/A	Match to RVU table based on CDT and CY and retrieve purchased care work RVU.
Facility Practice Expense RVU	facpervu	7.2	N/A	Match to RVU table based on CDT and CY and retrieve practice expense RVU (Facility)
Non-facility Practice Expense RVU	nfpervu	7.2	N/A	Match to RVU table based on CDT and CY and retrieve practice expense RVU (Non-facility)
ADDP Service Area Merge				
ADDP Service Area	raddpfl	$1		Based on matching patient zip code to the zip code to the monthly Service Area File (SAF). If the Remote Active Duty Field on the SAF file is coded as '1' then the patient is eligible for Remote Active Duty Dental Program (1=eligible) and '0' if not (0=not eligible).
DMHRSi HR Basic File				
National Provider ID	NPI	$10		Based on matching Provider SSN
NPPES File				
Provider Specialty, HIPAA	HIPAASPEC	$10	N/A	Fill with the first HIPAA Taxonomy field based on matching Provider SSN
CTS Merge				
Ever Deployed Flag	ever_dep	$1		Based on Treatment Date and Person ID
Days Since Most Recent Deployment	days_since	7		Based on Treatment Date and Person ID
Cumulative Deployed Days	dep_days	4		Based on Treatment Date and Person ID
Deployed Flag	deploy	$1		Based on Treatment Date and Person ID

IX. REFRESH FREQUENCY

MONTHLY

X. QUALITY REVIEW REQUIREMENTS

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

1. Basic Data Flow Process Check: A spreadsheet should be maintained that tracks record counts associated with each data step used in processing. Record counts from the raw monthly feeds should be recorded and checked. Significant variations in DED data should be noted and explored with BEA.
2. File Size: Record counts should increase as the files are updated.
3. Proc contents should be reviewed and compared against specifications to ensure conformance.
4. Frequency tabulations should be compared from cycle to cycle for the following variables: enrollment group, age group, beneficiary category, cdt, cy, cm, fy, fm, deers enrollment site, dmisid,ethnic code, patient's sex, privilege code, race, residence region, residence TNEX region, service, common beneficiary.
5. Each month the values observed in certain fields should be checked to see if new or modified values are introduced. Fields that should be checked include raw fields used by the processor to derive other fields, and raw fields used to control the flow of processing.
6. Routine feed and file management procedures should be followed for the MDR DED processor.

XI. DATA MARTS

The M2 receives an extract of the DED file whenever the MDR DED file is updated. The layout for this file is described in the M2 specification posted on the DHCAPE website (http://www.tricare.mil/ocfo/bea/functional_specs.cfm).

XII. SPECIAL OUTPUTS

N/A

APPENDIX A: BUSINESS RULE FOR DMIS ID PROCESSING

The DMIS ID that comes in on the raw data is the CDA DMIS ID which is 6 characters and includes alphanumeric characters along with non-alphanumeric characters. In order to merge to the MDR DMIS ID table, the CDA DMIS ID needs to be cross-walked to its 4 digit DMIS ID counterpart.

During the processing cycle, the DMISID logic below may not correctly assign new DMIS IDs to the raw CDA DMIS ID. In this case, an updated CDA DMIS ID to DMIS ID crosswalk will be provided the following month.

DMIS ID merging process:

1. First merge to the CDA DMIS ID to DMIS ID crosswalk table – this is provided by CDA. CDA will provide a new crosswalk table if there are any changes.
2. For any DMISID_RAW that do not have a match from the CDA crosswalk table, then they must be manually matched. Logic is below:
    a. All non-numeric and non-alphanumeric characters must be removed first
    b. Any DMISID_RAW whose corresponding Dental Treatment Facility Name (DTF) has “EUCOM” or “CENTCOM” or whose first 2 characters of DMISID_RAW is “15” is automatically given a DMIS ID of “LINE”
    c. If the DMISID_RAW is 6 characters, then take the last four characters.
    d. If the DMISID_RAW is 5 characters, then take the first four characters.
    e. If the DMISID_RAW is 4 characters, then use all four characters

APPENDIX B: BUSINESS RULE FOR CDT PROCESSING

While the raw DED is pipe delimited, the length of the CDT field can vary as each record contains a minimum of 1 CDT and procedure code separated by commas.

Beginning CY17, modifiers were added the dental procedure codes in the raw data (XXXXX.XX). The dental procedure code must be sent through the DWV format as 8 character (XXXXX.XX) to pick up the associated DWVs. However, for the RVU format, the first five characters of the dental procedure code is sent through the RVU format. In the final DED dataset, the 8 character dental procedure code should be split out to the five character procedure code for the CDT field (first five characters) and then the two character modifier code for the CDT modifier field (last two characters).

Example:

CDT(Number of procedures)

Record	CDTCodes
1	09999(1), D0140(1), D7286(1)
2	09999(1), D0160(1), D0220(1), D0230(1)
3	09999(1), D1330(1), D4342(2), D9215(1)
4	09999(1), D0140(1), D0220(1), D0270(1), D0460(1)
5	D0330(1)
6	09999(1), A1322(1), A1328(1), D1110(1), D1204(1)
7	09999(1), L0001(2), L0003(4), L0006(2), L0114(4)

Each CDT and Number of procedures must be separated so that each has its own field.

Record	CDTCodes	CDT1	NUMPROC1	CDT2	NUMPROC2	CDT3	NUMPROC3	CDT4	NUMPROC4	CDT5	NUMPROC5
1	09999(1), D0140(1), D7286(1)	09999	1	D0140	1	D7286	1				
2	09999(1), D0160(1), D0220(1), D0230(1)	09999	1	D0160	1	D0220	1	D0230	1		
3	09999(1), D1330(1), D4342(2), D9215(1)	09999	1	D1330	1	D4342	2	D9215	1		
4	09999(1), D0140(1), D0220(1), D0270(1), D0460(1)	09999	1	D0140	1	D0220	1	D0270	1	D0460	1
5	D0330(1)	D0330	1								
6	09999(1), A1322(1), A1328(1), D1110(1), D1204(1)	09999	1	A1322	1	A1328	1	D1110	1	D1204	1
7	09999(1), L0001(2), L0003(4), L0006(2), L0114(4)	09999	1	L0001	2	L0003	4	L0006	2	L0114	4

APPENDIX C: BUSINESS RULE FOR PATIENT NAME PROCESSING

The raw DED data has one field that contains the patient's name (first, last and middle). These must be separated so that each has its own field (patfname, patmname, and patlname). In addition, "AF2322" and "BULK LAB XRAY" records must be separated before name processing and all non-numeric characters and name prefix (e.g. 1LT, KA, LT, CPL…) must be removed.

"AF2322" and "BULK LAB XRAY" are manually assigned an EDIPN of "9999999999" to allow for separation and identification in M2

Provider information on the raw DED data is limited to provider SSN. In order to populate NPI, data must be merged to the DMHRSi HR Basic file based on provider SSN. Using the NPI from the DMHRSi merge, the data must then be merged to the National Plan and Provider Enumeration System (NPPES) to derive the provider specialty code. From the NPPES, use the first listed provider specialty code (HIPAA Taxonomy 1) which is then mapped to a three digit provider specialty code and the corresponding 3 digit Direct Care Provider Specialty Code.

HIPPA Taxonomy to 3-digit provider specialty and provider type code mapping:

HIPAA Taxonomy	HIPAA Taxonomy Description	3 digit Provider Specialty	Direct Care Provider Specialty Mapping
		PROVSPEC	PROVTYPE
122300000X	Dentist	DEN	812
1223D0001X	Dental Public Health	DPH	
1223D0004X	Dentist/Dentist Anesthesiologist	DAN	812
1223E0200X	Endodontics	END	810
1223G0001X	General Practice	GNP	812
1223P0106X	Oral and Maxillofacial Pathology	OMP	808
1223P0221X	Pediatric Dentistry	PDD	815
1223P0300X	Dentist: Periodontics	PER	802
1223P0700X	Dentist: Prosthodontics	PRO	804
1223S0112X	Dentist: Oral and Maxillofacial Surgery	OMS	800
1223X0008X	Dentist: Oral and Maxillofacial Radiology	OMR	800
1223X0400X	Dentist: Orthodontics and Dentofacial Orthopedics	ODO	806
122400000X	Denturist	DTU	900
124Q00000X	Dental Hygienist	DHY	906
125J00000X	Dental Therapist	DTH	906
125K00000X	Advanced Practice Dental Therapist	ADT	906
126800000X	Dental Assistant	DAS	902
126900000X	Dental Laboratory Technician	DLT	900

APPENDIX E: BUSINESS RULE FOR MPI MERGE

The raw DED data contains sponsor SSN and a field called "ISCDSSSPON".

Rules for ISCDSSSPON:
Family member workload is captured under the sponsor's SSN but with the family member's name (in Patient Name). If "ISCDSSSPON" is 1 then the sponsor SSN is the actual patient's SSN (therefore the Patient Name is the sponsor's name". If "ISCDSSSPON" is 0 then the sponsor SSN is for the sponsor not the actual patient (therefore the Patient Name is not the sponsor's name). The "ISCDSSSPON" is based on the "Raw Sponsor Service" field (RSPONSVC).

ISCDSSSPON	SSN	Patient Name
1	Sponsor	Sponsor
0	Sponsor	Family Member

Rules for MPI merge to pull in EDIPN, SPONSSN, PATDOB, and PARC
Because the data contains sponsor SSN and the patient name (which can be the name of the sponsor or the family member) a number of merges must be made to the MPI data to pull in the required MPI fields.

1. The data is first broken out by sponsor records (ISCDSSSPON = '1') and those of the family members (ISCDSSSPON = '0').
2. The first MPI merge is for sponsor records based on SPONSSN only
3. The second MPI merge is for family members based on SPONSSN, first and last name.

APPENDIX F: ACV GROUP:

For FY03 and before:
If ACV = A, D, or E then "PR"
Else if ACV = G or L then "PL"
Else if ACV = U then "DP"
Else if Ben Cat Common = 4 then "R"
Else "O"

For FY04 to 1/1/2018:
If ACV = A, E, H, or J then "PR"
Else if ACV = B or F then "OP"
Else if ACV = G or L then "PL"
Else if ACV = U then "DP"
Else if ACV = R or V then "O"
Else if ACV = M or Q then "R"
Else if Ben Cat Common = 4 then "R"
Else "O"