TRICARE Encounter Data – Non-Institutional (TED-NI) for the MHS Mart (M2) (Version 1.09.00)

Future 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 VSection 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 VSection 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 1Table 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 1Table 2	 Added fields related to the MTF Referral project. Deleted Medical Home Flag and Referring CHCS Host. Added DMIS ID hierarchy for Referring MTF.

Version	Date	Originator	Para/Tbl/Fig	Description of Change
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 1Table 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
1.09.01	12/6/2024	• W. Funk	 Sections III, IV and V 	Sections III, IV and V: Updated data frequency to weekly

M2 TED NON-INSTITUTIONAL FILE SPECIFICATION

I. SOURCE

<u>Source</u>: Non-Institutional TEDs are provided to M2 by the MDR, which receives its claims data from TMA-Aurora's claims acceptance system. This document describes the interface.

II. INPUT FEEDS

<u>File format:</u> 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).

<u>File content</u>: Two source files are provided to the M2 each week 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. Full-table refreshes may also be provided.

III. ORGANIZATION AND BATCHING

<u>Time slicing</u>: 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.

Back years of data are processed on an as-needed basis.

<u>Frequency of processing</u>: Weekly refreshes. If processing times become problematic with weekly refreshes, changes can be made to this schedule in coordination with J5-AED to mitigate

IV. FILTERS

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

Weekly refresh batches include all net non-institutional records accepted by the TMA-Aurora Claims Acceptance System in the preceding week 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 line item changed.

V. UPDATING THE MASTER TABLES

M2 tables are updated on a weekly basis using a two-step process. In the first step, records in the M2 non-institutional database are purged by applying the weekly delete file and deleting records with matching record IDs. Once that step is complete, the non-institutional records are appended¹ to the existing M2 non-institutional table being updated. Delete/add files received for a processing period must be applied in the order that they are received.

VI. 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.

 $^{^{\}rm 1}$ 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.

M2 Name Format SAS name from MD		SAS name from MDR	R Processing Rule/Comments	
sponsor ID \$9 sponssn N		No transformation. Restricted universe only.		
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'; Restricted universe only.	
Sponsor Service	\$1	sponsvc	No transformation.	
Beneficiary Name of Record	\$27	lastname, frstname, midlname	In MDR: Concatenate last name, first name and middle name. Restricted universe only.	
Date of Birth	Date (8) (YYYYDDMM)	patdob	No transformation.	
DDS	<mark>\$2</mark>	<mark>dds</mark>	No transformation	
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	<mark>\$2</mark>	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.	

M2 Name	Format	SAS name from MDR	Processing Rule/Comments
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 <mark>ice</mark>	\$2	place	No transformation.
Diagnosis 4	\$7	dx4	No transformation.
Diagnosis 5	\$7	dx5	No transformation.
Catchment Area ID of Record	<mark>\$4</mark>	<mark>catch</mark>	No transformation in M2. Derived at source, by inserting a "0" before the three digit DMIS ID code. Hidden field.
СМ	N (2)	cm	No transformation.
СҮ	N (4)	су	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 Restricted universe only.
<mark>Basic Work RVU, Raw</mark> (formerly RVU, Simple, Raw)	<mark>5.2</mark>	<mark>simprvu</mark>	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 Date	deduc	No transformation In MDR: Convert SAS Date to YYYYMMDD and then set to
Acceptance Date	(YYYYMM)	accptdt	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	No transformation.
Cycle Month	\$2	cycle	No transformation.
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
Beneficiary Category	\$3	bencat	No transformation
Admitting TED Number	\$24	admtedno	No transformation
HCDP - Enrolled	\$3	dhcdp	No transformation
NDC	\$11	ndc	No transformation
Enhanced Work RVU, Raw	14.2	workrvu	No transformation.

M2 Name	Format	SAS name from MDR	Processing Rule/Comments
Enhanced PE RVU, Raw	14.2	pervu	No transformation.
Contractor Number	\$2	konum	No transformation
Provider State/Country Code	\$3	provloc	No transformation
Referral Number	<mark>\$15</mark>	<mark>authnum</mark>	No transformation.
Medicare Pharmacy Indicator	\$1	medrx	No transformation
Enrollment Site	\$4	denrsite	No transformation
Enhanced Total RVU, Raw	14.2	totrvu	No transformation.
Space Available Flag	\$1	spacea	No transformation.
Network Indicator	\$1	network	No transformation.
Provisional Acceptance Indicator	\$1	provaccp	No transformation
Person Association Reason Code	\$2	parc	No transformation
Provider Specialty, HIPAA	\$10	hipaaspc	No transformation.
Provider Individual NPI	\$10	provnpi	No transformation.
Provider Organizational NPI	\$10	grpnpi	No transformation.
APC	\$5	apccode	No transformation.
Payment Status Indicator	\$2	oppspsic	No transformation.
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.
PCM ID	\$18	pcmidlvm	No transformation. Populated FY11+.
Number of Evaluative Visits, Raw	N(2)	evalvisits	No transformation.
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

M2 Name	Format SAS name from MDR		Processing Rule/Comments
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_mtfre f	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	<mark>\$2</mark>	<mark>enr_reg_t3</mark>	No transformation. Hidden field.
Enrollment Site T5 Region	<mark>\$2</mark>	enr_reg_t5	No transformation
Enrollment Site T17 Region	\$2	enr_reg_t17	No transformation
Beneficiary T3 Region	<mark>\$2</mark>	ben_reg_t3	No transformation. Hidden field.
Beneficiary T5 Region	<mark>\$2</mark>	ben_reg_t5	No transformation
Beneficiary T17 Region	\$2	ben_reg_t17	No transformation
Enrollment Site of Record T3 Region	<mark>\$2</mark>	<mark>enr_rec_reg_t3</mark>	No transformation. Hidden field
Enrollment Site of Record T5 Region	<mark>\$2</mark>	enr_rec_reg_t5	No transformation
Enrollment Site of Record T17 Region	\$2	enr_rec_reg_t17	No transformation
Provider T3 Region	<mark>\$2</mark>	prov_reg_t3	No transformation. Hidden field.
Provider T5 Region	<mark>\$2</mark>	prov_reg_t5	No transformation
Provider T17 Region	\$2	prov_reg_t17	No transformation
Referring MTF T3 Region	<mark>\$2</mark>	ref_mtf_reg_t3	No transformation. Hidden field.
Referring MTF T5 Region	<mark>\$2</mark>	fef_mtf_reg_t5	No transformation
Referring MTF T17 Region	\$2	ref_mtf_reg_t17	No transformation
<mark>ACV Group</mark>	\$15	<mark>acvgroup</mark>	No transformation in M2. In MDR, when preparing the M2 feed; if begin date >= 1/1/18 then: map "PR" to "Prime" "OP" to "Overseas Prime" "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 = 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 = R or V then "Other"
Diagnosis 13	<mark>\$7</mark>	dx13	No transformation

M2 Name	Format	SAS name from MDR	Processing Rule/Comments
Diagnosis 14	<mark>\$7</mark>	dx14	No transformation
Diagnosis 15	<mark>\$7</mark>	dx15	No transformation
Diagnosis 16	<mark>\$7</mark>	<mark>dx16</mark>	No transformation
Diagnosis 17	<mark>\$7</mark>	dx17	No transformation
Diagnosis 18	<mark>\$7</mark>	dx18	No transformation
Diagnosis 19	<mark>\$7</mark>	dx19	No transformation
Diagnosis 20	<mark>\$7</mark>	<mark>dx20</mark>	No transformation
Diagnosis 21	<mark>\$7</mark>	dx21	No transformation
Diagnosis 22	<mark>\$7</mark>	dx22	No transformation
Diagnosis 23	<mark>\$7</mark>	dx23	No transformation
Diagnosis 24	<mark>\$7</mark>	dx24	No transformation
Diagnosis 25	<mark>\$7</mark>	dx25	No transformation

VII. 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
		A = 0-4
		B = 5-14
		C = 15-17
		D = 18-24
Age Group Code	\$1	E = 25-34
		F = 35-44
		G = 45-64
		H = 65+
		Z = blank
		A = 0-4
		B = 5-14
Age Group Common		C = 15-17
Age droup common		D = 18-24
		E = 25-34
		F = 35-44
	\$1	G = 45-64
		H = 65-69
		I = 70-74
Age Group Common		J = 75-79
		K = 80-84
		L = 85+
		Z = blank
Amount Allowed, Total	N	See Appendix A.

M2 Object	Format	Processing Rule/Comments
Amount Billed, Total	N	See Appendix A.
Amount Paid, Total	N	See Appendix A.
Amt OHI, Total	Ν	See Appendix A.
Amt Overall Patient Paid, Raw	Ν	Patient Cost Share + Patient Deductible
Amt Overall Patient Paid, Total	Ν	See Appendix A.
Amt Patient Cost Share, Total	N	See Appendix A.
APC Desc	\$	Match from APC reference table by APC and FY.
APC Weight, Total	N	See Appendix A
Basic Work RVU, Total	N	See Appendix A
Case Management Acuity Level	<mark>\$1</mark>	See M2 Case Management specification for business rules.
Case Management DMIS ID	<mark>\$4</mark>	See M2 Case Management specification for business rules.
Case Manager ID 1	<mark>\$14</mark>	See M2 Case Management specification for business rules.
Case Manager ID 2	<mark>\$14</mark>	See M2 Case Management specification for business rules.
Case Manager ID 3	<mark>\$14</mark>	See M2 Case Management specification for business rules.
Catchment Area ID	\$	See M2 Omni-CAD specification for business rules.
Catchment Area Name	\$	See M2 DMISID specification for business rules
Catchment Area Command	\$4	See M2 DMISID specification for business rules.
Catchment Area Military Service	\$	See M2 DMISID specification for business rules.
Catchment Area MSMA	\$	See M2 DMISID specification for business rules.
Catchment Area Readiness CMD	\$	See M2 DMISID specification for business rules.
Catchment Area Readiness Service	\$	See M2 DMISID specification for business rules.
Catchment Area Network	Ş	See M2 DMISID specification for business rules.
Catchment Area Base Market Code	\$	See M2 DMISID specification for business rules.
Catchment Area Expanded Market Code	Ş	See M2 DMISID specification for business rules.
Catchment Area Market Name	Ş	See M2 DMISID specification for business rules.
Catchment Area Reporting Market Code	÷	See M2 DMISID specification for business rules.
Catchment Area Reporting Market Name	÷	See M2 DMISID specification for business rules.
Catchment Area Type of Market Code	Ş	See M2 DMISID specification for business rules.
Catchment Area Type of Market Name	Ş	See M2 DMISID specification for business rules.
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 results include 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 results include more than one row per person/end date."
Cumulative OCO Days Deployed	<mark>H</mark>	See M2 CTS specification for business rules.
Days Since Most Recent OCO Depl	<mark>N(5)</mark>	See M2 CTS specification for business rules.
Days Since Return from OCO Depl	<mark>\$5</mark>	See M2 CTS specification for business rules.
Enhanced PE RVU, Total	N	See Appendix A
Enhanced Total RVU, Total	N	See Appendix A
Enhanced Work RVU, Total	N	See Appendix A
Enrollment Site Base Market Code	\$	-

M2 Object	Format	Processing Rule/Comments
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 Expanded Market Code	Ş	-
Enrollment Site Market Name	\$	-
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 Name	\$	See M2 DMISID Index specification for business rules.
Enrollment Site Network	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
Enrollment Site Financial Parent	\$	See M2 DMISID Index specification for business rules.
Enrollment Site Readiness CMD	\$	See M2 DMISID Index specification for business rules.
Enrollment Site Readiness Service	\$	See M2 DMISID Index specification for business rules.
Enrollment Site Financial Parent 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 Name	\$	See M2 DMISID Index specification for business rules.
Enrollment Site of Record Network	<mark>\$</mark>	Match to M2 DMIS ID Table by FY and enrollment site of record and retrieve Reporting Market Name (Network)
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.
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 Reporting Market Name	\$	-
Enrollment Site Type of Market Code	\$	-
Enrollment Site Type of Market Name	\$	-
Enrollment Site Type of Market Name	\$	-
Ever Deployed Flag (OCO)	\$1	See M2 CTS specification for business rules.
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.
Historical RVU, Total	N	See Appendix A
IBNR Category	Ν	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.
I IW Flag	Ş	See M2 IIW specification for business rules.
Malpractice RVU, Total	N	See Appendix A
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+.

M2 Object	Format	Processing Rule/Comments
MTF Service Area Base Market Code	\$	-
MTF Service Area Command	\$	See M2 DMISID Index specification for business rules
MTF Service Area Expanded Market Code	\$	-
MTF Service Area Market Name	\$	-
MTF Service Area Military Service	\$	See M2 DMISID Index specification for business rules.
MTF Service Area Name	\$	See M2 DMISID Index specification for business rules.
MTF Service Area Network	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
MTF Service Area Reporting Market Name	\$	See M2 DMISID Index specification for business rules.
MTF Service Area Type of Market Code	\$	See M2 DMISID Index specification for business rules.
MTF Service Area Type of Market Name	Ş	See M2 DMISID Index specification for business rules.
MTF Service Area Type of Reporting Market Name	\$	See M2 DMISID Index specification for business rules.
Number of Claims, Raw	Ν	Count of unique Record IDs.
Number of Claims, Total	Ν	See Appendix A
Number of Evaluative Visits, Total	Ν	See Appendix A
Number of Line Items, Raw	Ν	Count of unique record IDs/line item numbers for a given query.
Number of Line Items, Total	Ν	See Appendix B.
Number of Scripts, Total	Ν	See Appendix A
Number of Services, Total	N	See Appendix A
Number of Visits, Total	N	See Appendix A.
Number of Visits, Total	Ν	See Appendix A
OCO Deployed Flag	\$1	See M2 CTS specification for business rules.
OHI Flag	\$1	If Amt OHI, Raw > 0, the 'Y', else 'N'
PPS Enr Parent Site	\$4	See M2 DMISID Index Specification for business rules.
PPS Enr Parent Site Name	\$	See M2 DMISID Index specification for business rules.
PPS Product Line		See Appendix A
Prime Service Area	\$1	See M2 Omni-CAD specification for business rules.
PRISM Area Base Market Code	\$	-See M2 DMISID Index specification for business rules.
PRISM Area Command	\$	See M2 DMISID Index specification for business rules.
PRISM Area Expanded Market Code	\$	-See M2 DMISID Index specification for business rules.
PRISM Area ID	\$4	See M2 Omni-CAD specification for business rules.
PRISM Area Market Name	Ş	-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.
PRISM Area Name	\$	See M2 DMISID Index specification for business rules.
PRISM Area Network	\$	See M2 DMISID Index specification for business rules
PRISM Area Readiness CMD	\$	See M2 DMISID Index specification for business rules
PRISM Area Readiness Service	\$	See M2 DMISID Index specification for business rules
PRISM Area Reporting Market Name	\$	See M2 DMISID Index specification for business rules.
PRISM Area Type of Market Code	\$	See M2 DMISID Index specification for business rules.

M2 Object	Format	Processing Rule/Comments
PRISM Area Type of Market Name	\$	See M2 DMISID Index specification for business rules.
PRISM Area Type of Market Name	\$	See M2 DMISID Index specification for business rules.
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.
Processing CM	\$2	Substring 5 th and 6 th characters of Processing Date.
Processing CY	\$4	Substring first 4 characters of Processing Date.
Provider Catchment Area Base Market Code	Ş	-See M2 DMISID Index specification for business rules.
Provider Catchment Area Expanded Market Code	Ş	-See M2 DMISID Index specification for business rules.
Provider Catchment Area ID	\$4	See M2 Omni-CAD specification for business rules.
Provider Catchment Area Market Name	Ş	-See M2 DMISID Index specification for business rules.
Provider Catchment Area MSMA	Ş	See M2 DMISID Index specification for business rules.
Provider Catchment Area Name	\$	See M2 DMISID Index specification for business rules.
Provider Catchment Area Network	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
Provider Catchment Area Reporting Market Name	Ş	-See M2 DMISID Index specification for business rules.
Provider Catchment Area Type of Market Code	\$	-See M2 DMISID Index specification for business rules.
Provider Catchment Area Type of Market Name	Ş	-See M2 DMISID Index specification for business rules.
Provider Catchment Area Type of Market Name	ş	-See M2 DMISID Index specification for business rules.
Provider Catchment Area Readiness CMD	\$	See M2 DMISID Index specification for business rules.
Provider Catchment Area Readiness Service	\$	See M2 DMISID Index specification for business rules.
Provider Market Area ID	\$4	See M2 Omni-CAD specification for business rules.
Provider MTF Service Area	<mark>\$</mark>	See M2 Omni-CAD specification for business rules.
Provider MTF Service Area Network	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
Provider MTF Service Area Name	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
Provider MTF Service Area Readiness CMD	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
Provider MTF Service Area Readiness Service	<mark>\$</mark>	See M2 DMISID Index specification for business rules.
Provider PRISM Area Base Market Code	\$	See M2 DMISID Index specification for business rules.
Provider PRISM Area Expanded Market Code	Ş	See M2 DMISID Index specification for business rules.
Provider PRISM Area ID	\$4	See M2 Omni-CAD specification for business rules.
Provider PRISM Area Readiness CMD	\$	See M2 DMISID Index specification for business rules.
Provider PRISM Area Readiness Service	\$	See M2 DMISID Index specification for business rules.
Provider PRISM Area Market Name	\$	See M2 DMISID Index specification for business rules.
Provider PRISM Area MSMA	\$	See M2 DMISID index specification for business rules.
Provider PRISM Area Name	\$	See M2 DMISID index specification for business rules.
Provider PRISM Area Network	<mark>\$</mark>	Match to M2 DMIS ID Table by FY and provider PRISM area and retrieve Reporting Market Name (to be renamed Network)
Provider PRISM Area Reporting Market Name	\$	See M2 DMISID Index specification for business rules.
Provider PRISM Area Type of Market Code	\$	See M2 DMISID Index specification for business rules.

M2 Object	Format	Processing Rule/Comments
Provider PRISM Area Type of Market Name	Ş	See M2 DMISID Index specification for business rules.
Provider PRISM Area Type of Reporting Market Name	Ş	See M2 DMISID Index specification for business rules.
Provider Tax ID/Prov Zip/Multiple Prov ID	\$	Concatenate provider tax id, provider zip code and multiple provider code.
Pseudo Person ID	\$	Encryption of Person ID.
Pseudo Person ID/End Date of Care	\$	Concatenate pseudo person ID and end date of care.
Pseudo Sponsor ID	\$	Encryption of Sponsor ID.
Psuedo Person ID/Begin Date of Care	\$	Concatenate pseudo person ID and begin date of care.
Record ID/Line Item Number	\$	Concatenate Record ID and Line Item Number.
Referral FM	\$2	Fiscal month of referral date
Referral FY	\$4	Fiscal year of referral date
Referring MTF Base Market Code	Ş	See M2 DMISID Index specification for business rules.
Referring MTF Command	\$	See M2 DMISID index specification for business rules.
Referring MTF DHP Code	\$1	See M2 DMISID index specification for business rules.
Referring MTF Expanded Market Code	\$	See M2 DMISID Index specification for business rules.
Referring MTF Market Name	Ş	See M2 DMISID Index specification for business rules.
Referring MTF Military Service	\$1	See M2 DMISID index specification for business rules.
Referring MTF MSMA	\$2	See M2 DMISID Index specification for business rules.
Referring MTF Name	\$	See M2 DMISID index specification for business rules.
Referring MTF Network	\$	See M2 DMISID index specification for business rules.
Referring MTF Parent DMIS ID	\$4	See M2 DMISID index specification for business rules.
Referring MTF Parent DMIS ID Name	\$	See M2 DMISID index specification for business rules.
Referring MTF Reporting Market Name	\$	See M2 DMISID Index specification for business rules
Referring MTF Type of Market Code	Ş	See M2 DMISID Index specification for business rules
Referring MTF Type of Market Name	\$	See M2 DMISID Index specification for business rules
Referring MTF Type of Reporting Market Name	ş	See M2 DMISID Index specification for business rules
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.

VIII. QUALITY REVIEW

- The total record counts should be checked against the MDR export transmittals after applying updates to ensure that the update process worked properly and the load is correct. 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 during any development process.
- 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.

IX. SPECIAL OUTPUTS

This file serves as the input to the MIP Core TED Non-Institutional table. In accordance with Technical Data Standards, the main view visible to users should have the same file names, field names and formats as the source data, with underscores replacing spaces in the names if desired. The MIP core TED Non-Institutional Table should be updated at the same cadency of the M2 file and row counts should be validated against the MDR Export Transmittals.

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	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	НА, НН
PATH	Not 23	22
OTHER	All else	All else

² Removed spaces, made all upper-case, changed OB to OBGYN, changed designation of 34.

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.

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	l or M	Not FE or FS
3	TFL Inpatient	Any	l 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:	
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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