**11 November 2004**

Designated Provider - Provider

for the

MHS Data Repository (MDR)

(Version 1.00.00)

Current Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date**  | **Para/Tbl/Fig** | **Originator** | **Description of Change** |
| 1.00.00 | 11/11/2004 | * Whole document
 | L. Hopkins | * Initial versioning.
 |

# MDR Designated Provider Provider File

1. Source:

Data Capture: Iowa Foundation for Medical Care

1. Transmission (Format and Frequency)

The *initial file load* is a one-time requirement. *Update files* are monthly.

1. Organization and batching

Provider Designated Provider files are processed monthly. The MDR contains one cumulative Provider Designated Provider dataset, representing providers who are or have been affiliated with the designated provider program.

1. Receiving Filters

## N/A.

1. Field Transformations and Deletions for MDR Core Database

Duplicate Provider records are removed from the file based on all variables in the record.

1. Refresh Frequency

Frequency of updates: Monthly

1. Data Marts

N/A

1. Special Outputs

N/A.

**Designated Provider—Provider File Layout**

| **DATA ELEMENT NAME** | LENGTH | **FIELD TYPE** | **Source File Start Position** | **SAS Name** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| DMIS ID  | 4 | Char | 1 | DMISID | No Transformation |
| UNIQUE PROVIDER ID NUMBER/ PHARMACY NABP NUMBER  | 18 | Char | 5 | PROVID | No Transformation |
| PROVIDER TYPE CODE | 1 | Char | 23 | TYPECODE | No Transformation |
| PROVIDER LICENSE IDENTIFER | 24 | Char | 24 | LICENSE | No Transformation |
| PROVIDER FULL NAME  | 40 | Char | 48 | PROVNAME | No Transformation |
| PROVIDER GROUP NAME | 40 | Char | 88 | GRPNAME | No Transformation |
| TAX ID OF PROVIDER ENTITY  | 9 | Char | 128 | TAXID | No Transformation |
| PROVIDER AFFILIATION CODE  | 1 | Char | 137 | AFFILCD | No Transformation |
| INSTITUTION/NON-INSTITUTION  | 1 | Char | 138 | INSTTYPE | No Transformation |
| PROVIDER TELEPHONE NUMBER | 14 | Num | 139 | PHONE | No Transformation |
| PROVIDER STREET ADDRESS  | 40 | Char | 153 | ADDRESS | No Transformation |
| PROVIDER CITY | 20 | Char | 193 | CITY | No Transformation |
| PROVIDER STATE | 2 | Char | 213 | SATE | No Transformation |
| PROVIDER ZIP CODE | 9 | Char | 215 | ZIP | No Transformation |
| 1ST MAJOR SPECIALTY/ INSTITUTION TYPE | 2 | Char | 224 | SPC1 | No Transformation |
| 2ND MAJOR SPECIALTY | 2 | Char | 226 | SPC2 | No Transformation |
| 3RD MAJOR SPECIALTY | 2 | Char | 228 | SPC3 | No Transformation |
| 4TH MAJOR SPECIALTY | 2 | Char | 230 | SPC4 | No Transformation |
| 5TH MAJOR SPECIALTY | 2 | Char | 232 | SPC5 | No Transformation |
| PROVIDER LOCATION BEGIN DATE | 8 | Date | 234 | BEGDATE | No Transformation |
| PROVIDER LOCATION END DATE | 8 | Date | 242 | ENDDATE | No Transformation |
| PROVIDER GENDER CODE | 1 | Char | 250 | SEX | No Transformation |
| REMOTE ENROLLEE ASSIGNMENT INDICATOR CODE | 1 | Char | 251 | RMTENR | No Transformation |
| PROVIDER ASSIGNMENT REMARKS TEXT | 80 | Char | 252 | TEXT | No Transformation |
| PROVIDER ACCREDITATION INDICATOR | 1 | Char | 332 | ACCRED | No Transformation |
| GUARD/RESERVE STATUS | 1 | Char | 333 | GRDSTAT | No Transformation |