Frequently Asked (Data) Questions

VA Access and Community Care Engagement Network Team (ACCENT)

This document presents answers to questions frequently asked about access and community care data. Users should assess whether the answers provided align with their particular study needs. Please consult with the study principal investigator (PI), Access and Community Care Engagement Network Team (ACCENT), Health Economics Resource Center (HERC) and/or VA Information Resource Center (VIReC) regarding study-specific questions as appropriate.

Revision History

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| Author(s) | Date | Description |
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## What is the difference between diagnosis in CDS\_Claim\_Diagnosis vs CDS\_Claim\_Line\_Diagnosis?

Diagnoses listed in the CDS\_Claim\_Diagnosis table come from the claim header, while diagnoses listed in CDS\_Claim\_Line\_ICD\_Detail are the diagnoses from the header linked to the specific line (i.e., the diagnosis associated with the line-specific procedure or revenue code).

Because IVC\_CDS combines data from different sources, how diagnosis information is presented varies by data source. For professional claims from VistA, the data in CDS\_Claim\_Diagnosis will match the data in CDS\_Claim\_Line\_ICD\_Detail because the data was pulled from the Fee.FeeServiceProvided table, which is one row per current procedural terminology (CPT). However, for Community Care Reimbursement System (CCRS), electronic Claims Administration and Management System (eCAMS), Fee Basis Claims System (FBCS) and PLEXIS Claims Management (PCM) System claims, CDS\_Claim\_Diagnosis only contains duplicate diagnoses if the said diagnosis appeared on the claim with more than one qualifier (e.g., admitting and principal diagnosis).[[1]](#footnote-2)

In terms of data overlap, *CDS\_Claim\_Diagnosis contains 99.9967% of the diagnoses contained in CDS\_Claim\_Line\_ICD\_Detail*.

This means that if one wants diagnoses associated with a claim, or to know what diagnoses a patient has, it is more efficient (due to there being fewer rows) to query CDS\_Claim\_Diagnosis than to look in CDS\_Claim\_Line\_ICD\_Detail. However, if you want diagnoses attached to specific CPT procedures or revenue codes, one must look in CDS\_Claim\_Line\_ICD\_Detail.

## Where can I find pharmacy claims?

Post-MISSION Act, most prescriptions are filled through VA Consolidated Mail Outpatient Pharmacy (CMOP); the RxOut schema in CDWWork contains CMOP data. Only urgent, up to 14-day, prescriptions may be filled at a community pharmacy.[[2]](#footnote-3) This means most prescriptions written by community providers end up in the CDWWork RxOut schema as they are filled by VA CMOP.

The query in Appendix A shows how to identify community care prescriptions in the RxOut schema.[[3]](#footnote-4) Researchers must select the ePrescribing domain on the “CDW Production Domain checklist” included in their DART submission to have the necessary data provisioned to the project.

### Additional Data Sources for Operations

Community care prescriptions not filled by VA CMOP are available for operations users in the CCRS and eCAMS schemas on A06. For CCRS see the query in Appendix B. Appendix C contains a starter script for eCAMS.

## How do I get more information about providers?

You can use the National Provider Identifier (NPI) fields found in the IVC\_CDS data to join to the National Plan and Provider Enumeration System (NPPES) data from CMS.

The specific NPI fields in the IVC\_CDS datasets are listed below. Please review the [Data Dictionary](https://vaww.virec.research.va.gov/CommunityCare/DD/DD-IVC-CDS-Data-Elements.xlsx) in the [Integrated Veteran Care (IVC) Consolidated Data Set (CDS). VIReC Data Review; no. 8](https://vaww.virec.research.va.gov/Reports/DR/DR-IVC-CDS.pdf) for a description of the listed fields.

* CDS\_Claim\_Header
  + Billing\_Provider\_NPI
  + Service\_Provider\_NPI
* CDS\_Claim\_Line
  + Attending\_Prov\_NPI
  + Operating\_Prov\_NPI
  + Rendering\_Prov\_NPI

### Accessing NPPES Data

A yearly copy of the NPPES data can be found in the VINCI SAS Grid under the cms\_pblc libname (maintained by VIReC). NPPES data on the SAS Grid go back to October 2009.

The link to the remote desktop containing VINCI SAS Grid can be located [here](https://vaww.vinci.med.va.gov/WebApps/VinciWorkspaceLauncher?tab=std).

If you are an operations project and have not used the VINCI SAS Grid before, you may need to set up a user profile ([see this guide](https://vincicentral.vinci.med.va.gov/Shared%20Documents/SAS%20Grid/Using%20Enterprise%20Guide%20with%20the%20PIV%20enabled%20Grid.docx)) or request a workspace (email [vinci@va.gov](mailto:vinci@va.gov) asking for a SAS workspace).

OR

The most recent version of the NPPES data can be downloaded [here](https://download.cms.gov/nppes/NPI_Files.html). Only the most recent version is available from CMS (if historical data is wanted, do not use this version). This file is large, and it is not recommended to download and upload to a project database.

### NPPES fields of interest

The file layout for NPPES data can be found in the Downloads section ([Data Dissemination File – Readme (PDF)](https://www.cms.gov/regulations-and-guidance/administrative-simplification/nationalprovidentstand/downloads/data_dissemination_file-readme.pdf)); descriptions of fields and their values can be found in the Downloads section ([Data Dissemination File – Code Values (PDF)](https://www.cms.gov/regulations-and-guidance/administrative-simplification/nationalprovidentstand/downloads/data_dissemination_file-code_values.pdf)).

Provider Taxonomy (Specialty). Information about provider specialty is contained in the Healthcare Provider Taxonomy Code 1-15 variables (PTAXCODE1-PTAXCODE15 in SAS dataset). These variables hold values of the taxonomies for the provider. Taxonomies can be looked up [here](https://taxonomy.nucc.org/).

Provider Primary Taxonomy. Healthcare Provider Primary Taxonomy Switch (1-15) variables contain the values ‘Y’ (Yes), ‘N’ (No), and ‘X’ (Not Answered). These values are contained in the PPRIMTAX1-PPRIMTAX15 variables in the SAS dataset. The Provider Taxonomy associated with Taxonomy Switch value of ‘Y’ is the primary taxonomy for the NPI record. Some NPI records have more than one taxonomy with a ‘Y’ taxonomy switch value.

### Notes about NPPES data

* Facilities can have more than one NPI.
* There is no mandate requiring entities update data in NPPES.

## How can I know where the service on a claim took place?

### Type of Location

If you are wanting to know what setting (e.g. inpatient, skilled nursing facility (SNF), emergency room (ER)) the services for the claim were performed in, a combination of bill type, place of service, and revenue codes can be used. See table 1 in the [Categorizing Inpatient and Outpatient Records in CDS](https://www.hsrd.research.va.gov/centers/core/accent/community_care/Categorizing-Inpatient-and-Outpatient-Records-in-CDS.pdf) document.

### Address

If the address of service is needed, this information can be retrieved based on the NPI number(s) associated with the claim. See the “[How do I get more information about providers?](#_How_do_I)” section in this document. We would suggest using the variables for the provider business practice address associated with the service\_facility\_NPI from IVC\_CDS.cds\_claim\_header first, and then Billing\_Provider\_NPI (if it is not TriWest, Optum, or HealthNet), then Rendering\_Prov\_NPI, Attending\_Prov\_NPI, and Operating\_Prov\_NPI in that order. Not all NPI fields are filled on every claim.

Rendering\_Prov\_NPI, Attending\_Prov\_NPI, and Operating\_Prov\_NPI are all individual-level NPIs (represent individuals) and therefore the associated address in the NPPES data may not be where the care took place as providers can practice at multiple addresses.

## Which patient identifier should I use— SSN or PatientICN?

One should use the PatientICN field over the SSN field. This is for the following reasons. PatientICN is the main VHA identifier. The Office of Integrated Veteran Care may move away from having SSN on the IVC\_CDS tables.

## De-duplication

De-duplication (or “de-duping") is often necessary when using data from datasets containing VA claims. Some reasons are: multiple submissions per claim, claims being submitted to different systems, research requirements.

Duplicates of claims (same claims found in more than one database) may be found within these source system groups:

* FBCS + Fee
* FBCS + eCAMS
* eCAMS (rejected/denied) + CCRS

Data in CCRS and some data in the Program Integrity Tool (PIT) represent claim submissions, where the same claim has been submitted multiple times to correct coding issues (e.g. changes to get payment) or administrative changes; this is an additional cause of duplication.

Additionally, sometimes multiple stations will pay for the same claim, making it look as if there are duplicate claims.

Because IVC\_CDS combines data across multiple source systems and some of these source systems contain records at the submission (rather than overall claim) level, “duplicates” often appear when creating analytic files at the PatientICN x service date level (i.e., if one pulls all claims for a PatientICN on a specific date of service, the same information may appear multiple times).

The ”simplest” way to de-duplicate is to use the IsCurrent flag in CDS\_Claim\_Header (where IsCurrent=’Y’); this will return the most recent submission for a claim. However, please see the “

How can I calculate the cost?” section of this FAQ for a discussion on using the IsCurrent flag while calculating cost.

Another “simple” way to de-duplicate is by using the Original\_ClaimID field which groups submissions of claims together.

If comparing utilization between VA-direct and VA-purchased community care, one way to de-duplicate is to consider using one visit per patient day.

Other possibilities to consider when de-duping are:

* Limiting claims pulled to those with a Status\_Description of 'APPROVED', 'PENDING', 'BILL SENT', 'PAID', 'CREDIT', 'TO BE PAID', 'CANCELLED' or 'SUSPENDED'
* If the project is limited to inpatient or SNF care, only pulling institutional (instead of institutional + professional claims)

## What community care data set should I use?

### Differentiating MISSION vs Choice

The distinction between MISSION and Choice is defined as a date cut off: June 6th, 2019.

Claims with a service date of November 2014 through June 5th, 2019, or earlier should be associated with Choice. HERC has assessed [methods using information on the claim authorization](https://www.herc.research.va.gov/files/MXLS_how_to_identify_choice_in_pit.xlsx) that one may also want to consider for identifying Choice claims.

Claims with a service date of June 6th, 2019 or later should be associated with MISSION.

For hospitalizations/SNF claims use the admission date to determine which time period the claim falls under.

### Based on study time period and data needs

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Type** | **Time period** | **Data Source** | **Operations/Research** |
| Pharmacyꙋ |  |  |  |
|  | n/a | PIT\_Archive + Fee | Research |
|  | n/a | Fee + CCRS/eCAMSꙫ | Operations |
| Cost or utilization |  |  |  |
|  | FY19 or later | IVC\_CDS | Research & Operations |
|  | Earlier than FY19 —present | Fee + FBCS + IVC\_CDS | Operations |
|  | Earlier than FY19 – January 2023 only | Fee + PIT\_Archive\* | Research |
|  | Earlier than FY19 – present | Fee + PIT\_Archive + IVC\_CDS | Research |
| ꙋ See the “Where can I find pharmacy claims?” section in this document  ⱡ PIT data is not currently available for operations projects  ꙫ CCRS and eCAMS data are only available on A06 and are not available for provisioning  \* The Office of Integrity and Compliance (owner of PIT) does not want researchers using PIT\_Archive data past FY19. However, given differences between PIT\_Archive, Fee, and IVC\_CDS, we have found it best not to use multiple datasets when using pre-FY19 to January 2023 data, and thus have recommended only using PIT\_Archive and Fee. One must use IVC\_CDS data starting in February 2023 as PIT\_Archive data is not currently available during this period. | | | |

## When do IVC\_CDS data update?

Data on the research server (RB03) update monthly around the 7th. The latest update date can be found on the [VINCI ETL Schedule page](https://sps.vinci.med.va.gov:28001/projects/CorrespondenceSite/VINCIETL/SitePages/Home.aspx).

Data on the operations server (A06) updates nightly:

* Some fields update on existing submissions
* New claims added
* New submissions for existing claims added

## 

## How can I calculate the cost?

Guidance may change as IVC updates the CDS datasets.

### Inpatient

The Health Economics Resource Center (HERC) has documented one way to calculate cost for inpatient claims [here](https://www.herc.research.va.gov/include/page.asp?id=cds).

### General Tips

* Source system information:
  + For eCAMS claims (source\_system=’ecams’), use Claim\_Status\_ID=’71’. Do not use IsCurrent=’Y’; using IsCurrent=’Y’ on claim submissions from eCAMS will result in an inaccurately low-cost estimate.
  + For all other source systems use Claim\_Status\_ID=’71’ and IsCurrent=’Y’
* Available fields
  + Claim\_Total\_Amount: sum across Original\_Claim\_ID
  + Amount\_Allowed: take from most recent claim submission

## How can I identify inpatient and/or outpatient claims?

See this [document](https://www.hsrd.research.va.gov/centers/core/accent/community_care/Categorizing-Inpatient-and-Outpatient-Records-in-CDS.pdf).

## Is the National Plan and Provider Enumeration System (NPPES) data available in CDWWork?

See the “[How do I get more information about providers?](#_How_do_I)” section.

**Suggested Citation**

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# Appendix A. SQL: Community Care Prescriptions in RxOut

|  |
| --- |
| /\*  QUERY Purpose: parse out whether a prescription (RX) originated from a community care (CITC) doctor vs a VHA doctor  This code is written based on the documentation for the VHACDWA01.PBM\_Analytics.DOEx.CCNRx\_Prescriptions and VHACDWA01.PBM\_Analytics.DOEx.CCNRx\_PrescriptionFills DOExs  (<https://vaww.pbi.cdw.va.gov/PBI_RS/api/v2.0/Resources(80080f7f-f640-4f92-95d9-d7cf572a8dff)/Content/$value>)  Link received from Robert Leonard [RL] (Pharmacy Benefits Management)  \*/ |
| Use ORD\_XXX;  GO  /\* 1 )-----------------------------  Set dates of interest  edit these start and end dates to match your period of interest  \*/  declare @period\_start date;  declare @period\_end date;  declare @fill\_end date;  /\* start of period you are interested in prescriptions from \*/  set @period\_start = '2023-10-01'; /\* end of period you are interested in prescriptions from \*/  set @period\_end = '2024-10-01';  /\* pulls 1 year of refill records following @period\_end; sometimes CITC text is on refill record \*/  set @fill\_end = dateadd(year,1, @period\_end);  /\*\*\*\*  Create table with flag for each RxOut (original prescription) record indicating whether it is considered CITC based on available data points  \*\*\*\*/  drop table if exists #CITC\_source\_flags  ;WITH CTE\_eRxHoldingQueue AS (  /\* Any row in this table indicates the prescription originated from an inbound ePrescribing (IEP) message (de facto CITC) \*/  SELECT A.RxOutpatSID  ,A.eRxHoldingQueueSID  ,A.MessageDateTime  ,Row\_Number() OVER  (  PARTITION BY A.RxOutpatSID  ORDER BY  CASE  WHEN A.MessageType IN ('N', 'RE', 'CX') THEN 1  ELSE 2  END  ,A.MessageDateTime  ) AS RowNumber  FROM SRC.RxOut\_eRxHoldingQueue AS A  Where   /\* table partition column \*/  a.messagedatetime >= convert(datetime2(0),@period\_start)  and a.MessageDateTime < convert(datetime2(0), @period\_end)  )  , rxoutfill as (  select RxOutpatSID, RxOutpatFillSID, FillRemarks, LoginDate, IssueDate, filltype  from SRC.RxOut\_RxOutpatFill AS fill  where (  /\* table partition column for RxOut.RxOutpatFill \*/ fill.ReleaseDateTime >= convert(datetime2(0),@period\_start)  and fill.ReleaseDateTime < convert(datetime2(0), @fill\_end)  )  UNION  select RxOutpatSID, RxOutpatFillSID, FillRemarks, LoginDate, IssueDate,FillType  from SRC.RxOut\_RxOutpatFill AS fill  where fill.releasedatetime is null  )  , make\_flags as (  select RxOut.RxOutpatSID  --, A.rxoutpatfillsid, e.RowNumber, e.messagedatetime  , min( /\* Flag for records from CTE\_eRxHoldingQueue CTE \*/  case when CTE\_RX.RxOutpatSID is not null  then '1. CC: Inbound ePrescribing Message'  else '2. not IEP CC'  end  ) as IEP\_flg  , min ( /\* A record in RxOut.RxOutpatExt with a non-null externalplacerordernumber indicates CITC origins (see join criteria) \*/  case when roe.rxoutpatsid is not null  then '1. CC: ExternalPlacerOrderNumber'  else '2. no ExternalPlacerOrderNumber'  end  ) as external\_order\_flg  , min(  case when fill.IssueDate >= CONVERT(DATE, '11/5/2014')  /\* From RL: FillRemarks for paper CITC Rx are populated on the original fill record (i.e. FillType = “O”) only (not FillType "R" = refill). Therefore, care should be taken when reviewing Refill or Partial records as they will not have FillRemarks defined despite being present for the prescription.  EBW note: When pulling this query together I found CITC fill remarks on refills (FillType=’R’) and in some of these cases the FillRemarks on the initial script (FillType=’O’) did not indicate CITC. i.e. “RENEWED FROM RX ######” on the refill  PBM does not include fill remarks from FillType='R', but this is up to the research project's discretion \*/  AND fill.FillType in ('O','R','P')  /\*Remove "R" if you only want to include original prescription fill, not refill; see note above \*/  AND (  fill.FillRemarks LIKE '%CH[IO][IO]CE%'  OR fill.FillRemarks LIKE '%CNRX%'  OR fill.FillRemarks LIKE '%CCRX%'  OR fill.FillRemarks LIKE '%CCN%'  OR fill.FillRemarks LIKE '%CRN%'  )  then '1. CITC remarks'  when fill.FillRemarks LIKE '%CNN%'  then '2. possible CITC remarks--misspell'  else '3. no CITC remarks'  end  ) as fillremark\_flg  /\* define prescription as being in Choice or MISSION era \*/  ,case when min(fill.LoginDate) >= CONVERT(DATE, '6/6/19') THEN 'MISSION'  /\* earliest login date \*/  ELSE 'Choice'  end as program\_type  FROM SRC.RxOut\_RxOutpat as RxOut  LEFT JOIN rxoutfill AS fill  on RxOut\_RxOutpatSID=fill.RxOutpatSID  LEFT JOIN CTE\_eRxHoldingQueue AS CTE\_RX  ON RxOut.RxOutpatSID = CTE\_RX.RxOutpatSID  /\*limiting to one (first) record per RxOutpatSID \*/  and CTE\_RX.RowNumber=1  LEFT JOIN SRC.RxOut\_RxOutpatExt as roe  on RxOut.RxOutpatSID=roe.RxOutpatSID  /\* Indicates the prescription originated from IEP and is CITC-based \*/  and externalplacerordernumber is not null   /\* table partition column for RxOut.RxOutpatExt\*/  and issuedatetime >= convert(datetime2(0),@period\_start)  and IssueDateTime < convert(datetime2(0), @period\_end  where  /\* table partition column for RxOutpat \*/  RxOut.IssueDate >= convert(datetime2(0),@period\_start)  and RxOut.IssueDate < convert(datetime2(0), @period\_end)  /\* CITC Rx is assigned at the prescription, not refill, level \*/  group by RxOut.RxOutpatSID  )  /\*\*\*\*  Final CITC flag  \*\*\*\*/  , CITC\_flag as (  select \*  , case  /\* Has an inbound eprescibing message ( de facto CITC)\*/  when IEP\_flg = '1. CC: Inbound ePrescribing Message'  or external\_order\_flg = '1. CC: ExternalPlacerOrderNumber'  then 'CITC Rx'  else case  /\* grouping the kinds of fillremark values \*/  when fillremark\_flg='3. no CITC remarks'  then 'VA Rx'  when fillremark\_flg='1. CITC remarks'  then 'CITC Rx'  when fillremark\_flg = '2. possible CITC remarks--misspell'  then 'likely CITC Rx'  end  end as CITC\_final\_flg  from make\_flags  )  /\*\*\*\*  Categorize into Choice or MISSION for CITC claims (only)  \*\*\*\*/  select RxOutpatSID, CITC\_final\_flg, IEP\_flg, external\_order\_flg, fillremark\_flg  ,case  when CITC\_final\_flg <> 'VA RX'  then program\_type  else 'None'  end as CITC\_period  into #CITC\_source\_flags  from CITC\_flag  /\*\*\*\*  Summarize flags if needed  \*\*\*\*/  select  count(rxoutpatsid) as n  , CITC\_final\_flg, CITC\_period  ,IEP\_flg, external\_order\_flg, fillremark\_flg  from #CITC\_source\_flags  group by CITC\_final\_flg, CITC\_period, fillremark\_flg, external\_order\_flg, IEP\_flg  order by IEP\_flg, external\_order\_flg, fillremark\_flg |

# Appendix B. SQL: Community Care Prescriptions in CCRS

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| --- |
| /\* Code for identifying community care prescription claims in CCRS \*/ |
| DROP TABLE IF EXISTS #CCRS\_RX  SELECT TOP 80  clm.claim\_key  ,cast(det.claim\_detail\_key AS VARCHAR(100)) AS sourcekey  ,paydet.line\_amount  ,line\_status = CASE  WHEN det.claim\_status = 'Paid'  THEN 71  WHEN det.claim\_status = 'Rejected'  THEN 84  WHEN det.claim\_status = 'Reversed'  THEN 107  WHEN det.claim\_status = 'Adjusted'  THEN 80  ELSE NULL  END  ,ndc.ndc\_product\_code  ,cast(det.prescription\_fill\_date AS DATE) AS service\_date  ,cast(det.prescription\_fill\_date AS DATE) AS prescription\_fill\_date  ,cast(det.cycle\_end\_date AS DATE) AS cycle\_end\_date  ,month(det.prescription\_fill\_date) AS DOSmonth  ,CASE  WHEN month(det.prescription\_fill\_date) IN (10,11,12)  THEN year(det.prescription\_fill\_date) + 1  ELSE year(det.prescription\_fill\_date)  END AS DOSFY  ,det.rx\_number AS prescription\_number  /\*HIPAA D.0 Reference Number assigned by the provider for the service provided\*/  ,det.service\_code  ,det.pharmacy\_bill\_type  ,det.product\_name AS productname  ,det.service\_name  ,det.generic\_name AS genericname  ,description  ,det.total\_amount\_paid  ,ccn\_region  ,[quantity\_dispensed]  INTO #CCRS\_RX  FROM cdwwork.ccrs.dim\_va\_claim clm  JOIN cdwwork.ccrs.f\_pharmacy\_claim\_details det  ON det.claim\_key = clm.claim\_key  OUTER APPLY (  SELECT TOP 1 \*  FROM cdwwork.ccrs.decision decis  WHERE clm.claim\_key = decis.claim\_key  AND det.claim\_detail\_key = decis.claim\_detail\_key  ) decis  OUTER APPLY (  SELECT TOP 1 \*  FROM cdwwork.ccrs.payment\_document\_details paydet  WHERE paydet.claim\_key = clm.claim\_key  ) paydet  LEFT JOIN cdwwork.ccrs.claim\_provider svc  ON svc.claim\_key = clm.claim\_key  AND svc.provider\_type = 'Dispensing'  LEFT JOIN cdwwork.ccrs.claim\_provider svc1  ON svc.claim\_key = clm.claim\_key  AND svc.provider\_type = 'Prescribing'  LEFT JOIN CDWWork.ccrs.DIM\_NDC\_PRODUCT AS ndc  ON ndc.ndc\_product\_key = det.ndc\_product\_key  WHERE det.prescription\_fill\_date >= '01jan2023'  AND det.prescription\_fill\_date < '01jan2024'  AND det.claim\_status = 'paid'  AND det.product\_name IS NOT NULL  /\* National Drug Code (NDC) values without spaces or hyphens of interest \*/  -- and ndc.ndc\_product\_code IN ('xxxxx') |

# Appendix C. SQL: Community Care Prescriptions in eCAMS

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| --- |
| /\* Code for identifying community care prescription claims in eCAMS \*/ |
| SELECT CLAIM\_HEADER\_SID  ,tcn  ,PARENT\_TCN  ,ORIGINAL\_TCN  ,INVOICE\_TYPE\_LKPCD  ,FACILITY\_TYPE\_CODE  ,bill\_type  ,CLM\_TYPE\_CID  ,drug.\*  INTO #ecams\_rx  FROM [CDWWork].[ecams\_replica].[ad\_claim\_header] AS h  LEFT OUTER JOIN CDWWork.ecams\_replica.ad\_claim\_line AS ln  ON h.CLAIM\_HEADER\_SID = ln.CLAIM\_HEADER\_SID  LEFT OUTER JOIN CDWWork.ecams\_replica.ad\_clm\_ln\_drug\_identification AS drug  ON ln.CLAIM\_LINE\_SID = drug.CLAIM\_LINE\_SID  WHERE h.claim\_type\_cid = 2  OR drug.CLAIM\_LINE\_SID IS NOT NULL |

1. There are multiple source claims systems due 1) changes in how VA manages claims and 2) systems associated with specific programs. The different community care data sources and what they contain can be found on the [Community Care Data page](https://vaww.vhadataportal.med.va.gov/Data-Sources/Community-Care-Data) in the VHA Data Portal; VIReC’s “[History of Selected Community Care Systems, Acts, and Programs](https://vaww.virec.research.va.gov/CommunityCare/RG/RG-CC-History-of-Systems-Acts-Programs.pdf)” provides additional historical information. [↑](#footnote-ref-2)
2. <https://www.va.gov/COMMUNITYCARE/providers/Pharmacy-Requirements.asp> [↑](#footnote-ref-3)
3. If on a research project, you need to have approvals for the ePrescribing domain on your CDW Domain 3checklist. [↑](#footnote-ref-4)