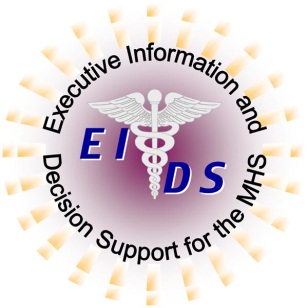
EIDS Program Management

Interface Control Document  
Describing the PCMBN Data Exchange from CHCS  
BASELINE

Approved Version  
  
March 9, 2007



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Falls Church, VA 22041**

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ICD Describing the PCMBN Data Exchange from CHCS

Approved Version  
  
March 9, 2007

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ICD Describing the PCMBN Data Exchange from CHCS

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Preface

This document describes the interface that provides the EIDS Program Office’s Military Health System (MHS) Data Repository (MDR) with Primary Care Manager (PCM) By Name (PCMBN) data records from the Composite Health Care System (CHCS). CHCS is managed by the Clinical Information Technology Program Office (CITPO).

This document is under EIDS project configuration control. Changes to this document will be made by document change notice (DCN) or by complete revision.

Questions on proposed changes concerning this plan should be addressed to:

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Abstract

The Executive Information/Decision Support (EIDS) Program Office manages the Military Health System (MHS) Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. The MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the Primary Care Manager (PCM) By Name (PCMBN) data exchange with the Clinical Information Technology Program Office (CITPO). CITPO designs, develops, and maintains the Composite Health Care System (CHCS) that produces the PCMBN extract.

**Keywords:** Clinical Information Technology Program Office, Composite Health Care System, Decision Support, Executive Information, Interface Control Document, Primary Care Manager By Name, CITPO, CHCS, DS, EI, ICD, PCMBN

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# Introduction

## Document Identification

This document describes the interface that provides Primary Care Manager (PCM) By Name (PCMBN) data records to the MHS Data Repository (MDR).

## Scope

This document describes and identifies the parameters and specifies the file layout of the PCMBN records that the Composite Health Care System (CHCS) hosts provide.

## System Overview

CHCS is the source system for MHS direct care clinical information. CHCS collects, supports, and processes the following types of information at the MTF level:

* Patient registration
* Patient appointment and scheduling
* Patient administration
* Nursing
* Pharmacy
* Laboratory
* Radiology
* Clinical dietetics
* Quality assurance
* Inpatient/outpatient order entry and results reporting
* Enrollment and eligibility checking

The Armed Forces Health Longitudinal Technology Application (AHLTA) and CHCS are the principal information support tools used by clinicians and providers at the clinic and MTF levels for direct health care services. They are transactional systems that document and identify health care services that are rendered.

The CHCS and AHLTA are managed by the Clinical Information Technology Program Office (CITPO) Program Manager. The current operational version is CHCS I (version 4.603).

This particular ICD describes the PCMBN interface between CHCS and the MDR. The MDR receives data at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. CHCS hosts send the PCMBN extracts to the Feed Nodes on a monthly basis.

## Reference Documents

EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VHA, December 1997.

EIDS Program Office, *Initial Capabilities Document (ICD),* dated March 2006 (pending JROC approval)

## Operational Agreement

This ICD provides the technical specification for an interface between CHCS and MDR. EIDS has an Interface Agreement with CITPO to support sending various extracts. It is the responsibility of the source system Program Office (i.e., CITPO) to notify EIDS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on EIDS receiving systems. When required, modifications to the ICD will be made by the data receiver (i.e., EIDS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., CITPO).

Appendix A delineates the composition of the PCMBN records that are sent to EIDS from CHCS hosts.

# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data exchange:

* PCMBN data records from CHCS hosts.

This ICD will be changed *only* if the interface changes from the interface specified herein.

## Precedence and Criticality of Requirements

PCM relationship to their patients is required to identify managed care case loading within the MHS. The PCMBN extract provides this discrete data. An inability to obtain this data for a period of three months would impact the reliability of conclusions formed from the data.

## Communications Methods

CHCS hosts will send the PCMBN extracts to EIDS Feed Nodes monthly (5th calendar day) using Secure File Transfer Protocol (SFTP).

## Performance Requirements

There are no unique performance requirements for this data. The data needs to be provided according to a regularly scheduled time frame.

## Security and Integrity

The data exchanged in this interface does contain protected patient level identifiable information. In addition, because the aggregate data being transmitted via the PCMBN from CHCS to EIDS is becoming part of a database that does contain sensitive data, it will be protected in accordance with the C2-level protection standards mandated for all "Sensitive Unclassified Systems" by the requirements of DoD Directive 5200.28. These standards help ensure compliance with the following Federal laws:

* Privacy Act of 1974
* U.S. Code, Title 10, Section 1102, Medical Quality Assurance Records
* U.S. Code, Title 10, Section 1030, Fraud and Related Activity in Connection with Computers
* Computer Security Act of 1987
* Health Insurance Portability and Accountability Act (HIPAA)

### Data Integrity and Quality

Validation checks related to such items as record counts, file formats, source stamps, and date-time stamps will be performed on the data captured from CHCS prior to processing and loading into the MDR. If there are data issues with this feed, EIDS personnel will ascertain the cause and rectify the problem. If there are systemic data quality problems discovered by EIDS, CITPO counterparts will be notified.

**Appendix A: PCMBN Extract**

**A.1 File Format**

The EIDS Feed Nodes receive Primary Care Manager (PCM) By Name (PCMBN) files from CHCS hosts via Electronic Transfer Utility (Sy\_ETU) on a monthly basis (5th calendar day). These files are processed and sent to the MHS Data Repository (MDR). The files are variable length delimited American Standard for Information Interchange (ASCII) files.

**A.2 Record Layout**

Table A-1 describes the Header record, Table A-2 describes the Body (i.e., individual records), and Table A-3 describes the Footer record. All fields are carat (^) delimited. Records in the Body (see Table A-2) are separated by a carriage return (<CR>) and Line Feed (<LF>).

All numeric fields are right justified with leading zeros. Al fields designated as alphanumeric (A-numeric) are left justified with trailing blanks/spaces. If no data exists for numeric fields, zeros are entered. If no data exists for alphanumeric fields, spaces are entered. If all fields were populated to the maximum length, the character count with delimiters would be 560.

**A.3 File Operational Context**

The records detail the PCMBN for all patients within the CHCS database. Each monthly feed is an entire refresh.

Table A‑1 Header of PCMBN Extract Data Elements

| Field Name (Logical Name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| CHCS Host DMIS ID | 4 | Delimited | A-numeric | N/A | None | DMIS ID of the submitting CHCS host system. Will have leading zeros in many instances. |
| Software Package Name/Version | 18 | Delimited | A-numeric | N/A | None | Name and version of the software package used to generate the extract (e.g., “CHCS\_PCMBN\_2\_0”) |
| Run Date | 8 | Delimited | Numeric | N/A | None | Date that the extract was transmitted. Format: YYYYMMDD. |

Table A‑2 Body of PCMBN Extract Record Data Elements

| Field Name (Logical Name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| NED Patient IEN | 20 | Delimited | Numeric | N/A | None | CHCS host site unique patient Internal Entry Number (IEN). |
| Patient Name | 30 | Delimited | A-numeric | N/A | None | Name of the patient. Format: Last Name, First Name Middle Initial. |
| Patient FMP | 2 | Delimited | A-numeric | N/A | 01-19,20,30-39,40,45, 50,55,60-69,90-95,97,98, or 99. | The code that represents the prefix that the medical community uses to identify medical records. Coded as follows:  01-19 Dependent children of sponsor  20 Sponsor  30-39 Spouse of sponsor  40-44 Mother of sponsor  45-49 Father of sponsor  50-54 Mother-in-law of sponsor  55-59 Father-in-law of sponsor  60-69 Other dependents  90-95 Beneficiary authorized by statute  98 Civilian Humanitarian  99 All others not elsewhere classified |
| Patient SSN | 10 | Delimited | A-numeric | N/A | None | Individual SSN of the patient. No hyphens or formatting. May begin with leading zeros. |
| Sponsor SSN | 10 | Delimited | A-numeric | N/A | None | SSN of the patient’s military sponsor. No hyphens or formatting. May begin with leading zeros. |
| DEERS Dependent Suffix (DDS) | 30 | Delimited | A-numeric | N/A | spaces | Free-text field relating to the FMP. This field will always be empty. |
| Patient DOB | 8 | Delimited | Date | N/A | None | Patient’s Date Of Birth (DOB). Format: MMDDYYYY. |
| Enrollment DMIS ID | 4 | Delimited | A-numeric | N/A | None | Enrollment DMIS ID of the division to which the patient is enrolled on DEERS. If patient is not enrolled in a Medical Care Program (MCP), field will be null. |
| PCM Name | 30 | Delimited | A-numeric | N/A | None | Name of the Primary Care Manager (PCM). Format: Last Name, First Name Middle Initial. |
| PCM ID | 18 | Delimited | A-numeric | N/A | None | Unique MCP PCM ID of the patient’s assigned PCM. |
| PCM Type | 1 | Delimited | A-numeric | N/A | C, D, E, F, H, L, N, P, S, T | Code to identify the type of PCM ID being used to uniquely identify the PCM. Coded as follows:  C MCSC internal provider identifier  D DEA Number  E DEERS EDI\_PN  F Foreign Identifier  H HIPAA Provider Identifier  L Legacy Value  N NPI ID  P Pseudo PCM  S SSN  T Tax Identifier |
| PCM Location Code | 2 | Delimited | A-numeric | N/A | spaces | Code that defines the location for the patient’s PCM. This field will always be empty. |
| NED Provider Group | 30 | Delimited | A-numeric | N/A | None | Name of the group to which the PCM belongs. |
| Beneficiary Category (BENCAT) | 3 | Delimited | A-numeric | N/A | ADY, AFM, OTH, RET, RFM, TRP, TSP | Beneficiary category code of the patient. Coded as follows:  ADY Prime for Active Duty  AFM Prime for Active Duty Family Members  OTH Other Prime  RET Prime for Retirees  RFM Prime for Retired Family Members  TRP TRICARE Plus  TSP TRICARE Senior Prime |
| Patient Category (PATCAT) | 3 | Delimited | A-numeric | N/A | A11-A15, A21- A29, A31-A33, A36, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C36, C41, C43, C45,C47-C49, F11-F15, F21-F29, F31-F33, F36, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M36, M41,M43,M45, M47-M49,N11-N14, N21,N22, N24-N29, N31-N33, N36, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45, P47-P49, R72-R75 | Code that defines the patient’s DoD beneficiary status. |
| Alternate Care Value (ACV) | 1 | Delimited | A-numeric | N/A | spaces | Code that defines the patient’s Alternate Care Value (ACV). This field will always be empty. |
| Enrollment Start Date | 8 | Delimited | Date | N/A | None | Date of enrollment at the current DMIS location. Format: YYYYMMDD. |
| Enrollment End Date | 8 | Delimited | Date | N/A | None | Date enrollment expires at the current DMIS location. Format: YYYYMMDD. |
| Patient Street Address | 36 | Delimited | A-numeric | N/A | None | First line of patient street address. |
| Patient Street Address 2 | 36 | Delimited | A-numeric | N/A | None | Second line of patient street address. |
| Patient City | 20 | Delimited | A-numeric | N/A | None | City where patient lives. |
| Patient State | 2 | Delimited | A-numeric | N/A | None | State abbreviation where patient lives. |
| Patient Zip Code | 5 | Delimited | A-numeric | N/A | None | Zip code where the patient lives. |
| Patient Country | 2 | Delimited | A-numeric | N/A | None | Country abbreviation where the patient lives. |
| Patient Sex | 1 | Delimited | A-numeric | N/A | F, M | Gender of patient. Coded as follows:  F Female  M Male |
| Work Phone | 18 | Delimited | A-numeric | N/A | None | Patient’s work phone number. Format: area code prefix-line number-extension. |
| Home Phone | 14 | Delimited | A-numeric | N/A | None | Patient’s home phone number. Format: area code prefix-line number-extension. |
| Marital Status | 1 | Delimited | A-numeric | N/A | A, D, I, L, M, S, W, Z | Code that defines the patient’s marital status. Coded as follows:  A Annulled  D Divorced  I Interlocutory  L Legally separated  M Married  S Single, never married  W Widowed  Z Unknown |
| DEERS Medicare Eligibility | 2 | Delimited | A-numeric | N/A | A, AB, B, D, E, L, N, O, P, Q, S, spaces | Code that specifies the patient’s eligibility for Medicare. Coded as follows under Old DEERS:  D Eligible (<65)  E Eligible (>65)  L Eligible (<65)  N Not eligible  O Eligible (became eligible after 65)  P Purchased  Q Eligible (<65)  S Over 65, not eligible  Coded as follows under New DEERS:  A Part A  B Part B  AB Part A and Part B  Empty Not eligible |
| Patient Identifier | 10 | Delimited | A-numeric | N/A | None | Unique identifier for the patient. EDI\_PN as assigned by DEERS. |
| Enrollment HCDP Contractor Coverage Code | 3 | Delimited | Numeric | N/A | None | Enrollment Health Care Delivery Program (HCDP) in which the patient is enrolled. Codes are obtained from the New DEERS “Health Care Delivery Program Plan Coverage Code” data element. Examples: “019” is Limited Direct Care with Line of Duty Injuries; “401” is TRICARE Extended Care Health Option (ECHO) program. |
| Enrollment DMIS NPI | 10 | Delimited | A-numeric | N/A | None | The National Provider Identifier (NPI) associated with the place of care where the patient is enrolled. |
| Enrollment DMIS NPI Type Code | 1 | Delimited | Numeric | N/A | 2 | Defines the type of NPI in the field above. Value will always be a “2” indicating that the NPI is an Organizational Provider. |
| Member Relationship Code | 2 | Delimited | A-numeric | N/A | None | Defines the relationship between the patient and the sponsor SSN. |
| Provider EDI\_PN | 10 | Delimited | Numeric | N/A | None | Unique identifier for the PCM in DEERS. EDI\_PN as assigned by DEERS. |
| PCM Deactivation Date | 8 | Delimited | Date | N/A | None | Indicates whether or not the PCM is an active provider. |
| Provider NPI | 10 | Delimited | A-numeric | N/A | None | The NPI associated with the patient’s PCM. |
| Provider NPI Type Code | 1 | Delimited | Numeric | N/A | 1, 2 | Defines the type of NPI in the field above. Coded as follows:  1 Individual provider  2 Organizational provider |
| Provider Specialty Code | 3 | Delimited | Numeric | N/A | None | PCM’s provider specialty associated with the selected enrollment only. |
| Primary HIPAA Taxonomy | 10 | Delimited | A-numeric | N/A | None | The PCM’s primary HIPAA taxonomy code. |
| MCP Group ID | 32 | Delimited | A-numeric | N/A | None | Unique identifier assigned to the NED Group for each CHCS host platform. |
| MCP Place of Care Name | 30 | Delimited | A-numeric | N/A | None | Name of the place of care where the patient is enrolled. |
| Place of Care ID | 32 | Delimited | A-numeric | N/A | None | Unique identifier assigned to the place of care for each CHCS host platform. |

Table A‑3 Footer of PCMBN Extract Data Elements

| Field Name (Logical Name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Total Number of Bytes | 10 | Delimited | Numeric | N/A | None | Total number of bytes. Right justified, zero filled. Includes the total number of records including header and footer times 69. |
| Total Number of Patients | 6 | Delimited | Numeric | N/A | None | Total number of patients at the host DMIS that could potentially be enrolled. Right justified, zero filled. Includes the header and footer records. |
| Total Number of Enrolled Patients | 6 | Delimited | Numeric | N/A | None | Total number of patients at the host DMIS that are currently enrolled. Right justified, zero filled. Includes the header and footer records. |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **ACV** | Alternate Care Value |
| **AHLTA** | Armed Forces Health Longitudinal Technology Application |
| **ASCII** | American Standard for Information Interchange |
| **BENCAT** | Beneficiary Category |
| **CCB** | Configuration Management Board |
| **CEIS** | Corporate Executive Information System |
| **CHCS** | Composite Health Care System |
| **CITPO** | Clinical Information Technology Program Office |
| **DCN** | Document Change Notice |
| **DDS** | DEERS Dependent Suffix |
| **DEA** | Drug Enforcement Agency |
| **DEERS** | Defense Enrollment and Eligibility Reporting System |
| **DMIS** | Defense Medical Information System |
| **DOB** | Date Of Birth |
| **DoD** | Department of Defense |
| **ECHO** | Extended Care Health Option |
| **EDI\_PN** | Electronic Data Interchange Person Number |
| **EIDS** | Executive Information Decision Support |
| **FMP** | Family Member Prefix |
| **HCDP** | Health Care Delivery Program |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **ICD** | Initial Capabilities Document |
| **ICD** | Interface Control Document |
| **IEN** | Internal Entry Number |
| **MCP** | Medical Care Program |
| **MCSC** | Managed Care Support Contractor |
| **MDR** | MHS Data Repository |
| **MHS** | Military Health System |
| **MTF** | Medical Treatment Facility |
| **NED** | National Enrollment Database |
| **NPI** | National Provider Identifier |
| **ORD** | Operational Requirements Document |
| **PATCAT** | Patient Category |
| **PCM** | Primary Care Manager |
| **PCMBN** | PCM By Name |
| **SFTP** | Secure File Transfer Protocol |
| **SSN** | Social Security Number |
| **Sy\_ETU** | Electronic Transfer Utility |
| **TMA** | TRICARE Management Activity |