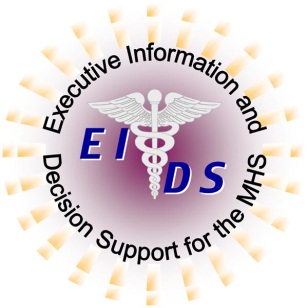
EI/DS Program Management

Interface Control Document  
Describing the PID Enhanced SADR Data  
Exchange from ADM  
Mod 3

Version



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ICD Describing the PID Enhanced SADR Data Exchange from ADM

Version

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ICD Describing the PID Enhanced SADR Data Exchange from ADM

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Preface

This document is a deliverable for SRA International under the contract DASW01-98-D-0052, System/Systems Integration, Design, Development, Operations and Maintenance Services (D/SIDDOMS II) Contract Lot II, D.O. titled "Executive Management and Decision Support for the MHS – EI/DS Capabilities and Management Support." It describes the interface that provides the Person Identifier (PID) Enhanced Standard Ambulatory Data Record (SADR) from the Ambulatory Data Module (ADM) to the EI/DS Program Office that is loaded into the Military Health System (MHS) Data Repository (MDR).

This document is under EI/DS 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 (EI/DS) Program Office is developing the Military Health System (MHS) Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the Person Identifier (PID) Enhanced Standard Ambulatory Data Record (SADR) data exchange with EI/DS operations. Information and meta data regarding the SADR data feed are detailed in this ICD. The Clinical Information Technology Program Office (CITPO) designs, develops, and maintains the Ambulatory Data Module (ADM) that produces the SADR.

**Keywords:** Clinical Information Technology Program Office, Decision Support, Executive Information, Interface Control Document, MHS Data Repository, National Enrollment Database, Standard Ambulatory Data Record, CITPO, DS, EI, ICD, SADR

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| Baseline | June 11, 2003 | All | Baseline |
| Mod 1 | Aug 19,2004 | A-8 | Values for “Injury Related/Cause Code” defined/explained |
| Mod 2 | Nov 14, 2005 | A-10 | Values added for “Patient Category” field for TRICARE Reserve Select (TRS) |
| Mod 3 | May 29, 2008 | A-7 | New Disposition Codes added |
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# Introduction

## Document Identification

This document describes the interface that provides the Person Identifier (PID) Enhanced Standard Ambulatory Data Record (SADR) to the MHS Data Repository (MDR).

## Scope

This document describes and identifies the parameters and specifies the file layout of the PID Enhanced SADR that the EI/DS Program Office receives from Medical Treatment Facilities (MTFs) via the Ambulatory Data Module (ADM), a module within the Composite Health Care System (CHCS). The SADR is a key dataset for MHS EI/DS products. It is the only source of direct care outpatient clinical data.

## System Overview

The Ambulatory Data Module (ADM) captures direct care outpatient encounter data at the point-of-service in the direct care setting. They are transaction-based systems that document and identify outpatient health care services that are rendered.

The ADM collects, supports, and processes the following types of information at the clinic and MTF levels:

* Patient personal information
* Attending provider, additional providers and place of care
* Patient diagnosis
* Patient treatment
* Health insurance information

The ADM is managed by the Clinical Information Technology Program Office (CITPO). The ADM and CHCS II produce the SADR that provides the direct care outpatient encounter records to the MHS Data Repository (MDR).

EI/DS requires that CHCS have the capability to transmit SADRs on a daily basis. These come direct from Medical Treatment Facilities (MTFs).

SADR data originates as a result of patients using the Military Health System (MHS). The data provided on SADRs is collected through the ADM, a module within CHCS. Health care providers interact with patients, input information to ADM. The SADR is produced from the ADM database, and transmitted to destinations such as MDR.

This particular ICD describes the specific interface between ADM providing the PID Enhanced SADR to the MDR. The MDR receives data at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. SADR files are sent by each MTF or CHCS II on a daily schedule.

The Feed Nodes send the files to the Tivoli Storage Manager (TSM). The TSM copies and stores the files for back-up purposes. The MDR screens the records for data management purposes. The MDR SADR files are used by various downstream EI/DS systems to process and produce data that has been subjected to business rules. The processed data is used to feed other systems or is provided to users through a user interface, such as MHS Mart (M2) or Population Health Operational Tracking and Optimization (PHOTO).

SADRs Flow from CHCS-ADM at MTFs to Feed Nodes to TSM to MDR to ODS for extracts to be done.

Figure 1‑1 PID Enhanced SADR Interface Flow

## Reference Documents

EI/DS Program Office, *Action Memo “Establishing the SIDR and SADR ICDs Between CITPO and EI/DS Program Office”*, Falls Church, VA, 12 December 2002.

EI/DS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.

EI/DS Program Office, *ICD Describing the HIPAA Enhanced SADR Data Exchange from ADM – Baseline*, Falls Church, VA, 10 March 2003.

SAIC, *Project Requirements and Design Document (PRDD) for Patient ID and DDS SIDR/SADR*, San Diego, CA, 9 May 2003.

## Operational Agreement

This ICD provides the technical specification for an interface between CITPO and the EI/DS Program Office regarding the SADR. An Action Memo was jointly agreed to by CITPO and EI/DS that established the ongoing operational agreement (Reference 1). That agreement was baselined on a previous SADR ICD. This ICD is an update to the Health Insurance Portability and Accountability Act (HIPAA) Enhanced SADR extract to add Person Identifier (PID) data elements. As noted in Reference (1), it is the responsibility of the source system Program Office (i.e., CITPO) to notify EI/DS 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 EI/DS receiving systems. When required, modifications to the ICD will be made by the data receiver (i.e., EI/DS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., CITPO).

Appendix A delineates the SADR data elements that will be sent to the EI/DS Program Office.

Should problems with the interface arise, EI/DS data production support personnel will immediately contact CHCS operational personnel at the MTFs. Should there be systemic data problems recognized during MDR processing, EI/DS members will coordinate with their counterparts in CITPO.

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# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data feed from CHCS sites to EI/DS:

* PID Enhanced SADR data extract. The SADR extract provides direct care outpatient data records accumulated since the previous extract was submitted. This includes new records as well as updates to previously submitted records.

This ICD modifies the previous ICD from the “HIPAA Enhanced SADR” to the “PID Enhanced SADR.” The file layout’s changes are:

* Position 142-148 will have the DEERS Dependent Suffix (DDS) code
* Position 149-158 will have Patient Identifier field
* Position 426-435 will have the HIPAA Provider Taxonomy Code
* Position 75 will add two new codes in the Appointment Prefix
* Position 159 will add seven new codes in the Disposition Code
* Position 222-224 will have a new field (Injury Related/Cause Code)
* Position 240 (Third Party Liability/Work Place Indicator) will become a place holder

CITPO will continue to enhance SADR. This ICD will be changed *only* if the interface changes from the interface specified herein.

## Precedence and Criticality of Requirements

Clinical data from the MTFs that is reliable is necessary for the MHS to make knowledge-based decisions. MDR provides this information to MHS decision-makers. A minimum of weekly updates are required for effective performance of the business. An inability to obtain this data for a period of 1 month or greater could have adverse consequences to the business.

## Communications Methods

ADM-equipped MTFs will FTP the SADR extract to the EI/DS Feed Nodes on a daily basis. CHCS-II equipped MTF SADRs will be FTPd on a daily basis.

## 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 contains protected patient level identifiable information. In addition, because the aggregate data being transmitted via the PID Enhanced SADR to EI/DS is becoming part of a database that contains 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 such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred from CHCS to MDR as defined in the design documentation. When errors are discovered in the data exchange, the MTF site will be notified immediately by EI/DS operations personnel. If there are systemic problems, Interface Working Group (IWG) counterparts will be contacted to work issues.

**Appendix A: PID Enhanced SADR File Layout**

**A.1 File Format**

The Feed Nodes receive the data elements listed in the appendix table on a scheduled basis (i.e., daily). Additional data processing is accomplished to apply business rules, and condition the data. Ultimately, the resultant files find their way to the IBM SP. Extracts are prepared to feed downstream systems.

Figure A‑1 diagrams a conceptual batch record set from a MTF site. This batch record set contains a total of five individual SADRs followed by a footer record at the end of the batch record set. All records, including the Trailer Record, are separated by a new line control character (“\n”).

|  |
| --- |
| **Record (characters) Position** |
| SADR Record #1 (1-440) 1-440 |
| SADR Record #2 (1-440) 441-880 |
| SADR Record #3 (1-440) 881-1320 |
| SADR Record #4 (1-440) 1321-1760 |
| SADR Record #5 (1-440) 1761-2220 |
| SADR Trailer Record #6 (1-13) 2201-2213 |

Figure A‑1 PID Enhanced SADR Data Feed Structure

**A.2 Record Layout**

Changes to the previous HIPAA Enhanced SADR format to the PID Enhanced SADR format are:

* Position 142-148 will have the DEERS Dependent Suffix (DDS) code
* Position 149-158 will have Patient Identifier field
* Position 426-435 will have the HIPAA Provider Taxonomy Code
* Position 75 will add two new codes in the Appointment Prefix
* Position 159 will add seven new codes in the Disposition Code
* Position 222-224 will have a new field (Injury Related/Cause Code)
* Position 240 (Third Party Liability/Work Place Indicator) will become a place holder

Table A‑1describes the record layout of each PID Enhanced SADR record. Table A‑2 describes the record layout of the trailer record. It should be noted that the changes described above that are reflected in this ICD will implemented in a serial manner. *Therefore, until the SADR interface is changed entirely, the only way to determine the serial change that has been implemented for a particular batch is to consult the code in the “SADR Version” field of the Trailer Record.*

**A.3 File Operational Context**

Each SADR extract FTP’d to the Feed Nodes from a MTF site or CHCS II will have multiple SADR records. As the file format indicates an end of record (EOR) field at position 426-430 separates each record, along with a new line control character. The Trailer Record follows the final SADR record in the batch. The batch SADR is received at Data Quality Level Raw. However, there are no spurious characters to clean from the record, so that the batch SADR is considered at Data Quality Level 0 when received. Additional processing enhances the SADR record quality before it is accessible to users.

The “Appointment SADR Extract Date” (position 87-94) in the SADR Record identifies the date that the record was created. The set of records contains records transmitted for the scheduled period, as indicated by the Trailer Record (see Table A‑2) in the field “Automatic SADR Program Schedule” (position 11-12). The SADR has corrected previous accuracy problems in the “Record Count” of the Trailer Record. Appendix tables describe the file format, data elements and meta data embedded within each record type.

Identification of a unique SADR record makes use of several keys including “Treatment DMIS ID” (position 165-168), “Appointment Prefix” (position 75), “Appointment Identifier Number” (position 76-85) and “Appointment/Encounter Date” (position 174-181). This method identifies a specific encounter at a specific site on a certain date. However, because there is no versioning of the record for a specific encounter, the handling of multiple transmissions of a record for a specific encounter makes it difficult to determine which record EI/DS should use since the only difference in the keys will be in the “Appointment SADR Extract Date” (position 87-94). Multiple transmissions of a record occur because of data updates or retransmissions because of a failed receipt. The objective is to have the most complete update SADR in EI/DS. MDR will use the “Appointment SADR Extract Date” as the key discriminator ⎯ the latest date in this field will be used to overlay any previous entries for that specific encounter. In most cases this methodology will meet the objective, however, the possibility exists that retransmission of an older non-updated SADR may overlay an updated SADR data within MDR.

Each SADR record provides detailed data on an outpatient clinical encounter. Outpatient encounter details as reflected in the SADR seldom change. When changes do occur, they are usually a consequence of the billing process (i.e., Third Party Collection corrections). A batch record set is sent to the Feed Nodes from each site generally on a daily basis. MDR considers the record set as stable data that will not be changed.

Table A‑1 PID Enhanced SADR Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Patient ZIP Code | 9 | 1–9 | A-numeric | NA | Source: CHCS | The postal zip code for the city where a person is located. For OCONUS locations, the value could be an APO, FPO or country zip code. |
| Clinic Address | 35 | 10–44 | A-numeric | NA | ADM generated. | The street address at which the treating clinic is located. |
| Clinic City | 15 | 45–59 | A-numeric | NA | ADM generated. | The city in which the treating clinic is located. |
| Clinic State | 2 | 60–61 | A-numeric | NA | Standard two-character state and country code abbreviations. Source: MTF Master File/CHCS. | The state in which the treating clinic is located. If treatment occurs in CONUS, this reflects the state code. If treatment occurs in OCONUS, the code reflects the country code. |
| Clinic ZIP Code | 13 | 62–74 | A-numeric | NA | MTF Master File | The postal zip code for the city where the treating clinic is located. For OCONUS locations, a 5-digit code is used to correspond to the OCONUS city as obtained from CHCS. Zip codes beginning with “09” are indicative of OCONUS locations. |
| Appointment Prefix | 1 | 75 | A-numeric | NA | C, a, P, G, 2 | Designates whether the appointment was created in CHCS (C), ADS (a), CIW (P), Provider GUI (G), or CHCSII (2). |
| Appointment Identifier Number | 10 | 76–85 | Numeric | NA | ADM Generated | The appointment identifier number. The AIN is the system generated unique appointment identifier for that system. The Appointment Prefix and AIN combine to create a unique identifier. |
| Appointment SADR Status | 1 | 86 | A-numeric | NA | R, U | Status of the appointment record as related to the SADR extract. Coded as follows:  R Ready (appointment completed and ready for extraction)  U Updated (record has been modified, is complete, and available for extraction) |
| Appointment SADR Extract Date | 8 | 87–94 | Date-Time | NA | ADM Generated. | The date the SADR was extracted (YYYYMMDD). |
| Appointment Record Status | 1 | 95 | A-numeric | NA | C | Status of appointment record. Coded as follows:  C Complete. |
| Appointment Status Type | 1 | 96 | Numeric | NA | 1,3,4,5,6,7,8,9 | Appointment type status. Coded as follows:  1 Kept  3 Walk-in  4 Sick call  5 Cancelled by Provider  6 Telephone consult  7 No-show  8 Cancelled by facility  9 Cancelled by patient |
| Cause of Death | 6 | 97–102 | A-numeric | NA | [<space> \* 6] | This field has 6 consecutive spaces. (placeholder) |
| CPT4 Version Year | 1 | 103 | Numeric | NA | 0-9 | Indicates the year of the most recent update of the Current Procedural Terminology (CPT4) Code Table in ADM. The last digit of the update year is used. The ADM table is updated from a CHCS code table. |
| E&M code with Level "E" | 6 | 104–109 | A-numeric | NA | 99201-99499  Published annually in October by the AMA and updated periodically. MHS tables are created and made available for CHCS/ADM update following AMA publication. Source: CHCS. | Evaluation and Management (E&M) code for the appointment (5 characters for E&M code and last character for level “E”). |
| CPT4 Codes with Diagnosis Flag | 24 | 110–133 | A-numeric | NA | Published annually in October by the AMA and updated periodically. MHS tables are created and made available for CHCS/ADM update following AMA publication. Source: CHCS. | Field will contain up to 4 CPT4 codes with diagnosis correlation indicator, 6 characters each. The format is PPPPPC, where PPPPP is the CPT4 code, and C correlates the CPT4 to a diagnosis presented in position 186-221 (C=1, 2, 3, or 4). The codes that will be included will be the 4 CPT codes with the highest diagnosis correlation. |
| Patient Date of Birth | 8 | 134–141 | Date-Time | NA | None | Date when the person was born (YYYYMMDD). |
| DEERS Dependent Suffix (DDS) | 7 | 142–148 | A-numeric | NA | 01-20, 30-69, 98, 99 | Code that represents the dependent of a sponsor. Left justified, padded with spaces. Coded as follows:  01-19 dependent child  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 children where number greater than 19  98 service secretary designee  99 not classified elsewhere |
| Patient Identifier | 10 | 149–158 | A-numeric | NA | None | The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (EDI). |
| Disposition Code | 1 | 159 | A-numeric | NA | 1-8, A, B, C, D, E, F, G, H, M, O, R, S, U | The disposition code as marked on the outpatient and rounds encounters. Coded as follows:  1 Released without limitations  2 Released with work/duty limitations  3 Sick at home/quarters  4 Immediate referral  5 Left without being seen  6 Left against medical advice  7 Admitted  8 Expired  A Transferred to another hospital  B Transferred to a SNF  C Transferred to another clinical service  D Continued stay  E Left against medical advice  F Discharged home  G Expired  H Advice assessment  M Medication refill forwarded  O Other not elsewhere classified  R Referred for appointment  S Released to self care  U Referred to Emergency Room |
| Administrative Disposition Code | 5 | 160–164 | Numeric | NA | 1, 2, 3, 4, 5 | The administrative disposition code as marked on the Encounter Form. Coded as follows:  1 Consultation requested  2 Referred to another provider  3 Convalescent leave  4 Medical board  5 Medical hold |
| Treatment DMIS ID | 4 | 165–168 | A-numeric | NA | Source of valid values: MTF Master File/CHCS. | The Defense Medical Information System (DMIS) identification number that identifies the clinic where the patient was treated. |
| DNA Test Taken | 1 | 169 | A-numeric | NA | [<space> \* 1] | This field has 1 space. (placeholder) |
| Ethnic Background | 1 | 170 | A-numeric | NA | 1, 2, 3, 4, 9, Z | The language or cultural group that patient claims. Coded as follows:  1 Hispanic  2 SE Asian  3 Filipino  4 Other Asian Pacific Islander  9 Other  Z Unknown |
| Family Member Prefix (FMP) | 2 | 171–172 | Numeric | NA | 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 |
| Sex | 1 | 173 | A-numeric | NA | F, M | A code used to denote a patient's gender. Coded as follows:  F female  M male |
| Appointment (Encounter) Date | 8 | 174–181 | Date-Time | NA | None | Date of the appointment (YYYYMMDD). |
| Appointment (Encounter) Sequence Number | 3 | 182–184 | Numeric | NA | ‘000’ | This field has 3 consecutive zeros. (placeholder) |
| ICD-9 Version Year | 1 | 185 | Numeric | NA | 0-9 | Indicates the year of the most recent update of the ICD Code Table in ADM. The last digit of the update year is used. The ADM table is updated from a CHCS code table. |
| ICD-9 Codes, Including Extenders | 36 | 186–221 | A-numeric | NA | Published annually in October by HCFA and updated periodically. MHS tables are created and made available for CHCS/ADM update following HCFA publication. Source: CHCS. | Four ICD-9 codes, 9 characters each, ordered by level. Format is DDD.DDEEE, where DDD.DD is the ICD-9 and EEE is the extender when it applies. |
| Injury Related/Cause Code | 3 | 222–224 | A-numeric | NA | N, YAA, YAP, YEM, YOA | Field serves as a flag for the encounter being related to an injury and the related cause.  N No (‘N’ followed by two spaces)  Y Yes (‘Y’ followed by AA, AP, EM or OA), where AA = Auto Accident  AP = Another Party Responsible  EM = Employment  OA = Other Accident |
| Marital Status | 1 | 225 | A-numeric | NA | A, D, I, L, M, S, W, Z | Indicates the legal status of a person as it relates to marriage. Coded as follows:  A Annulled  D Divorced  I Interlocutory  L Legally separated  M Married  S Single, never married  W Widowed  Z Unknown |
| Medical Insurance Indicator | 1 | 226 | Numeric | NA | 1, 2 | A code that indicates whether the patient or his/her sponsor is covered by medical insurance. Coded as follows:  1 yes covered by Other Health Insurance (OHI)  2 no not covered by OHI |
| Treatment MEPRS Code | 4 | 227–230 | A-numeric | NA | None | A code used to describe the Medical Expense and Performance Reporting System (MEPRS) clinic/work center where the patient was treated. MEPRS describes each work center (clinic) and is used to capture data in support of workload and expense information reporting. |
| Military Grade/Rank | 3 | 231–233 | A-numeric | NA | E1-E10, O1-O11  Source: CHCS | A code that represents the patient's military rank. Codes and meanings come from CHCS (231 codes). |
| Patient Category | 4 | 234–237 | A-numeric | NA | 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 | Identifies the beneficiary status of the person being treated. |
| Patient Grounded Status | 1 | 238 | A-numeric | NA | [<space> \* 1] | This field has 1 space. (placeholder) |
| Patient Status | 1 | 239 | A-numeric | NA | I, O, Null | An indicator of that the patient had at the time of the encounter. Codes as follows:  I Inpatient  O Outpatient  Null Outpatient |
| Third Party Liability/Work Place Indicator | 1 | 240 | A-numeric | NA | [<space> \* 1] | This field has 1 space. (placeholder) |
| PCM Name | 30 | 241–270 | A-numeric | NA | None | Full name of the Primary Care Manager (PCM) for the patient. |
| Appointment Provider ID | 9 | 271–279 | A-numeric | NA | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Entered by MTF staff, the Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| Appointment Provider Class | 5 | 280-284 | A-numeric | NA | None | Associates the provider to the clinic. |
| Appointment Provider Type Code | 1 | 285 | A-numeric | NA | B,C,F,H,P,T | A code that is used to categorize a health service provider within an encounter. Coded as follows:  B Fee basis  C C & A  F Full-time  H House staff  P Partnership  T Part-time |
| Patient Race Code | 1 | 286 | A-numeric | NA | C, M, N, R, X | Attribute describing a person's racial category. Coded as follows:  C Caucasoid (White)  M Mongoloid (Yellow)  N Negroid (Black)  R Western Hemisphere Indians (Red)  X Other |
| Patient Social Security Number | 9 | 287–295 | Numeric | NA | Source: CHCS | The patient’s nine-digit number assigned by the Social Security Administration. Pseudo Social Security Number (SSN) can be used for those individuals who do not have an SSN. All Pseudo SSNs begin with “8” and are a unique identifier within that MTF. |
| Sponsor Social Security Number | 9 | 296–304 | Numeric | NA | Source: CHCS | The sponsor’s SSN as assigned by the Social Security Administration. |
| Provider Specialty Code | 3 | 305–307 | A-numeric | NA | Source: CHCS Provider File. | A code that identifies the health service provider's medical specialty. Codes and meanings come from CHCS (938 values). |
| Health Care Delivery Program (HCDP) Code | 4 | 308–311 | A-numeric | NA | 000-024, 101-151, 201-231, 301-302, 400 | The 3-digit code that represents the plan coverage a family member or sponsor has within a health care delivery program type. 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. The field is padded at the end with a space. |
| Medicare Eligibility Field | 2 | 312–313 | A-numeric | NA | A, B, AB, spaces | The beneficiary’s Medicare coverage. Coded as follows:  A Patient is eligible for Medicare Part A  B Patient is eligible for Medicare Part B  AB Patient is eligible for Medicare Parts A and B  Spaces Patient is not eligible for Medicare |
| Alternate Care Value (ACV) | 1 | 314 | A-numeric | NA | Space | ACV has been superceded by HCDP and is no longer used. |
| Secondary Provider One ID | 9 | 315–323 | A-numeric | NA | Unique to the MTF. Source: CHCS Provider File. | Secondary provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| Secondary Provider One Role | 1 | 324 | Numeric | NA | 1, 2, 3, 4, 5 | A code that describes the different functions that the secondary giver of care played in service delivery. Coded as follows:  1 Attending Provider  2 Assisting Provider  3 Supervising Provider  4 Nurse  5 Para-professional |
| Secondary Provider Two ID | 9 | 325–333 | A-numeric | NA | Unique to the MTF. Source: CHCS Provider File. | Secondary provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| Secondary Provider Two Role | 1 | 334 | Numeric | NA | 1, 2, 3, 4, 5 | A code that describes the different functions that the secondary giver of care played in service delivery. Coded as follows:  1 Attending Provider  2 Assisting Provider  3 Supervising Provider  4 Nurse  5 Para-professional |
| Patient Flight Status | 1 | 335 | A-numeric | NA | [<space> \* 1] | This field has 1 space. (placeholder) |
| Inpatient | 1 | 336 | A-numeric | NA | 1, null | A code that indicates an inpatient appointment.  1 inpatient appointment  Null outpatient appointment |
| Ambulatory Surgery Flag | 1 | 337 | A-numeric | NA | 1, null | Indicates that appointment was for ambulatory surgery.  1 ambulatory surgery appointment  Null normal appointment |
| Treatment Parent DMIS ID | 4 | 338-341 | A-numeric | NA | Source: CHCS. | The DMIS identification number that identifies the parent facility of the clinic where the patient was treated. The parent facility is the ADM grouping that clinic workload is rolled up under. |
| Enrollment DMIS ID | 4 | 342-345 | A-numeric | NA | Source: CHCS. | The DMIS ID for the facility that enrolled the patient. |
| PCM Location Code | 2 | 346-347 | Numeric | NA | 00, 01 | Location code of Primary Care Manager.  00 Direct Care PCM  01 Contractor PCM |
| PCM ID | 10 | 348-357 | A-numeric | NA | SSN or Tax Payer ID | Primary Care Manager (PCM) identification. Provider SSN or PCM Group Tax ID. |
| MCP Group Name | 30 | 358-387 | A-numeric | NA | Source: CHCS | The Managed Care Provider (MCP) Group Name the patient is enrolled to. |
| MCP Group ID | 19 | 388-406 | A-numeric | NA | Source: CHCS | The MCP Group ID the patient is enrolled to. |
| NED PCM ID | 18 | 407-424 | A-numeric | NA | Source: CHCS | The NED PCM ID for the patient’s PCM |
| NED PCM Type Code | 1 | 425 | A-numeric | NA | C, D, H, L, S, T  Source: CHCS | A code that is used to categorize the PCM within NED PCM ID. Coded as follows:  C MCSC Internal Provider Identifier  D DEA number  H HIPAA Provider Identifier  L Legacy value  S SSN  T Tax identifier |
| HIPAA Provider Taxonomy Code | 10 | 426-435 | A-numeric | NA | Source: CHCS | Primary provider category according to HIPAA defined codes for the attending provider. |
| End of Record Flag | 5 | 436-440 | A-numeric | NA | ‘ZZZZZ’ | This field has 5 ‘Z”s and serves as an end of record (EOR) marker. |

Table A‑2 PID Enhanced SADR Trailer Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Record Count | 10 | 1-10 | Numeric | NA | Computed value | The number of records in the file being transmitted. |
| Automatic SADR Program Schedule | 2 | 11-12 | A-numeric | NA | Source: ADM System Administrator | The number of days that elapse before the automatic SADR program is run. |
| SADR Version | 1 | 13 | A-numeric | NA | C, D, E  ADM generated | Represents the ADM version number. The value will change as changes are implemented in the SADR layout as defined below:  C Patient Identifier and DDS fields added  D HIPAA Provider Taxonomy field added  E 837 Claims (Injury Related/Cause Code) |
| DEERS X12 Activation Status | 1 | 14 | A-numeric | NA | 0, 1 | Indicates the status of DEERS X12 activation of the interface. Coded as follows:  0 DEERS X12 not activated  1 DEERS X12 is activated |
| End of Record Flag | 1 | 15 | A-numeric | NA | ‘Z’ | This field has 1 ‘Z” and serves as an end of record (EOR) marker. |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **ACV** | Alternate Care Value |
| **ADM** | Ambulatory Data Module |
| **AMA** | American Medical Association |
| **APO** | Army/Air Force Post Office |
| **CCB** | Configuration Control Board |
| **CEIS** | Corporate Executive Information System |
| **CHAMPUS** | Civilian Health and Medical Program for the Uniformed Services |
| **CHAMPVA** | Civilian Health and Medical Program for the Department of Veterans Affairs |
| **CHCBP** | Continuous Health Care Benefit Program |
| **CHCS** | Composite Health Care System |
| **CITPO** | Clinical Information Technology Program Office |
| **COE** | Common Operating Environment |
| **CONUS** | Continental United States |
| **CPT4** | Current Procedural Terminology |
| **DCN** | Document Change Notice |
| **DDS** | DEERS Dependent Suffix |
| **DEA** | Drug Enforcement Agency |
| **DECC** | Defense Enterprise Computing Center |
| **DEERS** | Defense Enrollment and Eligibility Reporting System |
| **DISA** | Defense Information Systems Agency |
| **DISN** | Defense Information Systems Network |
| **D/SIDDOMS II** | Defense/Systems Integration, Design, Development, Operations and Maintenance |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **EDI** | Electronic Data Interchange |
| **EI/DS** | Executive Information/Decision Support |
| **EOR** | End Of Record |
| **E&M** | Evaluation and Management |
| **FEHBP** | Federal Employee Health Benefits Program |
| **FMP** | Family Member Prefix |
| **FPO** | Fleet Post Office |
| **FTP** | File Transfer Protocol |
| **GUI** | Graphical User Interface |
| **HCDP** | Health Care Delivery Program |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **ICCB** | Interfaces Configuration Control Board |
| **ICD** | Interface Control Document |
| **ICD-9** | International Classification of Diseases, 9th Edition |
| **IEN** | Internal Entry Number |
| **IMT&R** | Information Management Technology and Reengineering |
| **IWG** | Interface Working Group |
| **M2** | MHS Mart (formerly called ARS-Bridge) |
| **MCP** | Managed Care Provider |
| **MCSC** | Managed Care Support Contractor |
| **MDR** | MHS Data Repository |
| **MEPRS** | Medical Expense and Performance Reporting System |
| **MHS** | Military Health System |
| **MTF** | Medical Treatment Facility |
| **NED** | National Enrollment Database |
| **OCONUS** | Outside Continental United States |
| **ODS** | Operational Data Store |
| **OHI** | Other Health Insurance |
| **ORD** | Operational Requirements Document |
| **PCM** | Primary Care Manager |
| **PHOTO** | Population Health Operational Tacking and Optimization |
| **PID** | Person Identifier |
| **PRDD** | Project Requirements and Design Document |
| **SADR** | Standard Ambulatory data Record |
| **SSN** | Social Security Number |
| **T-NEX** | TRICARE Next Generation |
| **TPC** | Third Party Collection |
| **TRS** | TRICARE Reserve Select |
| **TSM** | Tivoli Storage Manager |
| **USTF** | Uniformed Services Treatment Facility |