

**DHSS PROGRAM MANAGEMENT**

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**TRICARE Retiree Dental  
Program (TRDP) Interface  
Control Document (ICD)  
describing the  
Data Exchange to the MDR  
Baseline**

**Approved Version**

**February 18, 2011**



**DHSS Program Office  
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Falls Church, VA 22041**

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**TRICARE Retiree Dental Program (TRDP) ICD  
Describing the Data Exchange  
to the MDR**

**Approved Version**

**February 18, 2011**

Approval Page

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# TRICARE Retiree Dental Program (TRDP) ICD Describing the Data Exchange to the MDR

Approved Version

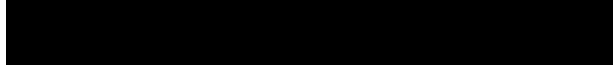
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Review Page

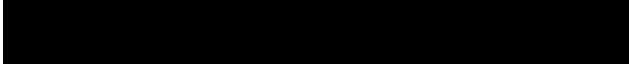
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# Preface

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This document describes the interface that provides the TRICARE Retiree Dental Program (TRDP) claim records from a Delta Dental contract with TRICARE Management Activity (TMA) Business Operations. The files are sent to DHSS and loaded into the Military Health System (MHS) Data Repository (MDR).

This document is under DHSS 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

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The Defense Health Services Systems (DHSS) 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 TRICARE Retiree Dental Program (TRDP) claims data exchange between Delta Dental and MDR. Delta Dental is contracted with TRICARE Management Activity (TMA) Business Operations to supply this data feed.

**Keywords:** *Defense Health Services Systems, Decision Support, Interface Control Document, MHS Data Repository, TRICARE Management Activity, TRICARE Retiree Dental Program, DHSS, DS, EI, ICD, TMA, TRDP*

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Baseline	Feb 18, 2011	All	Baseline

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# Section 1: Introduction

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## 1.1 Document Identification

This document describes the interface that provides the TRICARE Retiree Dental Program (TRDP) claim records to the MHS Data Repository (MDR), the data warehouse managed by the Defense Health Services Systems (DHSS) Program Office.

## 1.2 Scope

This document describes and identifies the parameters and specifies the file layout of the TRDP file that the DHSS Program Office receives from Delta Dental. Delta Dental is under contract from TRICARE Management Activity (TMA) Business Operations to support this interface. TRDP is a key dataset within TMA's dental treatment programs.

## 1.3 System Overview

Delta Dental oversees the dental care delivery to beneficiaries that are members of the TRDP. Acting as a Financial Intermediary (FI), they receive and pay dental claims on behalf of those beneficiaries. The claims serve as a business and treatment record that can be used by TMA for various purposes.

MDR receives the TRDP report records on a monthly basis via Secure File Transfer Protocol (SFTP). MDR receives these extracts on the Feed Nodes located at the Oklahoma City (OKC) Defense Enterprise Computing Center (DECC). The main host of the MDR is an IBM P595 multi-node computing platform. The data is then sent to the Tivoli Storage Manager (TSM) node where the data is copied and stored for back-up purposes. The MDR processes the data and organizes them in the MDR catalogs.

## 1.4 Reference Documents

1. DHSS Program Office, *EIDS Information Support Plan (ISP)*, dated 15 October 2010.
2. EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.

## 1.5 Operational Agreement

This ICD provides the technical specification for an interface between Delta Dental and the DHSS Program Office regarding the monthly TRDP files. It is the responsibility of the source system Program Office (i.e., Delta Dental) to notify DHSS 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 DHSS receiving systems. When required, the ICD will be modified by the data receiver (i.e., DHSS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., Delta Dental and TMA Business Operations).

Appendix A delineates the TRDP data elements that are sent to the DHSS Program Office under this ICD.

Should problems occur with the interface, DHSS data production support personnel will contact Delta Dental operational personnel. Should there be systemic data problems recognized during MDR processing, DHSS members will coordinate with their counterparts in the TMA Business Operations.



## Section 2: Data Specification

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### 2.1 Identification of Data Exchanges

This ICD addresses the following data feed from Delta Dental to DHSS:

- TRDP claims records file. The TRDP file provides TRDP dental claims processed by Delta Dental since the last file was provided.

This ICD will be changed *only* if the interface changes from the interface file format or file content specified herein.

### 2.2 Precedence and Criticality of Requirements

TRDP claims data that is reliable is necessary for the MHS to make knowledge-based decisions. The MDR provides this information to MHS decision-makers. Updates are required for effective performance of MHS operations. An inability to obtain this data could have an adverse impact on the ability of MHS managers to oversee MHS operations.

### 2.3 Communications Methods

DHSS receives TRDP claim records file monthly from Delta Dental at the Feed Nodes (Node 2500 and 2501 TCP Port 22) in the DMZ of the OKC Defense Enterprise Computing Center (DECC) via Secure File Transfer Protocol (SFTP). The files then pass to the working nodes (Node 2300 and 2301) within the DHSS enclave. Then, the TRDP file is processed within the DHSS enclave, and stored within the MDR's catalogue. TRDP claim records file is limited to users with access to MDR at this time.

### 2.4 Performance Requirements

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

### 2.5 Security and Integrity

The data exchanged in this interface contains protected Protected Health Information (PHI) information. In addition, because the aggregate data being transmitted from DHSS is becoming part of a database that does contain sensitive data, it will be protected in accordance with the protection standards mandated for all "Sensitive Unclassified Systems" by the requirements of DoD Directive 8500.1 and DoD Instruction 8500.2. 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)

### **2.5.1 Data Integrity and Quality**

Data integrity and quality of raw data files that DHSS receives involve processes that answer the following questions:

1. Did DHSS catch the files?
2. Are the files readable and complete?
3. Do the record counts within the files agree with other sources of what should have been received?
4. Are the data field values within the records accurate within reason?

Answering the first 3 questions involves automated and accepted assessment methods that have matured over the last 10 years. In the case of raw TRDP claims file, DHSS has implemented the following processes with respect to the questions:

1. DHSS validates that it receives at least one TRDP file from Delta Dental each month; in the event a transmission is missed, DHSS Operations will request a re-harvest from Delta Dental.
2. Automated methods insure the file is readable and the file is complete.
3. TRDP transaction counts can be measured in terms of what was received on a monthly basis. DHSS has no other source to validate the count, and therefore assumes Delta Dental transmitted all claims for the previous month.

In the case of dental care transactions, users accept the data field values for what they are. There is no requirement at this point to “improve” the reliability of the data.

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## Appendix A: TRDP File Layout

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### A.1 File Format

TRICARE Management Activity (TMA) Business Operations manages a number of health care delivery and service delivery contracts that support TRICARE. One of these contracts is with Delta Dental to send claims monthly of dental services provided to beneficiaries enrolled in the TRICARE Retiree Dental Program (TRDP) to the MHS Data Repository (MDR) via Secure File Transfer Protocol (SFTP) via a Virtual Private Network (VPN). The files are loaded into the IBM P595 located at DECC OKC. Dental services to beneficiaries from various venues are collected by MDR and used for analysis. Sometime in the future, dental information will be available on user applications such as the MHS MART (i.e., M2).

### A.2 Record Layout

Table A-1 describes the record layout of each TRDP claim record. The records are composed of fixed length fields. The MDR uses the data extract as delivered to process and develop the necessary data required to support DHSS data requirements.

### A.3 File Operational Context

Delta Dental delivers dental care to its beneficiaries. In the case of this interface, Delta Dental collects those beneficiary claim records specific to TRDP and sends them to MDR in accordance with this ICD. MDR processes the TRDP claims records and loads them into MDR for access by users.

Table A-1 TRDP Claim Data Elements

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
1	Dental Claim Number (DCN)	15	1-15	Character	None	A unique number assigned to the claim. The DCN is the record key. Padded with two spaces to the right.
2	Line Item Number	3	16-18	Character	None	The system generated line item number for this Claim line, assigned during claim entry. A number identifying a specific claim line, which contains a set of information related to a service performed by the provider. Example: First claim line will be 01, second line 02, third line 03, fourth line 04. etc.
3	Adjustment Code	1	19	Character	A; B	Indicates whether claim is adjustment claim. Coded as follows: A Initial B Adjustment
4	Filler	3	20-22	Character	Spaces	Filler spaces.
5	Date Claim Paid	8	23-30	Date	None	Date the claim was processed all the way through payment (Cut a check). Format: YYYYMMDD
6	Date Claim Submitted	8	31-38	Date	None	The date the claims was entered into the claims processing system. Format: YYYYMMDD
7	Patient's Last Name	24	39-62	Character	None	Patient's last name.
8	Patient's First Name	24	63-86	Character	None	Patient's first name.
9	Social Security Number (SSN)	8	87-94	Character	None	The subscribers social security number.
10	Date of Birth	8	95-102	Date	None	The patient's birth date. Format: YYYYMMDD
11	Relationship Code	2	103-104	Character	01; 02; 03	The relationship code indicates how the person is related to the subscriber. Coded as follows: 01 Subscriber 02 Spouse of subscriber 03 Dependent of subscriber
12	Filler	2	105-106	Character	Spaces	Filler spaces.
13	Provider Tax Identifier Number (TIN)	9	107-115	Character	None	The Business TIN. A unique nine digit number assigned to the provider or business for income tax purposes; may be represented by use of the provider's social security number.

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
14	Treating Provider's Last Name	24	116-139	Character	None	Provider's last name.
15	Treating Provider's First Name	24	140-163	Character	None	Provider's first name.
16	Billing Provider Name	30	164-193	Character	None	Name of the payment office if it's different that the Business name.
17	Treating Provider's License Number	10	194-203	Character	None	The license number of the dentist. On claims, indicates the dentist responsible for the submitted services.
18	Treating Provider's Specialty	3	204-206	Character	000, 010, 015, 020, 030, 040, 050, 060, 070, 080	The dental specialty of the treating provider. Coded as follows: 000 General practitioner 010 Oral surgeon 015 Endodontist 020 Orthodontist 030 Pedodontist 040 Periodontist 050 Prosthodontist 060 Oral pathologist 070 Public health 080 Full time faculty
19	Provider Social Security Number (SSN)	9	207-215	Character	None	The rendering provider SSN. The provider's social security number.
20	Network Provider	1	216	Character	N, Y	Indicates that the provider is part of a provider network. Coded as follows: N No part of a network Y Part of a network
21	Provider Telephone Number	14	217-230	Character	None	Provider's business phone number.
22	Provider Street Address Line 1	30	231-260	Character	None	Provider's business address.
23	Provider Street Address Line 2	30	261-290	Character	None	Provider's business address.
24	Provider State	2	291-292	Character	None	The state of the provider's business address.

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
25	Provider Zip Code	5	293-297	Character	None	The Zip Code of the provider's business address.
26	Provider Country Code	3	298-300	Character	None	The country code of the provider's business address.
27	Group National Provider Identifier (NPI)	14	301-314	Character	None	NPI for the business group.
28	Individual National Provider Identifier (NPI)	14	315-328	Character	None	NPI for the individual provider.
29	Date of Service	8	329-336	Date	None	The date the service or appointment took place. Format: YYYYMMDD
30	CDT Code	5	337-341	Character	None	Current Dental Terminology (CDT) procedure as defined by American Dental Association (ADA).
31	Tooth Identifier	2	342-343	Character	1-32, 51-82, A-T, AS-TS	Tooth numbers. Coded as follows: 1-32 Permanent Dentition 51-82 Permanent dentition A-T Primary dentition AS-TS Primary dentition
32	Quadrant	2	344-345	Character	LL, LR, UL, UR	Quadrant of the treatment. Coded as follows: LL Lower Left LR Lower Right UL Upper Left UR Upper Right
33	Incisal Surface Indicator	1	346	Character	N, Y	Indicator of incisal surface. Coded as follows: N No Y Yes
34	Facial Surface Indicator	1	347	Character	N, Y	Indicator of facial surface. Coded as follows: N No Y Yes
35	Occlusal Surface Indicator	1	348	Character	N, Y	Indicator of occlusal surface. Coded as follows: N No Y Yes

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
36	Lingual Surface Indicator	1	349	Character	N, Y	Indicator of lingual surface. Coded as follows: N No Y Yes
37	Buccal Surface Indicator	1	350	Character	N, Y	Indicator of buccal surface. Coded as follows: N No Y Yes
38	Mesial Surface	1	351	Character	N, Y	Indicator of mesial surface. Coded as follows: N No Y Yes
39	Distal Surface	1	352	Character	N, Y	Indicator of distal surface. Coded as follows: N No Y Yes
40	Amount Billed	9 (7,2)	353-361	Numeric	None	The amount submitted for this claims line; the fee charged by the provider.
41	Amount Allowed	9 (7,2)	362-370	Numeric	None	The maximum allowed for this procedure. This is the highest number used in calculating the provider's payment.
42	Amount Paid	9 (7,2)	371-379	Numeric	None	The amount that the plan will actually pay, based on the allowed amount and the specified percentage. For example \$1000, and the plan allows payment at 80%, the plan payment amount is \$800.
43	Other Health Insurance (OHI) Payment Amount	9 (7,2)	380-388	Numeric	None	The amount paid by a patient's primary benefits plan if other than Delta. Field is now net amount. This field is now calculated with the formula = ( Approved - Plan Pay - Patient Pay). This field may have unrealistic values for adjustments - because of \$0 approved and an amount greater than \$0 for plan pay when a claim has Coordination Of Benefits (COB).
44	Co-Pay	9 (7,2)	389-397	Numeric	None	The Delta Dental copayment percentage is established by the group, and represents the percentage that Delta Dental will pay. The total patient copay amount is the result of applying one minus this percentage to the claim. In other words, if the Delta copay percentage is 80% (.8), then the patient copay percentage is 20% (.2).

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
45	Deductible	9 (7,2)	398-406	Numeric	None	A portion of the covered dental expenses which the individual (or family) must pay before the plan's benefits begin.
46	Adjustment Reason	100	407-506	Character	None	Verbage that tells why the adjustment was done



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## Appendix B: Acronyms

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<b>ADA</b>	American Dental Association
<b>CCB</b>	Configuration Control Board
<b>CDT</b>	Current Dental Terminology
<b>CEIS</b>	Corporate Executive Information System
<b>COB</b>	Coordination Of Benefits
<b>DCN</b>	Dental Claim Number
<b>DCN</b>	Document Change Notice
<b>DECC</b>	Defense Enterprise Computing Center
<b>DHSS</b>	Defense Health Services Systems
<b>DoD</b>	Department of Defense
<b>EIDS</b>	Executive Information/Decision Support
<b>FI</b>	Financial Intermediary
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>ICD</b>	Interface Control Document
<b>IWG</b>	Interface Working Group
<b>ISP</b>	Information Support Plan
<b>M2</b>	MHS MART
<b>MART</b>	Management Analysis and Reporting Tool
<b>MDR</b>	MHS Data Repository
<b>MHS</b>	Military Health System
<b>NPI</b>	National Provider Identifier
<b>OHI</b>	Other Health Insurance
<b>OKC</b>	Oklahoma City
<b>ORD</b>	Operational Requirements Document
<b>PHI</b>	Protected Health Information
<b>SFTP</b>	Secure File Transfer Protocol
<b>SSN</b>	Social Security Number
<b>TIN</b>	Tax Identifier Number
<b>TMA</b>	TRICARE Management Activity
<b>TRDP</b>	TRICARE Retiree Dental Program
<b>TSM</b>	Tivoli Storage Manager
<b>VPN</b>	Virtual Private Network