DHSS Program Management

Interface Control Document  
Describing the Ancillary SADR Data Exchange from  
CHCS to MDR  
Mod 1

Approved Version

April 12, 2012



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ICD Describing the Ancillary SADR Data Exchange from CHCS to MDR

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Approval Page

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Preface

This document describes the interface that provides the Ancillary Standard Ambulatory Data Record (A-SADR) records from the Composite Health Care System (CHCS) to the Military Health System (MHS) Data Repository (MDR). CHCS is managed by the Defense Health Information Management System (DHIMS).

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

The Defense Health Services Systems (DHSS) Program Executive 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 Ancillary Standard Ambulatory data record (A-SADR) records from the Composite Health Care System (CHCS) to the MDR. Information and metadata regarding the data feed are detailed in this ICD.

**Keywords:** Composite Health Care System, Interface Control Document, MHS Data Repository, Standard Ambulatory Data Record, A-SADR, CHCS, DHSS, ICD, MDR, SADR

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# Introduction

## Document Identification

This document describes the interface that provides Ancillary Standard Ambulatory Data Records (SADR) to the Military Health System (MHS) Data Repository (MDR).

The changes from the previous Interface Control Document (ICD), version ICD-1300-3320-02 Baseline, are: modification of the “Quantity Dispensed (Metric QTY)” field, and the addition of the “Number of Refills” field.

## Scope

This document describes the file parameters and record layouts for the Ancillary SADR (A-SADR) data that the DHSS Program Executive Office receives from Composite Health Care System (CHCS) Medical Treatment Facility (MTF) sites.

## 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

CHCS is the principal information support tool used by clinicians and providers at the clinic and MTF levels for direct health care services. It is a transactional system that documents and identifies health care services that are rendered.

The CHCS program is managed by the Defense Health Information Management System (DHIMS) Program Manager. The current operational version is CHCS (version 8.3).

The A-SADR provides treatment order records for laboratory, radiology, and pharmacy encounters to the MDR. The MDR receives data at the central host, an IBM multi-node processor, through the Feed Nodes. A-SADR files are sent by each MTF on a daily basis, as scheduled by the System Electronic Transfer Utility (SY\_ETU) scheduler.

The Feed Nodes send the files to the MDR Processing Server where the records are screened for data management purposes. The files are then sent to the Tivoli Storage Manager (TSM) wherein the TSM copies and stores the files for back-up purposes. The MDR A-SADR files are used by various downstream systems to process, produce, and allow user access to the data.

## Reference Documents

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

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

SAIC, *Project Requirements and Design Documentation (PR&DD) for Expanded Ancillary SADR*, Falls Church, VA, December 2004.

## Operational Agreement

This ICD provides the technical specification for an interface between DHIMS and the DHSS Program Executive Office regarding Ancillary SADR data requirements. It is the responsibility of the source system Program Office (i.e., DHIMS) 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 Executive Office), and a copy of the revised ICD will be sent to the data sender (i.e., DHIMS).

Appendix A delineates the A-SADR data files that DHSS receives from DHIMS.

Should problems occur with the interface, DHSS data production support personnel will immediately contact CHCS operational personnel. Should there be systemic data problems recognized during MDR processing, DHSS members will coordinate with their counterparts in DHIMS.

# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data exchange from CHCS to MDR:

* Ancillary SADR (A-SADR) records.

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

## Precedence and Criticality of Requirements

Ancillary encounter data on MHS beneficiaries that is reliable is necessary for the MHS to make knowledge-based decisions. MDR provides this information to MHS decision-makers. A minimum of daily feeds are required for effective performance of the business. An inability to obtain this data for a period of 2 weeks or greater could have adverse consequences to the business.

## Communications Methods

All CHCS data records will be transferred using SFTP via the Military Health System (MHS) Virtual Private Network (VPN) Mesh to the MDR Feed Node. The SFTP software utilizes FIPS 140-2 compliant encryption.

The collected set of data transmitted from CHCS to the MDR will be placed on the MDR Feed Node on a daily basis.

Upon connection to the OKC Feed Node via SFTP over the MHS VPN Mesh, CHCS will be authenticated using an AIX username and password. The AIX password for the SFTP account will expire every 52 weeks and meets the following security requirements:

* A minimum 15 character password containing 2 uppercase letters, 2 lowercase letters, 2 numbers, and 2 special characters.

## Performance Requirements

There are no unique performance requirements for this data.

## Security and Integrity

The MDR and the CHCS sites both maintain active ATO accreditations.

The data exchanged in this interface does contain protected patient level identifiable information. The raw aggregate data is part of a database that contains sensitive data, and it will be protected in accordance with the security requirements mandated for all "Sensitive Information 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)

### 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.  A defined business protocol is used to deal with duplicate files and records during DHSS processing, should duplicates occur. Retransmissions of files are conducted when MDR Data Processing Operations metrics based on total expected record count indicates re-harvest is required.

**Appendix A: A-SADR Data**

**A.1 File Format**

The Ancillary Standard Ambulatory Data Record (A-SADR) is sent to MDR from Composite Health Care Systems (CHCS). The files provide laboratory, radiology, and pharmacy service records from the direct care system. The files are developed within CHCS as a result of Outpatient Itemized Billing (OIB).

The Feed Nodes receive the data elements listed in the appendix table on a daily basis. Additional data processing is accomplished to apply business rules, and condition the data. Ultimately, the resultant files find their way to the MHS Data Repository. Extracts are prepared to feed downstream systems.

**A.2 Record Layout**

Appendix Tables describes the record layouts. There are three record types:

|  |  |
| --- | --- |
| **TABLE** | **RECORD TYPE** |
| A-1 | Laboratory/Radiology Records |
| A-2 | Pharmacy Records |
| A-3 | Message File Trailer |

CHCS sites will deliver two ASCII files daily using SY\_ETU. One file with Laboratory and Radiology Records, and one file with Pharmacy Records. Both files will include a Message File Trailer Record at the end of the file. Data elements within a record are caret (^) delimited. When no data is available, only the Message File Trailer will be delivered.

**A.3 File Operational Context**

For Laboratory/Radiology records at CHCS sites where Coding Compliance Editor (CCE) is installed, Lab/Rad records will not be transmitted until coding has been completed by CCE. Diagnosis information will be missing for Lab/Rad records if CCE has not been installed.

Table A‑1 Laboratory/Radiology Record Data Elements

| Field Name (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Record Number | 6 | Delimited | Numeric | N/A | None | A unique sequential number automatically assigned to each record in the file (1 thru n). |
| CHCS Host System DMIS ID | 4 | Delimited | A-Numeric | N/A | None | A unique identifier for each CHCS host system. |
| Record Type | 1 | Delimited | Alpha | N/A | L, R | Unique character identifying the ancillary with which the data in this record is associated. Coded as follows:  L Laboratory data  R Radiology data |
| Process Flag | 1 | Delimited | Alpha | N/A | C, N, U | Flag to indicate the operation to be performed with this record. Coded as follows:  C Cancel record  N New record  U Update |
| Patient IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each patient on each CHCS host platform. Combination of CHCS host DMIS ID (see “CHCS Host System DMIS ID”) and Patient IEN. |
| Patient Age | 3 | Delimited | A-Numeric | N/A | None | Patient’s age on the date of service. Coded as follows:  0Y <12 months  NNN >12 months where “NNN” = years |
| Patient Category Code | 3 | Delimited | A-Numeric | N/A | A11-A15, A21- A29, A31-A33, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C41, C43, C45,C47-C49, F11-F15, F21-F29, F31-F33, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M41,M43,M45, M47-M49,N11-N14, N21,N22, N24-N29, N31-N33, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45, P47-P49, R72-R75 | Code that identifies the DoD beneficiary status of the person for whom the service has been provided. |
| Patient HCDP Code | 3 | Delimited | A-Numeric | N/A | 000-024, 101-151, 201-231, 301-302, 400 | Code to identify the patient’s Health Care Delivery Program (HCDP) plan coverage on the date of service. |
| Register Number | 12 | Delimited | Numeric | N/A | None | CHCS inpatient register number. |
| Appointment IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each patient appointment on each CHCS host platform. Combination of “CHCS Host System DMIS ID” and Appointment IEN. |
| Appointment Match Indicator | 3 | Delimited | Alpha | N/A | LIN, MAT, OUT | Code that identifies the matching logic used to link the appointment to the charges. Coded as follows:  LIN Appointment IEN based on CHCS Provider Link (100% confidence).  MAT Appointment IEN based on CHCS Order match to Encounter (75% confidence). Matching factors: patient, provider, appointment data, MEPRS.  OUT “F” MEPRS Code Ancillary – Ancillary services requested by Outside Provider. |
| Order ID | 12 | Delimited | A-Numeric | N/A | None | Unique number assigned to each order on each CHCS host platform. Format: YYMMDD-nnnnn where nnnnn is a sequential number (right justified and zero filled). |
| Order Date/Time | 12 | Delimited | Date/Time | N/A | Valid Date and Time | Date/time that order for the service was written. Format: MMDDYYYYHHMM, where HHMM is the hour of the day in military time. |
| Ordering Provider IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each provider on each CHCS host platform. This is the IEN of the provider who wrote the order. |
| Order Requesting Location DMIS ID | 4 | Delimited | A-Numeric | N/A | None | DMIS ID of the requesting location for the order. |
| Order Requesting Location MEPRS Code | 4 | Delimited | Alpha | N/A | None | MEPRS code of the requesting location for the order. |
| Technical Component Date | 8 | Delimited | Date | N/A | Valid Date | For LAB: Date that the specimen was collected.  For RAD: Date that the exam was performed.  Format: MMDDYYYY. |
| LAB: Accession Number  RAD: Exam Number | 17 | Delimited | A-Numeric | N/A | None | For LAB: Number assigned by CHCS when a specimen is logged into the LAB system.  For RAD: Number assigned by CHCS when a radiology exam is ordered. |
| CPT Code and Modifier | 7 | Delimited | A-Numeric | N/A | CPT-4 Reference Tables | Current Procedural Terminology (CPT) code plus modifier of the laboratory test or radiology exam performed. |
| Inactive CPT Code Indicator | 1 | Delimited | Alpha | N/A | A, I | Code to indicate the status of the CPT code in CHCS on the date of service. Coded as follows:  A CPT code is active  I CPT code is inactive |
| LAB: System Origin for the Results  RAD: Radiology-specific Modifiers | 2 | Delimited | A-Numeric | N/A | Null, AP, 50, 51, 99 | For LAB: Indicator to specify whether the results were entered directly into CHCS or came from CoPath. Valid values:  Null Entered directly into CHCS  AP Generated on CoPath  For RAD: Valid values are:  50 Bilateral complete  51 Bilateral exam only  99 Bilateral and portable |
| Quantity | 2 | Delimited | Numeric | N/A | None | Number of times this CPT was performed in association with this order/accession/exam. |
| Date of Service | 8 | Delimited | Date | N/A | Valid Date | For LAB: Specimen collection date.  For RAD: If “Exam Only”, this is the date that the procedure was performed. If “Read Only” or “Complete” this is the date that the exam was read by a Radiologist. |
| Date of Cancellation | 8 | Delimited | Date | N/A | Valid Date | Date that a CPT code was removed from an order (used for LAB only). Format: MMDDYYYY. |
| Performing DMIS ID | 4 | Delimited | A-Numeric | N/A | None | DMIS ID of the MTF providing the service. |
| Performing Group DMIS ID | 4 | Delimited | A-Numeric | N/A | None | Group DMIS ID of the MTF providing the service (performing location). |
| Performing CMAC Locality Code | 3 | Delimited | Numeric | N/A | None | CHAMPUS Maximum Allowable Charge (CMAC) geographic locality code for the location providing the service.  For LAB: the CMAC Locality Code associated with the LAB work element that completed the test.  For RAD: the CMAC Locality Code associated with the Radiology Location that performed the exam or the Reporting Division that verified the report. |
| Certifying/ Verifying Provider IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each provider on each CHCS host platform. Combination of host DMIS ID plus certifying/verifying Provider IEN.  For LAB: the IEN of the Pathologist responsible for that Laboratory (Performing DMIS ID).  For RAD: the IEN of the Approving Radiologist. |
| External Lab Type | 1 | Delimited | A-Numeric | N/A | C, O, V | Code to identify the type of external laboratory. Coded as follows:  C CHCS  O Other  V VA  Not used for Radiology – no character between delimiters. |
| External Performing Location Name | 60 | Delimited | A-Numeric | N/A | None | Name of the external facility that performed the LAB test or read the RAD film. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location Address Line 1 | 60 | Delimited | A-Numeric | N/A | None | Address line 1 of the external facility. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location Address Line 2 | 60 | Delimited | A-Numeric | N/A | None | Address line 2 of the external facility. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location City | 40 | Delimited | A-Numeric | N/A | None | City where external facility is located. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location State | 2 | Delimited | A-Numeric | N/A | None | State abbreviation where external facility is located. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location Zip Code | 5 | Delimited | A-Numeric | N/A | None | Zip Code where external facility is located. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location Country | 2 | Delimited | A-Numeric | N/A | None | Country abbreviation where external facility is located. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| External Performing Location Phone Number | 20 | Delimited | A-Numeric | N/A | None | Phone number of external facility. Field only populated if the service was performed at a location that is outside the ordering MTF. |
| Diagnosis Code 1 (Principle Diagnosis) | 6 | Delimited | A-Numeric | N/A | None | Code identifying the primary diagnosed medical condition for this encounter. Code must be a valid International Classification of Diseases 9th Edition (ICD-9). |
| Diagnosis Priority 1 | 1 | Delimited | Numeric | N/A | None | Number to identify the diagnosed priority. |
| Diagnosis Code 2 | 6 | Delimited | A-Numeric | N/A | None | Code identifying the provider’s designation of a second diagnosed medical condition associated with this encounter. Must be a valid ICD-9 code. |
| Diagnosis Priority 2 | 1 | Delimited | Numeric | N/A | None | Number to identify the diagnosed priority. |
| Diagnosis Code 3 | 6 | Delimited | A-Numeric | N/A | None | Code identifying the provider’s designation of a third diagnosed medical condition associated with this encounter. Must be a valid ICD-9 code. |
| Diagnosis Priority 3 | 1 | Delimited | Numeric | N/A | None | Number to identify the diagnosed priority. |
| Diagnosis Code 4 | 6 | Delimited | A-Numeric | N/A | None | Code identifying the provider’s designation of a fourth diagnosed medical condition associated with this encounter. Must be a valid ICD-9 code. |
| Diagnosis Priority 4 | 1 | Delimited | Numeric | N/A | None | Number to identify the diagnosed priority. |
| CLIA Number | 15 | Delimited | A-Numeric | N/A | None | This is the Clinical Laboratory Improvement Amendments (CLIA) number of the laboratory performing facility. If the “external performing location” fields are blank, then the CLIA Number is the facility noted in “Performing DMIS ID”. If the fields contain data, then the CLIA Number is the purchased service facility that performed the test. |
| Identification Code Qualifier | 2 | Delimited | A-Numeric | N/A | 24, 34 | Code to identify the data in the “EIN/SSN” as an EIN or SSN. Coded as follows:  24 EIN  34 SSN |
| EIN/SSN | 12 | Delimited | A-Numeric | N/A | None | For LAB: this is the EIN of the purchased service facility.  For RAD: this is the EIN or SSN of the purchased service facility. |
| 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 | Code that identifies the relationship of the patient to the military sponsor. 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 |
| Sponsor SSN | 9 | Delimited | A-Numeric | N/A | None | Social Security Number (SSN) of the patient’s military sponsor. |
| Patient Identifier | 10 | Delimited | A-Numeric | N/A | None | The unique identifier that is used to represent a person within a Department of Defense (DoD) Electronic Data Interchange (EDI). |
| OHI Indicator | 1 | Delimited | Alpha | N/A | N, Y | Denotes whether the patient has Other Health Insurance (OHI). Coded as follows:  N No  Y Yes |

Table A‑2 Pharmacy Record Data Elements

| Field Name (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Record Number | 6 | Delimited | Numeric | N/A | None | A unique sequential number automatically assigned to each record in the file (1 thru n). |
| CHCS Host System DMIS ID | 4 | Delimited | A-Numeric | N/A | None | A unique identifier for each CHCS host system. |
| Record Type | 1 | Delimited | Alpha | N/A | L, R | Unique character identifying the ancillary with which the data in this record is associated. Coded as follows:  P Pharmacy data |
| Process Flag | 1 | Delimited | Alpha | N/A | C, N, U | Flag to indicate the operation to be performed with this record. Coded as follows:  C Cancel record  N New record  U Update record |
| Patient IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each patient on each CHCS host platform. Combination of CHCS host DMIS ID (see “CHCS Host System DMIS ID”) and Patient IEN. |
| Patient Age | 3 | Delimited | A-Numeric | N/A | None | Patient’s age on the date of service. Coded as follows:  0Y <12 months  NNN >12 months where “NNN” = years |
| Patient Category Code | 3 | Delimited | A-Numeric | N/A | A11-A15, A21- A29, A31-A33, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C41, C43, C45,C47-C49, F11-F15, F21-F29, F31-F33, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M41,M43,M45, M47-M49,N11-N14, N21,N22, N24-N29, N31-N33, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45, P47-P49, R72-R75 | Code that identifies the DoD beneficiary status of the person for whom the service has been provided. |
| Patient HCDP Code | 3 | Delimited | A-Numeric | N/A | 000-024, 101-151, 201-231, 301-302, 400 | Code to identify the patient’s Health Care Delivery Program (HCDP) plan coverage on the date of service. |
| Register Number | 12 | Delimited | Numeric | N/A | None | CHCS inpatient register number. |
| Appointment IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each patient appointment on each CHCS host platform. Combination of “CHCS Host System DMIS ID” and Appointment IEN. |
| Appointment Match Indicator | 3 | Delimited | Alpha | N/A | LIN, MAT, OUT | Code that identifies the matching logic used to link the appointment to the charges. Coded as follows:  LIN Appointment IEN based on CHCS Provider Link (100% confidence).  MAT Appointment IEN based on CHCS Order match to Encounter (75% confidence). Matching factors: patient, provider, appointment data, MEPRS.  OUT “F” MEPRS Code Ancillary – Ancillary services requested by Outside Provider. |
| Order ID | 12 | Delimited | A-Numeric | N/A | None | Unique number assigned to each order on each CHCS host platform. Format: YYMMDD-nnnnn where nnnnn is a sequential number (right justified and zero filled). |
| Order Date/Time | 12 | Delimited | Date/Time | N/A | Valid Date and Time | Date/time that order for the service was written. Format: MMDDYYYYHHMM, where HHMM is the hour of the day in military time. |
| Prescribing Provider IEN | 20 | Delimited | Numeric | N/A | None | Unique number assigned to each provider on each CHCS host platform. This is the IEN of the provider who wrote the order for the prescription. |
| Order Requesting Location DMIS ID | 4 | Delimited | A-Numeric | N/A | None | DMIS ID of the requesting location for the order. |
| Order Requesting Location MEPRS Code | 4 | Delimited | Alpha | N/A | None | MEPRS code of the requesting location for the order. |
| Prescription Number | 13 | Delimited | A-Numeric | N/A | None | Unique number assigned to each prescription on each CHCS host platform. |
| Fill Number | 2 | Delimited | Numeric | N/A | 1-99 | Defines which fill (new prescription) or refill (associated with a prescription) was dispensed. |
| Quantity Dispensed (Metric QTY) | 10 | Delimited | A-Numeric | N/A | None | Number of units dispensed in each fill/refill. Last 3 digits are implied decimal units. Leading zeros are suppressed. |
| Number of Days Supplied/Fill or Refill | 3 | Delimited | Numeric | N/A | 1-999 | Number of days the prescription is to be taken by the patient. |
| NDC Number (Product/ Service ID) | 11 | Delimited | A-Numeric | N/A | None | The National Drug Code (NDC) provides the drug name, route, strength, package size, etc. |
| NCPDP Compound Code Indicator | 1 | Delimited | Alpha | N/A | N, Y | A flag to indicate whether or not the prescription is a compounded drug or not. Coded as follows:  N Drug is not a compound  Y NDC reflects a compounded drug |
| NDC Number Status | 1 | Delimited | Alpha | N/A | A, E | Code to indicate status of NDC in CHCS. Coded as follows:  A NDC is active  E NDC number has expired |
| NDC Rate | 7 | Delimited | Numeric | N/A | None | NDC rate for the NDC number in this record. Last 2 digits are implied decimal units. Leading zeros are suppressed. |
| Date of Service | 8 | Delimited | Date | N/A | Valid Date | Date prescription was processed. Format: MMDDYYYY. |
| Date of Cancellation | 8 | Delimited | Date | N/A | Valid Date | Date the order was cancelled. Format: MMDDYYYY. |
| Date Returned to Stock | 8 | Delimited | Date | N/A | Valid Date | Date the prescription was returned to stock. Format: MMDDYYYY. |
| Performing DMIS ID | 4 | Delimited | A-Numeric | N/A | None | DMIS ID of the MTF providing the service. |
| Performing Group DMIS ID | 4 | Delimited | A-Numeric | N/A | None | Group DMIS ID of the MTF providing the service (performing location). |
| NCPDP Pharmacy ID Number | 7 | Delimited | A-Numeric | N/A | 0100002-9999992 | The number that the National Council of Prescription Drug Programs (NCPDP) uses to uniquely identify the dispensing pharmacy. |
| Provider NPI Number | 10 | Delimited | Numeric | N/A | None | The National Provider Identifier (NPI) of the prescribing provider. |
| Provider NPI Type | 1 | Delimited | Numeric | N/A | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |
| Number of Refills | 2 | Delimited | Numeric | N/A | 0-99 | Number of Refills Authorized.  Values are “0” to “99”, coded as follows:  "0" = no refills authorized.  "1-98" = authorized refill number  "99" = refills unlimited |
| 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 | Code that identifies the relationship of the patient to the military sponsor. 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 |
| Sponsor SSN | 9 | Delimited | A-Numeric | N/A | None | Social Security Number (SSN) of the patient’s military sponsor. |
| Patient Identifier | 10 | Delimited | A-Numeric | N/A | None | The unique identifier that is used to represent a person within a Department of Defense (DoD) Electronic Data Interchange (EDI). |
| OHI Indicator | 1 | Delimited | Alpha | N/A | N, Y | Denotes whether the patient has Other Health Insurance (OHI). Coded as follows:  N No  Y Yes |

Table A‑3 Message File Trailer Record Data Elements

| Field Name (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| End of File | 12 | Delimited | A-Numeric | N/A | None | End of file indicator. Format: ZZDDDDNNNNNN where DDDD is the Group DMIS ID and NNNNNN is the number of records. |
| A-SADR Version | 5 | Delimited | A-Numeric | N/A | None | Denotes the version of the file layout to help manage changes to the data structure. Initial version is AS001. |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **A-SADR** | Ancillary SADR |
| **ASCII** | American Standard Code for Information Interchange |
| **CCB** | Configuration Control Board |
| **CCE** | Coding Compliance Editor |
| **CHAMPUS** | Civilian Health and Medical Program for the Uniformed Services |
| **CHCS** | Composite Health Care System |
| **CLIA** | Clinical Laboratory Improvement Amendments |
| **CMAC** | CHAMPUS Maximum Allowable Cost |
| **CPT** | Current Procedure Terminology |
| **DCN** | Document Change Notice |
| **DHIMS** | Defense Health Information Management System |
| **DHSS** | Defense Health Services Systems |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **EDI** | Electronic Data Interchange |
| **EIN** | Employer Identification Number |
| **FMP** | Family Member Prefix |
| **HCDP** | Health Care Delivery Program |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **ICD** | Initial Capabilities Document |
| **ICD** | Interface Control Document |
| **ICD-9** | International Classification of Diseases, 9th Edition |
| **IEN** | Internal Entry Number |
| **MDR** | MHS Data Repository |
| **MEPRS** | Medical Expense and Performance Reporting System |
| **MHS** | Military Health System |
| **MTF** | Medical Treatment Facility |
| **NCPDP** | National Council for Prescription Drug Programs |
| **NDC** | National Drug Code |
| **NPI** | National Provider Identifier |
| **NSLC** | Naval Sea Logistics Command |
| **OHI** | Other Health Insurance |
| **OIB** | Outpatient Itemized Billing |
| **ORD** | Operational Requirements Document |
| **PR&DD** | Project Requirements and Design Document |
| **SSN** | Social Security Number |
| **SADR** | Standard Ambulatory Data Record |
| **SY\_ETU** | System Electronic Transfer Utility |
| **TSM** | Tivoli Storage Manager |
| **VA** | Veteran’s Administration |
| **VPN** | Virtual Private Network |