



# Defense Health Agency

## PROCEDURAL INSTRUCTION

NUMBER 6010.03

December 9, 2021

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DAD-FO

SUBJECT: Defense Medical Information System (DMIS) Identifier (ID) Management Procedures

References: See Enclosure 1.

1. PURPOSE. This DHA-PI applies to the DHA and DHA components (activities under the authority, direction, and control of DHA), the Military Departments (MILDEPs) (including the Coast Guard at all times, including when it is in the Department of Homeland Security by agreement with the Department), and military treatment facilities (MTFs) that are funded by the Defense Health Program (DHP) to include entities outside of the DHP required to document military health treatment records.

2. APPLICABILITY. This DHA-PI applies to the Military Departments (MILDEPs), the DHA and DHA components (activities under the authority, direction, and control of DHA), and military medical treatment facilities (MTFs) that are funded by the Defense Health Program (DHP) to include entities outside of the DHP required to document military health treatment records.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (z) that this guidance ensures standardization of the overarching architecture for the MHS enabling the DHA's ability to comply with applicable financial management standards. The DHA will establish DMIS ID governance and maintain management policy and procedures in accordance with Reference (a) since DMIS IDs are recognized within the Department of Defense (DoD) as the controlling standard for MTF identification (including Child Dental Treatment Facilities and Veterinary Treatment Facilities, cost/workload classification, common financial business practices, and activities of DoD Components DHP Funded Organizations). The DHA must have the means to capture and collate data for local and regional comparisons of area costs among the military, Department of Veterans Affairs, and civilian medical facilities involved in the medical care provided to DoD beneficiaries. DMIS IDs are used in business systems

covering every facet of medical operations to include, but not limited to, resources, logistics, workload, enrollment, biometrics, provider management, clinical appointments, ancillary services, and quality assurance functions.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Financial Operations (FO). When activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-FO to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/  
RONALD J. PLACE  
LTG, MC, USA  
Director

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))" September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)" September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
- (e) DoD Directive 6000.12E, "Health Service Support," January 6, 2011, as amended
- (f) DoD 8910.01, Volume 1, "DoD Information Collections Manual: Procedures for DoD Internal Information Collections," June 30, 2014, as amended
- (g) DoD Instruction 6040.40, "Military Health System (MHS) Data Quality Management Control (DQMC) Program" December 27, 2019
- (h) DoD Directive 7045.14, "The Planning, Programming, Budgeting and Execution (PPBE) Process," January 25, 2013, as amended
- (i) DHA-Procedures Manual 6010.13, Vol.1, "Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities (DTFs): Business Rules," September 27, 2018
- (j) DHA-Procedures Manual 6010.13, Vol. 2, "Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities (DTFs): Uniform Chart of Accounts," September 27, 2018
- (k) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
- (l) DoD Financial Management Regulation, Volume 2B, Chapter 6, "Military Construction/Family Housing Appropriations," June 2013
- (m) DoD Financial Management Regulation, Volume 3, Chapter 17, "Accounting Requirements for Military Construction Projects," June 2019
- (n) DHA-Technical Manual 7220.01, "Defense Health Program (DHP) Common Cost Accounting Structure (CCAS) Guidance," April 29, 2016
- (o) DoD Dictionary, "DoD Dictionary of Military and Associated Terms," January 2021
- (p) Code of Federal Regulations, Title 32
- (q) United States Code, Title 2, Section 622
- (r) United States Code, Title 10
- (s) DHA-Procedures Manual 6015.01, "Military Medical Treatment Facility (MTF) Uniform Business Office (UBO) Operations," April 1997, as amended
- (t) United States Code, Title 10, Section 1073c.
- (u) Public Law 106-398, "National Defense Authorization Act for Fiscal Year 2001", Title VII, October 20, 2000
- (v) DoD Financial Management Regulation, Volume 1, Chapter 9, "Financial Records Retention," February 2021
- (w) United States Code, Title 38, Section 8111
- (x) Code of Federal Regulations, Title 32, Part 220

- (y) TRICARE Operations Manual 6010.59-M, “TRICARE Operations Manual (TOM),” April 1, 2015 as amended.<sup>1</sup>
- (z) DoD Work Group Charter “DHA DAD-FO, Financial and Performance Reporting System (FPRS) Improvement Work Group Charter” October 21, 2020<sup>2</sup>

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<sup>1</sup> This manual can be found on <https://manuals.health.mil/pages/DisplayManual.aspx?SeriesId=TO15>

<sup>2</sup> This document is available upon request at: [https://info.health.mil/bus/brm/fprs-wg-ccas/FPRSImpGrp/Charter/TAB%20A%20-%20FINAL%20FPRS\\_Charter\\_20200608%20\(Clean\).pdf](https://info.health.mil/bus/brm/fprs-wg-ccas/FPRSImpGrp/Charter/TAB%20A%20-%20FINAL%20FPRS_Charter_20200608%20(Clean).pdf)

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:
  - a. Exercise management responsibility for DMIS ID table maintenance within the MHS, to include development oversight of DMIS ID change processes.
  - b. Monitor compliance with this DHA-PI.
2. DAD-FO. The DAD-FO will appoint a DMIS ID Manager.
3. SURGEONS GENERAL OF THE MILDEPS. The Surgeons General of the MILDEPs will communicate DMIS ID Table change requests to the DHA DMIS ID Manager via the Market, Small Market and Stand-Alone Military Medical Treatment Facility Organization (SSO), Defense Health Agency Region (DHAR) or the MTF Directors.
4. DMIS ID MANAGER. The DMIS ID Manager will:
  - a. Provide direct management of the DMIS ID Table to include: receiving all DMIS ID Table Change Requests; verifying that the DMIS IDs are complete and accurate; adding or deleting data fields to the table as appropriate; and publishing on the official websites of the MHS and the DHA no later than the first duty day of each month.
  - b. Authorize reissuance of the DMIS ID table if critical issues are identified during the preliminary drafting stage.
  - c. Coordinate proposed table changes with key stakeholders (DHA, Medical Expense and Performance Reporting System (MEPRS), Program Office Uniform Business Office (UBO), Defense Medical Human Resource System internet (DMHRSi), Expense Assignment System (EAS) Version IV Program Office, Access Improvement Working Group, and MHS Elements).
  - d. Present the DMIS ID table changes to the Financial Performance and Reporting System Improvement (FPRS) Working Group (WG) for approval prior to monthly publication.
  - e. On a quarterly basis, perform a three-way reconciliation between the approved DMIS ID table, the current facilities list, and the systems that employ DMIS IDs. These systems include but are not limited to: the MHS Data Repository, MHS Mart, Composite Health Care System (CHCS), EAS IV, Defense Manpower Data Centers (DMDC) Beneficiary Web Enrollment system, DMDC's Defense Enrollment Eligibility Reporting System, DMHRSi, MHS GENESIS

and the Defense Medical Logistics Standard Support-Facilities Management. If applicable, variances are resolved in a timely manner resolutions documented. A supervisor subsequently reviews and approves the reconciliation.

f. Conduct routine meetings with key stakeholders to coordinate proposed table changes. Stakeholders include Service Representatives, DHA, MEPRS, UBO, DMHRSi, EAS Version IV Program Office, Access Improvement Working Group, and MHS Elements.

g. Collect and facilitate proposed updates to the DMIS ID table. The deadline for submission of updates to the DMIS ID table is the last Monday of each month. This deadline allows sufficient time for verification of details and distribution of the compiled set of updates a few days in advance of the monthly FPRS Work Group meeting. The FPRS Work Group validates and approves updates.

5. MARKET, SSO, DHAR, OR MTF DIRECTORS. Dependent on structure of the Market, the Market, SSO, DHAR, or MTF Directors will:

a. Provide DMIS ID updates or change requests for their areas of responsibility to the DMIS ID Manager by the last Monday of each month.

b. Changes and updates are present the DMIS ID table changes to the FPRS DMIS ID Sub WG monthly for approval prior to monthly publication. Participation in this WG is highly encouraged.

c. Routine meetings with key stakeholders are conducted to coordinate proposed table changes. Stakeholders include Service Representatives, DHA, MEPRS, UBO, DMHRSi, EAS Version IV Program Office, Access Improvement Working Group, and MHS components. Participation is also encouraged to ensure proper alignment and placement.

6. SERVICE LEVEL DMIS ID MANAGERS. The Service Level DMIS ID Managers will comply with this DHA-PI, and advise and support as necessary.

ENCLOSURE 3

PROCEDURES

1. DMIS ID MANAGEMENT

a. The DMIS ID is one of the most important data fields in MHS Systems. DMIS IDs were originally created as a means to identify fixed medical, dental, and veterinary MTFs and the geographic areas surrounding them. Their usage later expanded to include DMIS IDs that represent enrolling entities and DMIS IDs for organizations that need to interact with MHS business systems. DMIS ID critical uses includes many operational processes that impact access to healthcare and business processes that aggregate data from various systems to include but not limited to: Armed Forces Health Longitudinal Technology Application, CHCS, EAS IV, DMHRSi, TRICARE Encounter Data-Operational Data Store, Defense Enrollment Eligibility Reporting System, MHS GENESIS, among others.

b. DMIS IDs will be created for:

(1) Fixed MTFs operated by the DHP.

(2) Civilian and Department of Veteran Affairs facilities where providers assigned to MTFs deliver healthcare (External Resource Sharing).

(3) Entities that enroll beneficiaries in TRICARE Programs. These DMIS IDs can represent MTFs but may also represent managed care arrangements (Managed Care Support Contractors, Designated Provider) or military personnel enrollments in TRICARE programs that do not involve a Primary Care Management assigned to an MTF (operational forces). These DMIS IDs should not be used for reporting workload in the MTFs healthcare data.

(4) Geographic areas surrounding MTFs (catchment, Primary Requirement Integrated Specialty Model program and MTF Service Areas). DMIS IDs are also created for the geographic areas that represent states and countries excluding MTF areas; split state DMIS IDs are used in cases where MTF areas cover two different TRICARE regions (such as non-catchment West Texas).

(5) Entities that need to interact with MHS Systems for the purpose of ordering healthcare from, referring to an MTF, or using the Electronic Health Record. These may include DMIS IDs for Reserve Component units and Navy Ships, among others. These DMIS IDs should not be used for reporting workload for the determination of DHP funding allocations. This determination will be conducted by DHA and their DHP Funded Flag must be set to N for No.

c. There are two lines of work associated with DMIS ID management:



(1) Information management of the data structures and values utilizing the business rules of the DMIS ID table.

(2) The physical processing and maintenance of the DMIS ID table and its associated work files.

d. The DMIS ID table is published on the 1st of each month for use beginning the 1st of the following month and includes all active and inactive identifiers. The DMIS ID table includes the DMIS ID and attributes such as the name, Parent DMIS ID, MEPRS Parent DMIS ID, DMIS ID Command, DHP Code, Authorized Enrollment Flag, and TRICARE Region. The pre-publication of the DMIS ID table allows systems one month to load the new reference information prior to their implementations.

e. The physical DMIS ID processing is accomplished by executing standardized operating procedures documented in the DMIS ID Maintenance Process Detailed Description. This document can be accessed through the [Health.mil website](http://Health.mil) and searching DMIS ID. The document details the overall DMIS ID program, working group, and procedures. Additionally, it describes the DMIS ID Operations Manual which illustrates the DMIS ID process in a series of logical steps, each step consisting of instructions for accomplishing sub-tasks, and evaluates the immediate results of the steps. In addition to processing instructions, the Operations Manual specifies timing of effort, dependencies, inputs, outputs, top-level programs, descriptions of program actions, required quality control checks, and other information relevant to generating the outputs and understanding the steps involved.

(3) The DHA DMIS ID Manager will:

(a) Provide oversight by verifying that the DMIS IDs are complete, accurate and published on the official website of the MHS and the DHA on a monthly basis.

(b) Authorize reissuance of the DMIS ID table if critical issues are identified during the preliminary drafting stage.

(c) Conduct routine meetings with key stakeholders to coordinate proposed table changes. Stakeholders include: Service Representatives, DHA, MEPRS, UBO, DMHRSi, Expense Assignment System (EAS) Version IV Program Office, Access Improvement Working Group, and MHS components.

(d) Maintain the DMIS ID table to include but not limited to the following functions: publish the DMIS ID table by the 1st of each month, store DMIS ID historical communication and information (DMIS ID table, data dictionary, change files, e-mail correspondence), communicate between DHA and stakeholders, coordinate with DMDC before assigning the authorized enrollment site flag, inactivate obsolete DMIS IDs, and avoid subsequent reuse of DMIS IDs.

(e) Review the DMIS ID table and DMIS ID Data Dictionary on a monthly basis to verify accuracy, completeness, and currency.

(3) DMIS ID Representatives from the DoD Components will:

(a) Verify that the DMIS ID table is correct, accurate, and up to date prior to the monthly DMIS ID publication.

(b) Provide input to update the DMIS ID table for your DoD Component and submit all DMIS ID changes no later than the date specified by the DMIS ID Administrator.

(c) When submitting requests for DMIS IDs, DMIS ID Service and Component Representatives of the DHP funded organizations will:

1. Confirm Child DMIS ID codes that are a part of a fixed MTF are also aligned under a Parent DMIS ID code of a fixed MTF.

2. Verify all Child DMIS ID codes have a facility type code of “admin” when it is aligned under a Parent DMIS ID code with a facility type code of “admin.”

3. Confirm Child and MEPRS Parent DMIS ID codes are aligned under the same respective organization that executes DHP appropriated funds.

4. Confirm that operational forces Child DMIS ID codes are aligned under the respective operational forces Parent DMIS ID. Note: Regarding DMIS IDs for enrollment purposes, if primary care is provided by an operational unit external to the MTF or a MTF funded facility with organic medical assets, the member will be enrolled to an operational forces’ Child DMIS ID affiliated with its operational forces Parent DMIS ID. Examples of units meeting this criteria would be ships, submarines, and some special warfare units.

(4) The DHA MEPRS office will coordinate on MHS DMIS ID Table Change Requests and provide recommendations to the Chair, FPRS WG, utilizing the following guidelines:

(a) DoD facilities that are not part of the fixed MTF direct patient care mission and organizations should not report any data in the unique fixed MTF identifiers, such as DMIS ID codes and Functional Cost Codes (FCCs)/MEPRS codes.

(b) If system configurations require use of a FCC/MEPRS code to document any type of patient care performed by a non-MEPRS reporting organization, then the non-MEPRS reporting organization should submit a formal request to the DHA MEPRS Program Office for approval of an authorized FCC/MEPRS code. Examples of the type of organizations that should not report data in fixed MTF MEPRS data or MTF DMIS ID codes are provided below:

1. Multi-Service Market Headquarters, Service Headquarters, and Intermediate Commands.

2. Medical research facilities, installation organizations, installation line units, battalion aide stations, DoD facilities for field service (e.g., force combat support and evacuation hospitals), facilities afloat (e.g., hospital ships and sick bays aboard ships), and tactical casualty

staging facilities (e.g., medical advance base staging facilities and medical advance base components contained within mobile-type units), operational forces, aeromedical staging facilities, etc.

(c) Only MEPRS reporting Child DMIS ID codes that are part of a fixed MTF are also aligned under a MEPRS Reporting Parent DMIS ID code of a fixed MTF. Child DMIS ID codes that are not MEPRS reporting will not be aligned under a fixed MTF MEPRS reporting Parent DMIS ID code regardless of DMIS ID Facility Type Code.

(d) Child and MEPRS Parent DMIS ID codes are aligned under the same organization that executes DHP appropriated funds.

(e) Child DMIS ID codes:

1. Will be created for each individual building that is funded and managed by a fixed MTF and for each building that belongs to the fixed MTF Organization when the Base Operations funding for the buildings belongs to the fixed MTF. Fixed facilities with multiple building locations require a distinct DMIS ID when buildings are identified by a separate and distinct street address.

a. Example 1: a campus containing several buildings with the same street address, but different building identifiers would require one DMIS ID.

b. Example 2: a campus containing several buildings with different street addresses would require a DMIS ID for each street address.

2. That are part of a fixed MTF Organization and are mapped to the fixed MTF Parent DMIS ID code on all DMIS ID tables in all systems (e.g., DMHRSi, EAS IV, Financial Source Systems, CHCS, MHS GENESIS).

(f) All non-MEPRS reporting organizations will not report with valid MEPRS codes or an MTF DMIS ID code in any system (i.e., DMHRSi, EAS IV, Financial Source Systems, CHCS, MHS GENESIS). Any DMIS ID code created for a non-MEPRS reporting organization and mapped to a fixed MTF Parent DMIS ID should be realigned to a non-MEPRS reporting Parent DMIS ID.

## 2. DMIS ID RESOURCES

a. DMIS ID Table and Requirements:

(1) The DMIS ID table lists current (active) and prior (inactive) DHP and non-DHP funded sites. It is published monthly by the DHA for the MHS and represents each unique identification code assigned by the DHA. This table can be accessed through the [Health.mil website](https://www.health.mil) and searching DMIS ID.

(2) On a quarterly basis, each DMIS ID Manager for their respective Facility Service Codes are responsible for ensuring that the DMIS ID table is complete and accurate meaning it represents all of the sites that require a DMIS ID with a specific reference to the DHP funded sites. A review of the DHP code column and the alignment of the DMIS Parent ID and MEPRS Parent ID columns should be conducted on a quarterly basis to verify that all DHP funded sites are reflected accurately. DMIS ID Managers for their respective Facility Service Codes should coordinate with the DHA DMIS ID team and FPRS Work Group on any revisions needed.

b. DMIS ID Data Dictionary: The DMIS ID data dictionary will provide the necessary information describing the contents, format, and structure of the DMIS ID table and the relationship between the elements used to control access to and manipulation of the table. The DMIS ID data dictionary is updated if there are data element changes (e.g., address change, Parent/Child relationship change, etc.) or new values. This information can be accessed through the [Health.mil website](https://www.health.mil) and searching DMIS ID.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CHCS	Composite Healthcare System
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DHP	Defense Health Program
DMDC	Defense Manpower Data Center
DMHRSi	Defense Medical Human Resources System Internet
DMIS	Defense Medical Information System
DTF	Dental Treatment Facility
EAS	Expense Assignment System
FCC	Functional Cost Code
FPRS	Financial and Performance Reporting Improvement System
FO	Financial Operations
ID	Identifier
MEDLOG	Medical Logistics
MEPRS	Medical Expense and Performance Reporting System
MHS	Military Health System
MILDEPS	Military Departments
MTF	Military Treatment Facility
UBO	Uniform Business Office
WG	Working Group

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-PI.

Accuracy. A quality of that which is free of error. A quantitative assessment of freedom from error, with a high assessment corresponding to a small error (e.g. percent of values that are correct when compared to the actual value).

Child DMIS ID. Also referred to as Treatment DMIS ID, describes the lowest level of reporting hierarchy that the DHP funded organization should use for reporting treatment and enrollment

site data. For example, a satellite family care clinic funded by a medical center, but not collocated with the medical center, would have a Child (or Treatment) DMIS ID and the associated medical center would be the Parent DMIS ID.

support agreements. The Clinical Support Agreement Program (TRICARE Operations Manual Ch. 15, Section 3) requires contractors to provide needed clinical personnel to the MTF in those situations where the MTF Director/Enhanced Multi-Service Markets Manager has determined that it is in the Government's best interest.

completeness. The degree to which values are present in the attributes that require them (e.g., Percent of data fields having values entered into them).

currency. The degree to which specified data values are up to date.

DHP. The DHP appropriation funds the medical mission of the DoD by providing health support for the full range of military operations and sustaining the health of the Military personnel and their families. The appropriation consists of Operation and Maintenance; Research Development Test & Evaluation and Procurement funding designed to finance the non-military personnel requirements of the MHS.

DHP Funded Organization. Any subordinate organization that receives DHP funds.

Defense Medical Information System Identifier. A unique 4-digit code used to identify a treatment site. The DMIS ID serves as the controlling standard for both military and non-military facility identification for cost and workload allocation. The DMIS ID represents the lowest level of the organization that is generating the cost. The DMIS ID may also be referred to as a Child DMIS ID or a treatment DMIS ID when reporting to a larger facility or Parent DMIS ID. The Parent DMIS ID represents the highest level of reporting hierarchy for the cost data. In cases where the Parent DMIS ID is the treatment facility, the same DMIS ID would be used for the Parent and treatment/Child DMIS ID. Although Parent and Child relationships can change over time, the unique 4-digit DMIS ID for a facility will not change.

DMIS ID Table. The DMIS ID Table identifies the unique 4-digit DMIS ID for each facility, the Parent DMIS, and any other fields required to differentiate the facility or consolidate cost and workload data determined necessary by the FPRS WG. Changes to the DMIS ID table are presented and approved at the FPRS WG. Examples of DMIS ID fields include: Unit Identification Code, Facility Command Code, Branch of Service/Authority Code, etc.

MEPRS. A uniform system of healthcare managerial cost accounting for the MHS that provides detailed uniform performance indicators, common expense classification by work center/cost center, uniform reporting of personnel utilization data by work centers, and a labor cost assignment methodology.

Multi-Service Markets. Geographic areas where at least two medical hospitals or clinics from different services have overlapping service areas. There are 15 multi-service markets around the world, 11 in the United States, and 4 overseas.

Parent DMIS ID. Describes the highest level of reporting hierarchy that the DHP funded organization should use for reporting treatment and enrollment site data. A Parent DMIS ID is typically a large facility, such as a community hospital, with surrounding clinics called Child DMIS IDs. Parent DMIS IDs are critically important in tying together workload associated with a particular DMIS ID.

Readiness Command Code. The command code associated with the MTF prior to turn over to DHA.

Readiness Parent ID. Parent DMIS ID that provides overarching medical support for a Military Service's operational forces/line units.

TRICARE. The DoD medical and dental programs operating pursuant to chapter 55 of Reference (a), under which the medical and dental services are provided to DoD health care beneficiaries.

Unified Medical Program. A combination of the DHP appropriation, the medical military construction appropriation, military personnel fund for military personnel supporting the MHS, and the estimated payments to the DoD Medicare-Eligible Retiree Health Care Fund.