EI/DS Program Management

Interface Control Document  
Describing the Customer Satisfaction Survey (CSS) Data  
Exchange from HPA&E   
BASELINE

Preliminary Version  
  
January 28, 2005



**EI/DS Program Office  
5111 Leesburg Pike, Suite 809  
Falls Church, VA 22041**

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ICD Describing the Customer Satisfaction Survey (CSS) Data Exchange from HPA&E

Preliminary Version  
  
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Approval Page

Approved by:

Mr. Phil Dederer Date  
Chair, Configuration Control Board (CCB)  
Executive Information/Decision Support

**EI/DS Program Office  
5111 Leesburg Pike, Suite 809  
Falls Church, VA 22041**

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Review Page

Submitted by:

Mr. Steve Luhrman Date  
SRA, International  
EI/DS Systems Interfaces Integration Manager

Reviewed by:

Mr. Jeffrey Lopata Date  
Direct Care Operations Manager  
EI/DS Program Office

Reviewed by:

Mr. Allen Johnston Date  
Senior Engineer & Architect  
EI/DS Systems Engineer

**EI/DS Program Office  
5111 Leesburg Pike, Suite 809  
Falls Church, VA 22041**

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Preface

This document is a deliverable for SRA International as a contractor to the Executive Information/Decision Support (EI/DS) Program Office under the Naval Sea Logistics Command (NSLC) contract GS35F4594G Delivery Order N6553804F0259 titled "Executive Information/Decision Support (EI/DS) Program Office Integration Support Services." It describes the interface that HPA&E contractors provide regarding Customer Satisfaction Survey (CSS) records to 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:

EI/DS Program Office   
5111 Leesburg Pike, Suite 809  
Falls Church, Virginia 22041

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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 Customer Satisfaction Survey (CSS) data record received from a contractor that supports HPA&E. Information and meta data regarding the data feed are detailed in this ICD.

**Keywords:** Customer Satisfaction Survey, Decision Support, Executive Information, Interface Control Document, MHS Data Repository, CSS, DS, EI, ICD, MDR

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| **BASELINE, CHANGE AND REVISION HISTORY PAGE** | | | |
| **ISSUE** | **DATE** | **PAGES AFFECTED** | **DESCRIPTION** |
| Baseline | Jan 28, 2005 | All | Baseline |
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# Introduction

## Document Identification

This document describes the interface that provides Customer Satisfaction Survey (CSS) data records to the Military Health System (MHS) Data Repository (MDR).

## Scope

This document describes and identifies the parameters and specifies the file layout of the CSS files that the EI/DS Program Office receives from the Health Programs Analysis and Evaluation (HPA&E) directorate. The CSS file collection is a key dataset for MHS decision support.

## System Overview

This particular ICD describes the specific interface between EI/DS Program Office and HPA&E providing the raw CSS records to the MDR. The MDR receives direct data feeds at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. CSS records arrive monthly via File Transfer Protocol (FTP) to the EI/DS Program Office. EI/DS operations personnel load the three files onto the IBM SP.

The files are sent to the Tivoli Storage Manager (TSM). The TSM copies and stores the file for back-up purposes. The files are also loaded as-is into the MDR. The CSS collection is used primarily by HPA&E users to analyze and develop trends as viewed from users of the MHS.

## Reference Documents

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

## Operational Agreement

This ICD provides the technical specification for an interface between HPA&E and the EI/DS Program Office regarding CSS data requirements. The Action Memo that accompanies the baseline ICD and any modified ICD versions, when approved by EI/DS and HPA&E establishes the on-going operational agreement. It is the responsibility of the source system Program Office (i.e., HPA&E) 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, the ICD will be modified 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., HPA&E).

Appendix A delineates the CSS data files that EI/DS receives from HPA&E.

Should problems with the interface arise, EI/DS data production support personnel will immediately contact HPA&E contractor personnel. Should there be systemic data problems recognized during MDR processing, EI/DS members will coordinate with their counterparts in HPA&E.

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# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data exchange from HPA&E to EI/DS:

* Customer Satisfaction Survey (CSS) records.

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

## Precedence and Criticality of Requirements

Beneficiary survey data is necessary for the MHS to make knowledge-based decisions. MDR provides this information to MHS decision-makers. A minimum of monthly feeds are required for effective performance of the business. An inability to obtain this data for a period of 2 months or greater could have adverse consequences to the business.

## Communications Methods

HPA&E contractors will use File Transfer Protocol (FTP) to transmit CSS data files monthly to the EI/DS’ Feed Nodes.

## Performance Requirements

There are no unique performance requirements for this data.

## Security and Integrity

The data exchanged in this interface does not 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 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 HPA&E contractors to EI/DS as defined in the design documentation.

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**Appendix A: CSS File Layout**

**A.1 File Format**

Customer Satisfaction Surveys (CSS) are distributed to samples of MHS beneficiaries that receive health care from the MTFs. Beneficiaries that complete the forms send them to a MHS contractor that collates the data. On a monthly basis, three SAS files are prepared and FTP’d to the EI/DS Program Office feed nodes. One file is for CONUS, one for Europe, and one for Latin America. The feed nodes are the entry point for data into the EI/DS MHS Data Repository (MDR). The architecture consists of a multi-node IBM SP located at Denver Enterprise Computing Center (DECC).

**A.2 Record Layout**

Table A-1 provides the layout and meta data that is held within each SAS file. The layout is the same for all three files.

From a single MTF (i.e., DMIS ID) there will be multiple records for a year and month, because of individual beneficiary survey submissions (i.e., each record is a respondent’s submission). The questions were based on the Health Employer Data Information Set (HEDIS 3.0) National Committee on Quality Assurance Standards.

**A.3 File Operational Context**

There are three files of raw survey responses: one from CONUS, one from Europe, and one from Latin America. EI/DS collates this data and loads it into MDR databases. There is no further processing than this, because the Data Quality Level Raw as received is in a state of Data Quality Level 0. It is useful to know, that a rolling 3-month collection of surveys is generally used to measure trends – a 3-month collection allows for a statistically significant sample.

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Table A‑1 CSS Record Data Elements

| Field Name (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Response Question 1 | 8 | 0 | Numeric | N/A | 1, 2, 3, 4 | The beneficiary’s response to question 1: What was the main purpose of your visit? Coded as follows:  1 Urgent care  2 Routine care  3 Well patient visit for preventative care  4 Specialty care, referral visit |
| Response Question 2 | 8 | 8 | Numeric | N/A | 1, 2 | The beneficiary’s response to question 2: Did the appointed provider or another provider treat you? Coded as follows:  1 Provider assigned during the appointment  2 Other provider |
| Response Question 3A | 8 | 16 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3A: Friendliness and courtesy shown to you by the clinic’s staff? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3B | 8 | 24 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3B: Attention given to what you had to say? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3C | 8 | 32 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3C: Thoroughness of treatment received? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3D | 8 | 40 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3D: Explanations of medical procedures and tests? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3E | 8 | 48 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3E: Personal interest in you and your medical problems? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3F | 8 | 56 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3F: Advice you received about ways to avoid illness and stay healthy? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3G | 8 | 64 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3G: Amount of time you had with doctor and staff during your visit? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3H | 8 | 72 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3H: How much you were helped by the care you received? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3I | 8 | 80 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3I: How well the care met your needs? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 3J | 8 | 88 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 3J: Overall quality of the care and service you received? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very Good  5 Excellent |
| Response Question 4 | 8 | 96 | Numeric | N/A | 1, 2, 3, 4 | The beneficiary’s response to question 4: Would you recommend the Doctor to your family or friends? Coded as follows:  1 Definitely Not  2 Probably Not  3 Probably Yes  4 Definitely Yes |
| Response Question 5 | 8 | 104 | Numeric | N/A | 1, 2, 3, 4, 5, 6, 7 | The beneficiary’s response to question 5: All things considered, how satisfied are you with the medical care you received at the clinic during this visit? Coded as follows:  1 Completely dissatisfied  2 Very dissatisfied  3 Somewhat dissatisfied  4 Neither satisfied or dissatisfied  5 Somewhat satisfied  6 Very satisfied  7 Completely satisfied |
| Response Question 6 | 8 | 112 | Numeric | N/A | 1, 2, 3, 4, 5, 6, 7, 8 | The beneficiary’s response to question 6: How many days were there between the day your appointment was made and the day you saw the doctor? Coded as follows:  1 Same day  2 1 day  3 2-3 days  4 4-7 days  5 8-14 days  6 15-30 days  7 More than 30 days  8 I did not have an appointment time: I walked in to the clinic |
| Response Question 7 | 8 | 120 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 7: How would you rate the number of days between the day the day your appointment was made and the day you saw the doctor? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent |
| Response Question 8 | 8 | 128 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 8: How long did you wait for the Doctor past your appointment time (or past the time you walked in if you did not have a specific appointment)? Coded as follows:  1 Did not wait  2 1-15 minutes  3 16-30 minutes  4 31-45 minutes  5 46-60 minutes  6 More than 60 minutes |
| Response Question 9 | 8 | 136 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 9: How would you rate the number of minutes you spent waiting for the doctor? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent |
| Response Question 10A | 8 | 144 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 10A: How would you rate the clinic on ease of making this appointment by phone? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Not applicable |
| Response Question 10B | 8 | 152 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 10B: How would you rate the clinic on access to medical care whenever you need it? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Not applicable |
| Response Question 10C | 8 | 160 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 10C: How would you rate the clinic on the process of obtaining a referral for specialty care? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Not applicable |
| Response Question 11 | 8 | 168 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 11: Thinking about times you have called the clinic for medical information or advice, how would you rate the length of time it took clinic personnel to return your call? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Not applicable |
| Response Question 12 | 8 | 176 | Numeric | N/A | 1, 2, 3, 4, 5, 6, 7 | The beneficiary’s response to question 12: All things considered, how satisfied are you with the clinic during this visit? Coded as follows:  1 Completely dissatisfied  2 Very dissatisfied  3 Somewhat dissatisfied  4 Neither satisfied or dissatisfied  5 Somewhat satisfied  6 Very satisfied  7 Completely satisfied |
| Response Question 13A | 8 | 184 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 13A: How would you rate the MTF on the following: Pharmacy services? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Haven’t used |
| Response Question 13B | 8 | 192 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 13B: How would you rate the MTF on the following: X-ray services? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Haven’t used |
| Response Question 13C | 8 | 200 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 13C: How would you rate the MTF on the following: Laboratory services? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Haven’t used |
| Response Question 13D | 8 | 208 | Numeric | N/A | 1, 2, 3, 4, 5, 6 | The beneficiary’s response to question 13D: How would you rate the MTF on the following: Medical record services? Coded as follows:  1 Poor  2 Fair  3 Good  4 Very good  5 Excellent  6 Haven’t used |
| Response Question 14 | 8 | 216 | Numeric | N/A | 1, 2, 3, 4 | The beneficiary’s response to question 14: Are you enrolled in TRICARE Prime? Coded as follows:  1 Yes  2 No  3 Not eligible to enroll  4 Don’t know |
| Response Question 15 | 8 | 224 | Numeric | N/A | 1, 2, 3 | The beneficiary’s response to question 15: Is the doctor you saw your Primary Care Manager? Coded as follows:  1 Yes  2 No  3 Don’t know |
| Response Question 16 | 8 | 232 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 16: If you were given the option, would you? Coded as follows:  1 Enroll in TRICARE Prime  2 Re-enroll in TRICARE Prime  3 Disenroll from TRICARE Prime  4 Not enroll in TRICARE Prime  5 TRICARE Prime is not available in this area |
| Response Question 17 | 8 | 240 | Numeric | N/A | 1, 2, 3, 4, 5 | The beneficiary’s response to question 17: In general, would you say your health is? Coded as follows:  1 Excellent  2 Very good  3 Good  4 Fair  5 Poor |
| Weight | 8 | 248 | Numeric | N/A | None | The weight of the specific survey based on the survey respondent’s demographic, clinic size, and MTF size factors in relationship to the total population of military health system users. Coded as NN.DDDDDD. |
| Parent DMIS ID | 4 | 256 | Character | N/A | None | The DMIS ID code of the parent military treatment facility that the beneficiary received health care from. |
| Treatment DMIS ID | 4 | 260 | Character | N/A | None | The DMIS ID code which identifies the military treatment facility that the beneficiary received health care from and is submitting responses to the survey instrument. |
| MTF Name | 36 | 264 | Character | N/A | None | The name of the military treatment facility that provided the health care service to the beneficiary that is submitting responses to the survey instrument. |
| Clinic Name | 50 | 300 | Character | N/A | None | The name of the clinic that provided the health care service to the beneficiary that is submitting responses to the survey instrument. |
| MEPRS 3 | 3 | 350 | Character | N/A | None | The 3-letter MEPRS code for the clinic/department that delivered the health care service to the beneficiary that is submitting responses to the survey instrument. |
| Region | 2 | 353 | Character | N/A | 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, EU, LA | The code that represents a geographical region (Health Service Region) of the military health system for where the MTF is located. Coded as follows:  01 Northeast  02 Mid-Atlantic  03 Southeast  04 Gulf South  05 Heartland  06 Southwest  07 Central  08 Central  09 Southern California  10 Golden Gate  11 Northwest  12 Hawaii and Alaska  EU Europe  LA Latin America |
| Service | 1 | 355 | Character | N/A | A, F, N | The MTF’s military service affiliation. Coded as follows:  A Army  F Air Force  N Navy |
| Command ID | 2 | 356 | Character | N/A | A1-A5, A7, F1-F8, F0, N1-N4 | A code that designates the intermediate command relationship of the MTF that provided the service. Coded as follows:  A1 Great Plains RMC  A2 North Atlantic RMC  A3 Northwest RMC  A4 Pacific RMC  A5 Southeast RMC  A7 European RMC  F1 11SPTM  F2 ACC  F3 AETC  F4 AFMC  F5 AFSPC  F6 AMC  F7 PACAF  F8 USAFA  F0 USAFE  N1 BUMED  N2 HSO Jacksonville  N3 HSO Norfolk  N4 HSO San Diego |
| Appointment Date | 7 | 358 | Character | N/A | None | The date of the appointment coded as MM/YYYY |
| Gender | 1 | 365 | Character | N/A | F, M | The gender associated with a patient. Coded as follows:  F Female  M Male |
| Age Group | 1 | 366 | Character | N/A | A, B, C, D, E, F, G, H | The age category of the beneficiary coded as follows:  A 0-4 years old  B 5-14 years old  C 15-17 years old  D 18-24 years old  E 25-34 years old  F 35-44 years old  G 45-64 years old  H 65 years old and older |
| Rank Group | 1 | 367 | Character | N/A | A, B, C, D, E, F, G, X | Paygrade group of the beneficiary receiving the health care service. Coded as follows:  A Officer (01-10, MO)  B Warrant Officer (W1-W4)  C Cadet/Midshipman (CD)  D Senior Enlisted (E5-E9)  E Junior Enlisted (E1-E4)  F Other Military (ME enlisted)  G Civilian (C3)  X Unknown |
| Family Member Prefix (FMP) | 2 | 368 | Character | N/A | 01-20; 30-69 | The code that represents the prefix that the medical community uses to identify medical records.  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 |
| Beneficiary Group | 4 | 370 | Character | N/A | ACT, DA, DGR, DR, DS, GRD, OTH, RET | Grouping of beneficiaries into the same class. Coded as follows:  ACT Active Duty  DA Family of active duty  DGR Family of Guard/Reserve  DR Retired family members  DS Survivor  GRD Guard/Reserve  OTH Other sponsors and family members of other sponsors  RET Retired |
| MEPRS 4 | 4 | 374 | Character | N/A | None | The MEPRS 4-letter code describing the clinic that provided the health care service. |
| MTF Type | 1 | 378 | Character | N/A | 2, 3 | The type of MTF that provided the health care service. Coded as follows:  1 Not used as of 5/13/99  2 Hospital  3 Clinic  4 Not used as of 5/13/99 |
| Patient Category | 1 | 379 | Character | N/A | A, B, C, F, K, M, N, P, R | The first character in a beneficiary’s patient category. Coded as follows:  A Army  B NOAA  C Coast Guard  F Air Force  K No U.S. Uniformed Services  M Marine Corps  N Navy  P Public Health Service (PHS)  R NATO Reciprocal Agreement |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **AFMC** | Air Force Medical Center |
| **AMC** | Army Medical Center |
| **BUMED** | Bureau of Medicine |
| **CCB** | Configuration Control Board |
| **CEIS** | Corporate Executive Information System |
| **CONUS** | Continental United States |
| **CSS** | Customer Satisfaction Survey |
| **DCN** | Document Change Notice |
| **DECC** | Defense Enterprise Computing Center |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **EI/DS** | Executive Information/Decision Support |
| **FMP** | Family Member Prefix |
| **FTP** | File Transfer Protocol |
| **HEDIS** | Health Employer Data Information Set |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HPA&E** | Health Program Analysis and Evaluation |
| **HSO** | Health Services Operation |
| **ICD** | Interface Control Document |
| **MDR** | MHS Data Repository |
| **MEPRS** | Medical Expense and Performance Reporting System |
| **MHS** | Military Health System |
| **MTF** | Medical Treatment Facility |
| **NATO** | North Atlantic Treaty Organization |
| **NOAA** | National Oceanographic Atmospheric Administration |
| **NSLC** | Naval Sea Logistics Command |
| **ORD** | Operational Requirements Document |
| **PACAF** | Pacific Air Force |
| **PHS** | Public Health Service |
| **RMC** | Regional Medical Center |
| **SAS** | Statistical Analysis System |
| **TSM** | Tivoli Storage Manager |