DHSS Program Management

Interface Control Document  
Describing the Case Management Exchange from BEA to MDR and M2  
Baseline

Approved Version  
  
August 18, 2008



**DHSS Program Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041**

This page intentionally left blank.

ICD Describing the Case Management Data Exchange from BEA to MDR and M2

Approved Version  
  
August 18, 2008

Approval Page

Approved by:

Mr. Paul Lindsey Date  
Chair, Configuration Control Board (CCB)  
Defense Health Services Systems (DHSS)

**DHSS Program Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041**

This page intentionally left blank.

ICD Describing the Case Management Data Exchange from BEA to MDR and M2

Approved Version  
  
August 18, 2008

Review Page

Submitted by:

Mr. Steve Luhrman Date  
Senior Lead Engineer  
DHSS Program Office

Reviewed by:

Mr. Edwin Lehr Date  
OKC Operations  
DHSS Program Office

Reviewed by:

Mr. Curtis Hefflin Date  
Security Engineering  
DHSS Program Office

Reviewed by:

Mr. Narinder Saund Date  
Director, Engineering Solutions  
DHSS Program Office

**DHSS Program Office  
5203 Leesburg Pike, Suite 1500  
Falls Church, VA 22041**

This page intentionally left blank.

Preface

This document describes the interface that provides Case Management data to the Military Health System (MHS) Data Repository (MDR) and the MHS Management Analysis and Reporting Tool (MART), known as M2. MDR and M2 are managed by the Defense Health Services Systems (DHSS).

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:

DHSS Program Office   
5203 Leesburg Pike, Suite 1500  
Falls Church, Virginia 22041

This page intentionally left blank.

Abstract

The Defense Health Services Systems (DHSS) Program Office manages a number of information technology systems including the Military Health System (MHS) Data Repository (MDR) and the MHS Management Analysis and Reporting Tool (MART), known as M2. This document is the Interface Control Document (ICD) that specifies the Case Management data extracts provided to MDR and M2. Information and meta data regarding the data feed are detailed in this ICD.

**Keywords:** Case Management, Defense Health Support Systems, Decision Support, Executive Information, Interface Control Document, MHS Data Repository, MHS MART, DHSS, DS, EI, ICD, MDR, M2

This page intentionally left blank.

|  |  |  |  |
| --- | --- | --- | --- |
| **BASELINE, CHANGE AND REVISION HISTORY PAGE** | | | |
| **ISSUE** | **DATE** | **PAGES AFFECTED** | **DESCRIPTION** |
| Baseline | Aug 18, 2008 | All | Baseline |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This page intentionally left blank.

Contents

Preface vii

Abstract ix

Section 1: Introduction 1-1

1.1 Document Identification 1-1

1.2 Scope 1-1

1.3 System Overview 1-1

1.4 Reference Documents 1-1

1.5 Operational Agreement 1-1

Section 2: Data Specification 2-1

2.1 Identification of Data Exchanges 2-1

2.2 Precedence and Criticality of Requirements 2-1

2.3 Communications Methods 2-1

2.4 Performance Requirements 2-1

2.5 Security and Integrity 2-1

2.5.1 Data Integrity and Quality 2-2

Appendix A: Case Management File Extract A-1

A.1 File Format A-1

A.2 Record Layout A-1

A.3 File Operational Context A-1

Appendix B: Acronyms B-1

**Tables**

Table A‑1 Case Management MDR Record Data Elements A-2

Table A‑2 Case Management M2 Record Data Elements A-10

This page intentionally left blank.

# Introduction

## Document Identification

This document describes the interface that provides the Case Management data extracts to the MHS Data Repository (MDR) and MHS Management Analysis and Reporting Tool (MART), known as M2.

## Scope

This document describes and identifies the parameters and specifies the file layout of the Case Management data extracts that are posted to the MDR (as a SAS dataset) and loaded into the M2 (as a text file). Case Management extracts are developed from Standard Ambulatory Data Records (SADR) by Business and Economic Analysis Division (BEA). BEA provides these extracts weekly to Defense Health Services Systems (DHSS). DHSS posts and loads these files as-is.

## System Overview

This particular ICD describes the specific interface between DHSS Program Office and BEA providing Case Management data to the MDR and M2. The MDR receives direct data feeds at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. Since BEA has working space in this framework, they develop the files and then post them for DHSS Operations to move to MDR and M2.

The Tivoli Storage Manager (TSM) copies and stores the file for back-up purposes

## 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)

BEA, *MDR Case Management Specification,* Falls Church, VA,dated July 28, 2008.

BEA, *M2 Case Management Specification,* Falls Church, VA, dated August 7, 2007.

## Operational Agreement

This ICD provides the technical specification for an interface between the DHSS Program Office and BEA regarding Case Management extracts. It is the responsibility of the source system (i.e., BEA) 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 MDR and M2. When required, modifications to the ICD will be made 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., BEA).

Appendix A delineates the Case Management data extracts that will be sent to MDR and M2.

Should problems occur with the interface, DHSS data production support personnel will immediately contact BEA. Should there be systemic data problems recognized during MDR or M2 loading, DHSS members will coordinate with their counterparts in BEA.

# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data exchange:

* Case Management data extracts for MDR and M2

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

## Precedence and Criticality of Requirements

Case Management data that is reliable is necessary for the MHS to identify medical treatment patterns in the direct care and purchased care environments. An inability to obtain this data during this period could have adverse consequences to the business.

## Communications Methods

The raw data material that BEA uses to create the Case Management data extracts is the Standard Ambulatory Data Record (SADR) files within the MDR. SADRs are received from CHCS hosts at the MTFs. DHSS receives SADR files daily from the CHCS hosts at the Feed Node (Node 2300 TCP Port 22) in the DMZ of the Oklahoma City (OKC) Defense Enterprise Computing Center (DECC) via Secure File Transfer Protocol (SFTP). This interface is described in ICD-1300-3310-04.

BEA uses the workspace in the DHSS RS/6000SP located in DECC OKC to pull the SADR files from MDR and manipulate them to create Case Management data extracts for MDR and M2. These files are posted on Node 2120 by BEA. DHSS Operations moves the M2 Case Management extract to Node 2110, the M2 server. The file is then uploaded into a table in M2.

Both the MDR file and M2 file contain Protected Health Information (PHI). However no classified information is contained in the files. The entire interface development process, data processing, and loading/posting are accomplished within the DHSS OKC enclave.

The intent is to have BEA post MDR SAS datasets and M2 text files weekly, and for DHSS Operations to load the files into M2 every Wednesday. BEA will notify DHSS Operations via email when the files are posted and ready for upload into M2.

## Performance Requirements

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

## Security and Integrity

The data exchanged in this interface does contain protected patient level identifiable information. The aggregate data within the DHSS processing area also contains sensitive data. Therefore 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)

All Tier 3 vendors working to develop the Case Management datasets have a DoD Data Use Agreement (DUA) on file with the TMA Privacy Office. In addition, this interface and associated Information Assurance (IA) and security controls are documented in the EIDS OKC System Security Authorization Agreement (SSAA).

### 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. Case Management records are developed from raw SADR records. In the case of raw SADR records, DHSS has implemented the following processes with respect to the questions:

1. DHSS validates that it receives at least one SADR file from each MTF per day; a re-harvest of “missed” files is initiated if catch-up files are not received within the month.
2. Automated methods insure the file is readable and the file is complete.
3. SADR record counts are measured against kept appointments today (CHCS workload data comparisons were used in the past), and metrics are calculated; the metrics serve as a basis for requesting a re-harvest from the originating MTF.
4. Some field data values can be difficult to access. DHSS contractors and BEA evaluate selected field values based on other authoritative data sources or statistical analysis computations for record batches. When the values are found to be suspect, decisions are often made to establish an alternative calculated field value, which is generally the preferred field value used by users.

The methods continue to mature as better methods, data sources, and technology advance. The processed SADR records within the MDR are considered the most accurate collection. The MDR SADR records are used as the source for many user-facing applications, such as MHS MART (M2) and Managed Care Forecasting and Analysis System (MCFAS).

**Appendix A: Case Management File Extract**

**A.1 File Format**

The Defense Health Services Systems (DHSS) receives notification from Business and Economic Analysis Division (BEA) that Case management files are ready for uploading into MDR and M2. This occurs on a weekly basis. The MDR file is in Statistical Analysis System (SAS) datasets (see Table A-1), and the M2 file is in a delimited text file (see Table A-2). The MDR SAS dataset is posted as-is within the MDR file directory. The M2 text file is loaded into M2 tables via a custom loader.

**A.2 Record Layout**

The appendix tables describe the record layout for the MDR and M2 Case Management files. The MDR file is used to develop the M2 file. The delimiter for the M2 text file is a vertical bar (“|”).

**A.3 File Operational Context**

In addition to differing in their layout and structure, the M2 and MDR files differ in that multiple case records for the same patient with overlapping timeframes are not allowed in the M2 extract. This situation occurs when Case Management SADRs from different MTFs for the same patient have overlapping date ranges. The business rule for handling this situation is defined in the BEA Case Management specification (see References 3 and 4).

Current specifications can be found at: http://www.tricare.mil/ocfo/bea/mdr.cfm

Table A‑1 Case Management MDR Record Data Elements

| Field # | Field Name | Field Length | Data Type | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- |
| 1 | Person ID | 10 | A-numeric | None | The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (EDI). |
| 2 | Treatment DMIS ID | 4 | A-numeric | None | The DMIS identification number that identifies the parent facility of the clinic where the patient was treated. The parent facility is the ADM grouping that clinic workload is rolled up under. |
| 3 | Case Management Acuity Level | 1 | A-numeric | None | The case management acuity level as derived according to coding guidelines. |
| 4 | Provider ID 1 | 9 | A-numeric | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 5 | Provider ID 2 | 9 | A-numeric | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 6 | Provider ID 3 | 9 | A-numeric | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 7 | Case Begin Date | 8 | Date | None | Case Management begin date. Indicated by ICD-9 code V49.89\_2. Format: YYYYMMDD |
| 8 | Case End Date | 8 | Date | None | Case Management end date. Indicated by ICD-9 code V49.89\_4 or set to the date of the last SADR received in the case where no terminating SADR has been received. If a case is currently active, the end date is set to the final day of the second month following the month of the Last Encounter Date (e.g., if a V49.89\_3 last encounter date = 20080815, then End Date = 20081031). Format: YYYYMMDD |
| 9 | Last Encounter Date | 8 | Date | None | The last ambulatory encounter related to the Case Management episode. This date could come from an initiation (V49.89\_2) or a termination (V49.89\_4) SADR, and is not limited to the continuation SADRs. Format: YYYYMMDD |
| 10 | Last Activity Date | 8 | Date | None | The last transmission or extract date from the SADR and does not necessarily represent the last health care activity related to the episode. Format: YYYYMMDD |
| 11 | Extract Date | 7 | A-numeric | None | The date that the extract was prepared. Format: YYYYMMDD. |
| 12 | Fiscal Year | 4 | A-numeric | None | The fiscal year of the Last Encounter Date field. Format: YYYY |
| 13 | Patient Date of Birth | 8 | Date | None | Date when the person was born (YYYYMMDD). |
| 14 | Patient Gender | 1 | A-numeric | F, M | A code used to denote a patient's gender. Coded as follows:  F female  M male |
| 15 | Sponsor SSN | 9 | A-numeric | None | The sponsor’s Social Security Number (SSN) as assigned by the Social Security Administration. |
| 16 | Good Standing Flag | 1 | A-numeric | N, Y | Indicates if the record coding completely fulfills the requirements set by UBU coding guidelines.  N Record not in good standing  Y Record is in good standing |
| 17 | Sponsor Service Aggregate | 1 | A-numeric | A, C, F, I, M, N, V, X, Z | Code indicating Service of the sponsor. Coded as follows:  A Army  C Coast Guard  F Air Force  M Marine Corps  N Navy  V Navy Afloat  X Other  Z Unknown |
| 18 | Enrollment Site | 4 | A-numeric | None | The DMIS ID of the facility where the member is enrolled. |
| 19 | Alternate Care Value | 1 | A-numeric | A, B, D, E, F, G, H, J, L, M, Q, R, U, Null | Alternate Care Value (ACV). Coded as follows:  A Active Duty Prime  B TRICARE Global Remote Overseas Prime Active Duty  D TRICARE Senior Prime  E TRICARE Prime (non-Active Duty)  F TRICARE Global Remote Overseas Prime Active Duty Family Member  G TRICARE Plus, w/ Standard Civilian Care (CHAMPUS coverage)  H TRICARE Overseas Prime Active Duty  J TRICARE Overseas Prime Active Duty Family Member  L TRICARE Plus, Direct Care Entitlement Only (no CHAMPUS coverage)  M AD not reported as enrolled  Q Active Duty enrolled to Op Forces  R TRICARE Reserve Select  U USTF Enrolled  Null Not enrolled |
| 20 | Beneficiary Category | 3 | A-numeric | ACT, DA, DGR, DR, DS, GRD, OTH, RET, Z | The beneficiary category of the patient. Coded as follows:  ACT Active Duty  DA Dependents of Active Duty  DGR Dependent of Medically Eligible Guard/Reserve  DR Dependents of Retiree  DS Dependent Survivor  GRD Medically Eligible Guard/Reserve  OTH Other  RET Retirees  Z Unknown |
| 21 | Privilege Code | 1 | A-numeric | 1, 2, 4, 5, 6, 7, A, B, C, M, U | Code indicating type of eligibility for medical benefits. Coded as follows:  1 Direct Care Only  2 Direct Care and CHAMPUS  4 Transitional Direct Care Only  5 Transitional Direct Care and CHAMPUS  6 Transitional Direct Care and Medicare, not CHAMPUS Eligible  7 Direct Care and Medicare, not CHAMPUS Eligible  A Direct Care and CHAMPUS  B Direct Care and CHAMPUS  C CHAMPUS Only  M TRICARE for Life only  U USFHP/USTF Enrollee |
| 22 | Zip Code | 5 | A-numeric | None | Zip code of residence for non-active duty/guard/reserve, zip code of assigned unit for AD/guard/reserve. |
| 23 | Enrollment Site Military Service | 1 | A-numeric | A, F, N, Z | The military service of the enrollment site. Coded as follows:  A Army  F Air Force  N Navy  Z Unknown |
| 24 | Enrollment Site MSMA | 3 | A-numeric | None | The enrollment DMIS ID converted to Multi Service Market Area (MSMA). |
| 25 | Enrollment Site Region | 1 | A-numeric | A, N, O, S, W, blank | Code that identifies the HSSC, or TNEX, Region associated with the enrollment site. Coded as follows:  A Alaska  N North  O OCONUS  S South  W West  Blank All other or not defined (or not enrolled) |
| 26 | Catchment Area Branch of Service | 1 | A-numeric | A, F, N, Z | Indicates the service branch for the catchment area. Coded as follows:  A Army  F Air Force  N Navy  Z Unknown |
| 27 | PRISM Area Branch of Service | 1 | A-numeric | A, F, N, Z | Indicates the PRISM service branch. Coded as follows:  A Army  F Air Force  N Navy  Z Unknown |
| 28 | MTF Service Area Branch of Service | 4 | A-numeric | A, F, N, Z | Indicates the service branch for the MTF service area. Coded as follows:  A Army  F Air Force  N Navy  Z Unknown |
| 29 | Catchment Area | 4 | A-numeric | None | The catchment area surrounding an MTF or noncatchment area based on beneficiary zip code, sponsor service, fiscal year and fiscal month. |
| 30 | PRISM Area | 4 | A-numeric | None | The code indicating PRISM (Provider Requirement Integrated Specialty Model) Area of residence. The PRISM area represents roughly a 20-mile area surrounding stand-alone MTFs. |
| 31 | MTF Service Area | 4 | A-numeric | None | Indicates the service area for the MTF, |
| 32 | TNEX Region | 1 | A-numeric | A, N, O, S, W, blank | Defines the TRICARE Next (TNEX) contract region. Coded as follows:  A Alaska  N North  O OCONUS  S South  W West  Blank All other or not defined (or not enrolled) |
| 33 | Traditional Region | 2 | A-numeric | 00-16, AK, UK, XX | Code that identifies the DoD Region associated with the enrollment site. Coded as follows:  00 Unknown  01 Northeast  02 Mid-Atlantic  03 Southeast  04 Gulf South  05 Heartland  06 Southwest  07 TRICARE Central  08 TRICARE Central  09 Southern California  10 Golden Gate  11 Northwest  12 Hawaii  13 TRICARE Europe  14 TRICARE Pacific  15 TRICARE Latin America  16 Unknown  AK Alaska  UK Unknown  XX Unknown |
| 34 | TPR Flag | 1 | A-numeric | Y, blank | TRICARE Prime Remote (TPR) flag. A “Y” indicates a TPR enrollee. |
| 35 | Death Code | 1 | A-numeric | Y, blank | Flag that indicates whether the record contains a death. A “Y” indicates a death. |
| 36 | Death Date | 8 | Date | None | Date of recorded death. Format: YYYYMMDD |

Table A‑2 Case Management M2 Record Data Elements

| Field # | Field Name | Field Length | Position | Data Type | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Person ID | 10 | Delimited | A-numeric | None | The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (EDI). |
| 2 | Case Management Acuity Level | 1 | Delimited | A-numeric | None | The case management acuity level as derived according to coding guidelines. |
| 3 | Acuity Level Begin Date | 8 | Delimited | Date | None | Case Management begin date. Indicated by ICD-9 code V49.89\_2. Format: YYYYMMDD |
| 4 | Acuity Level End Date | 8 | Delimited | Date | None | Case Management end date. Indicated by ICD-9 code V49.89\_4 or set to the date of the last SADR received in the case where no terminating SADR has been received. If a case is currently active, the end date is set to the final day of the second month following the month of the Last Encounter Date (e.g., if a V49.89\_3 last encounter date = 20080815, then End Date = 20081031). Format: YYYYMMDD |
| 5 | Case Manager ID 1 | 14 | Delimited | A-numeric | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 6 | Case Manager ID 2 | 14 | Delimited | A-numeric | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 7 | Case Manager ID 3 | 14 | Delimited | A-numeric | Unique to the MTF. Source: CHCS Provider File. | Provider identification designated with internal entry number (IEN). Provider ID normally consists of eight characters of the provider’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 8 | Case Management DMIS ID | 4 | Delimited | A-numeric | None | The DMIS identification number that identifies the facility of the clinic where the patient’s case management occurred – associated with Case Manager ID 1. |
| 9 | Case Management DMIS ID 2 | 4 | Delimited | A-numeric | None | The DMIS identification number that identifies the facility of the clinic where the patient’s case management occurred – associated with Case Manager ID 2. |
| 10 | Case Management DMIS ID 3 | 4 | Delimited | A-numeric | None | The DMIS identification number that identifies the facility of the clinic where the patient’s case management occurred – associated with Case Manager ID 3. |
| 11 | Join Fiscal Year | 4 | Delimited | A-numeric | None | The fiscal year of the table joins. Format: YYYY |
| 12 | Reserve Field 1 | 5 | Delimited | A-numeric | None | Field for future use. |
| 13 | Reserve Field 2 | 5 | Delimited | A-numeric | None | Field for future use. |
| 14 | Reserve Field 3 | 5 | Delimited | A-numeric | None | Field for future use. |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| ACV | Alternate Care Value |
| ADM | Ambulatory Data Module |
| BEA | Business and Economic Analysis Division |
| CCB | Configuration Control Board |
| CEIS | Corporate Executive Information System |
| CHAMPUS | Civilian Health and Medical Program for the Uniformed Services |
| CHCS | Composite Health Care System |
| DCN | Document Change Notice |
| DECC | Defense Enterprise Computing Center |
| DHSS | Defense Health Services Systems |
| DMIS | Defense Medical Information System |
| DoD | Department of Defense |
| DUA | Data Use Agreement |
| EDI | Electronic Data Interchange |
| EIDS | Executive Information Decision Support |
| HIPAA | Health Insurance Portability and Accountability Act |
| HSSC | Health Services Support Contractor |
| IA | Information Assurance |
| ICD | Initial Capabilities Document |
| ICD | Interface Control Document |
| ICD-9 | International Classification of Diseases 9th edition |
| IEN | Internal Entry Number |
| JROC | Joint Requirements Oversight Council |
| M2 | MHS MART |
| MART | Management Analysis and Reporting Tool |
| MCFAS | Managed Care Forecasting and Analysis System |
| MDR | MHS Data Repository |
| MHS | Military Health System |
| MSMA | Multi Service Market Area |
| MTF | Medical Treatment Facility |
| OCONUS | Outside Continental United States |
| OKC | Oklahoma City |
| ORD | Operational Requirements Document |
| PRISM | Provider Requirement Integrated Specialty Model |
| SADR | Standard Ambulatory Data Record |
| SAS | Statistical Analysis System |
| SFTP | Secure File Transfer Protocol |
| SSAA | System Security Authorization Agreement |
| SSN | Social Security Number |
| TCP | Transmission Control Protocol |
| TNEX | TRICARE Next contract |
| TPR | TRICARE Prime Remote |
| TSM | Tivoli Storage Manager |
| UBU | Unified/Uniformed Biostatistical Utility |
| USFHP | Uniformed Services Family Health Plan |
| USTF | Uniformed Services Treatment Facility |