DHSS Program Management

Interface Control Document  
Describing the CHCS Appointments & Referrals Data Exchange to MDR  
Mod 1

Approved Version  
  
May 10, 2010

DHSS Graphic

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ICD Describing the CHCS Appointments & Referrals Data Exchange to MDR

Approved Version  
  
Nov 23, 2009

Approval Page

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ICD Describing the CHCS Appointment & Referrals Data Exchange to MDR

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Nov 23, 2009

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Preface

This document describes the interface that provides Composite Health Care System (CHCS) medical appointments and referral data. The files are sent to the Defense Health Services Systems (DHSS) Program Office and loaded into the Military Health System (MHS) Data Repository (MDR). The feed supports the Ill, Injured, Wounded Warrior (IIWW) project.

This document is under DHSS project configuration control. Changes to this document will be made by document change notice (DCN) or by complete revision.

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Abstract

The Defense Health Services Systems (DHSS) Program Office manages the Military Health System (MHS) Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. The MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the Composite Health Care System (CHCS) medical appointments and referral data. Information and meta data regarding the data feed are detailed in this ICD. The feed supports the Ill, Injured, Wounded Warrior (IIWW) project.

**Keywords:** Composite Health Care System, Decision Support, Defense Health Services Systems, Executive Information, Ill, Injured, Wounded Warrior, Interface Control Document, CHCS, DHSS, DS, EI, ICD, IIWW

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# Introduction

## Document Identification

This document describes the interface that provides Composite Health Care System (CHCS) medical appointments and referral data from CHCS to the Military Health System (MHS) Data Repository (MDR). This data feed supports the Ill, Injured, Wounded Warrior (IIWW) project.

## Scope

This document describes and identifies the parameters and specifies the file layout of the CHCS appointments and referral records that MDR receives. MDR receives the files from the CHCS sites at each of the Medical Treatment Facilities (MTF).

## System Overview

This particular ICD describes the specific interface between DHSS Program Office and the Defense Health Information Management Systems (DHIMS) Program Office providing CHCS appointments and referral data to the MDR. The MDR receives direct data feeds at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. Data files are sent to DHSS weekly. DHSS operations personnel manage the file archive that stores the files. Figure 1-1 diagrams the interface.

Files are created and sent to the Tivoli Storage Manager (TSM). The TSM copies and stores the file for back-up purposes.

CHCS Appointments and Referrals interface flows from CHCS servers at MTFs to Feed Nodes to the TSM and MDR.

Figure 1‑1 CHCS Appointments & Referrals Interface Flow

## Reference Documents

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

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

## Operational Agreement

This ICD provides the technical specification for an interface between DHIMS and the DHSS Program Office regarding CHCS appointments and referral data. 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, 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., DHIMS).

Appendix A delineates the CHCS appointments and referrals data elements that will be sent to the DHSS Program Office.

Should problems occur with the interface, DHSS data production support personnel will immediately contact DHIMS 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:

* CHCS appointments and referral data records.

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

## Precedence and Criticality of Requirements

CHCS appointments and referral data are required as raw information to process and load into MDR database tables to support the IIWW project. A minimum of weekly updates of data is required for effective performance of the business. An inability to obtain this data during this period could have adverse consequences to the business.

## Communications Methods

CHCS sites will send data files via Secure File Transfer Protocol (SFTP). The records obtained during the previous week will be transmitted as specified in Appendix A.

The raw data feed records and the MDR appointment and referral files contain Protected Health Information (PHI). However no classified information is contained in the files. The data processing, and loading/posting are accomplished within the DHSS Oklahoma City (OKC) enclave.

The intent is to have Business Economic Analysis (BEA) division post MDR Appointment SAS datasets weekly.

## Performance Requirements

The data needs to be available to DHSS for ingest into MDR weekly.

## Security and Integrity

The data exchanged in this interface contains Protected Health Information (PHI). In addition, because the aggregate data being transmitted from CHCS to DHSS is becoming part of a database that does contain sensitive data, it will be protected in accordance with DoD Instruction 8500.2 Information Assurance (IA) controls for Mission Assurance Category (MAC) III sensitive information system. 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

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. Appointment and referral records are raw records and are accepted by DHSS as-is. DHSS has implemented the following processes with respect to the questions:

1. DHSS validates that MDR receives the files from CHCS sites as pre-determined in the schedule.
2. Automated methods insure the file is readable and the file is complete.
3. MEPRS data and encounter counts allow another source for comparison as to whether or not appointment record counts received are within the expected range.
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

.

**Appendix A: CHCS Appointment & Referral Data Records**

**A.1 File Format**

The appointments data files sent from CHCS have now had their layout significantly changed from the previous ICD version, ICD-1300-6410-01. The referral record layout remains the same as previously. Records are sent to the MDR Feed Nodes weekly.

**A.2 Record Layout**

Tables A-1 and A-2 provide the layout and meta data for each record within the file. Table A-1 provides the CHCS appointment record layout and Table A-2 provides the CHCS referral record layout. All fields are delimited using the carat character (“^”). Character fields are left justified with any unused positions left blank. Number fields are right justified and are not zero-filled to the left.

An End of Record (EOR) character signifies the end of a record. The pipe (“|”) is used as the EOR.

**A.3 File Operational Context**

The appointment and referral records represent medical actions taking place in the MTFs under the direct care plan of TRICARE.

Table A‑1 CHCS Appointment Record Data Elements

| Field # | Field Name  (logical name) | Field Length | Position | Data Type | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Host DMIS ID | 4 | Delimited | Numeric | None | Field indicating the CHCS Host providing data using the Defense Management Information System (DMIS) identifier. |
| 2 | Host Patient IEN | 9 | Delimited | A-Numeric | None | The Internal Entry Number (IEN) for the patient specific for that DMIS ID. Normally consists of eight characters of the patient’s last name and first initial of first name, or some combination of last name A-numeric characters to arrive at a unique identifier. |
| 3 | Patient Identifier | 10 | Delimited | A-Numeric | None | Unique patient identifier supplied by the Defense Manpower Data Center (DMDC). The Electronic Data Interchange Person Number (EDI\_PN). |
| 4 | Patient DOB | 11 | Delimited | Numeric | None | The patient’s Date Of Birth (DOB). Format: DDMMMYYYY (e.g., 14 feb 1934). |
| 5 | DDS | 7 | Delimited | A-Numeric | 01-20, 30-69, 70-74, 98 | Defense Enrollment & Eligibility Reporting System (DEERS) Dependent Suffix (DDS). Coded as follows:  01-19 dependent child  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 children where number greater than 19  70-74 unknown by DEERS  75 Pseudo DDS unknown by contractor  98 service secretary designee |
| 6 | Patient City | 15 | Delimited | A-Numeric | None | The city in which the patient resides. |
| 7 | Patient Family Member Prefix (FMP) | 2 | Delimited | Numeric | 01-19,20,30-39,40,45, 50,55,60-69,90-95,97,98, or 99. | The code that represents the prefix that the medical community uses to identify medical records. 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 |
| 8 | Patient First Name | 20 | Delimited | A-Numeric | None | The first name of the patient. |
| 9 | Patient Last Name | 26 | Delimited | A-Numeric | None | The last name of the patient. |
| 10 | Patient SSN | 9 | Delimited | Numeric | None | The patient’s Social Security Number (SSN). |
| 11 | Patient Phone Number | 14 | Delimited | A-Numeric | None | The home telephone number of the person including area code. |
| 12 | Patient Sex | 4-6 | Delimited | A-Numeric | FEMALE, MALE | A code used to denote a patient's gender. |
| 13 | Sponsor’s Last Name | 26 | Delimited | A-Numeric | None | Last name of the sponsor. |
| 14 | Sponsor’s First Name | 20 | Delimited | A-Numeric | None | First name of the sponsor. |
| 15 | Sponsor Rank | 20 | Delimited | A-Numeric | None | A description of the patient's military rank. Examples: AF Grade Unknown; Airman; Airman Basic; Airman First Class; Captain; Chief Master Sergeant; etc. |
| 16 | Sponsor SSN | 9 | Delimited | Numeric | None | The sponsor’s SSN as assigned by the Social Security Administration. |
| 17 | Patient State | 20 | Delimited | A-Numeric | None | State where the patient’s residence is located. |
| 18 | Patient Address Line 1 | 40 | Delimited | A-Numeric | None | First line of the patient’s street address. |
| 19 | Patient Address Line 2 | 40 | Delimited | A-Numeric | None | Second line of the patient’s street address. |
| 20 | Patient Address Line 3 | 40 | Delimited | A-Numeric | None | Third line of the patient’s street address. |
| 21 | Patient ZIP Code | 5 | Delimited | A-Numeric | None | The ZIP identifier of the patient’s residence. |
| 22 | Patient Status | 3 | Delimited | A-Numeric | A, F, O, R, Blank | This field equates to the “”Admissions and Disposition List Category” field in CHCS. Coded as follows:  A Active Duty  F Family Member  O Other  R Retired  Blank Unknown |
| 23 | Enrolling DMIS ID | 4 | Delimited | A-Numeric | None | The DMIS ID for the facility that enrolled the patient. |
| 24 | Health Care Delivery Plan (HCDP) | 3 | Delimited | A-Numeric | None | A 3-digit HCDP code. |
| 25 | Patient Category Code | 4 | Delimited | A-Numeric | A11-A15, A21- A29, A31-A33, A36, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C36, C41, C43, C45,C47-C49, F11-F15, F21-F29, F31-F33, F36, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M36, M41,M43,M45, M47-M49,N11-N14, N21,N22, N24-N29, N31-N33, N36, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45, P47-P49, R72-R75 | Identifies the beneficiary status of the person being treated. |
| 26 | Host KGADC Number | 6-30 | Delimited | A-Numeric | None |  |
| 27 | SADR Status | 1 | Delimited | A-Numeric | R, U, Blank | Status of the appointment record as related to the SADR extract. Coded as follows:  R Ready (appointment completed and ready for extraction)  U Updated (record has been modified, is complete, and available for extraction)  Blank CAPER in lieu of SADR |
| 28 | CAPER Status | 1 | Delimited | Numeric | 1-5 | CAPER record status. Coded as follows:  1 Pending  2 Unresolvable  3 Error  4 Warning  5 Complete |
| 29 | CCE Status | 1 | Delimited | Numeric | 1, 2, 3, 4, 5 | Valid CCE encounter record status. Coded as follows:  1 Pending – transmitted original encounter to CCE  2 Received updated encounter from CCE  3 Released – original billable encounter released from CCE with no changes  4 Complete – updated encounter from CCE received and processed  5 Uncertified – original billable encounter released from CCE with no changes |
| 30 | Source System | 3-7 | Delimited | A-Numeric | None | Designates whether the appointment was created in. Described in text format such as AHLTA, CHCS, ADS, PGUI, CIW. |
| 31 | Medicare Eligibility | 2 | Delimited | A-Numeric | A, B, AB, D, E, L, N, O, P, Q, S | Code indicating Medicare coverage at the time of appointment. Coded as follows:  A = Medicare Part A only  B = Medicare Part B only  AB = Medicare Part A and B  D = Dual entitlement < 65  E = Eligible at age 65  L = Renal Disease, dual entitlement  N = Not eligible  O = Became eligible after 65  P = Purchased  Q = General eligible < 65  S = Over 65 but not eligible |
| 32 | Clinical MEPRS | 4 | Delimited | A-Numeric | None | MEPRS code (4th level) for the clinic performing the patient care. |
| 33 | Host Clinic DMIS ID | 9 | Delimited | Numeric | None | The DMIS identification number that identifies the clinic where the patient was treated. |
| 34 | Clinic Type | 3 | Delimited | A-Numeric | C, !, Blank | Primary Care Manager (PCM) location. |
| 35 | Host Appointment IEN | 6-30 | Delimited | Numeric | None | Internal Entry Number (IEN) of the appointment. |
| 36 | Appointment Status | 4-30 | Delimited | A-Numeric | None | Appointment type status. Text description such as KEPT, CANCEL, NO SHOW, WALK-IN, SICK CALL, TELEPHONE CONSULT, LEAVE WITHOUT BEING SEEN (LWOBS). |
| 37 | Appointment Type | 2-6 | Delimited | A-Numeric | ACUT, APV, EROOM, ACUT$, EST, EST$, EXAMS$, GRP, GRP$, N-MTF, OPAC, OPAC$, PCM, PCM$, RNDS\*, SPEC, SPEC$, T-CON, WELL, WELL$ | The appointment type. Coded as follows:  ACUT Acute appointment  APV Ambulatory Procedure Visit  EROOM Emergency Room  EST Established/follow up  EST$ Established/follow up  EXAMS$ Examinations  GRP Group appointment  GRP$ Group appointment  N-MTF Non-MTF appointment  OPAC Open Access Appointment  OPAC$ Open Access Appointment  PCM Initial Primary Care appointment  PCM$ Initial Primary Care appointment  RNDS\* Inpatient ward appointment  SPEC Initial Specialty Care appointment  SPEC$ Initial Specialty Care appointment  T-CON\* Telephone consult  WELL Wellness/Health Promotion Appointment  WELL$ Wellness/Health Promotion Appointment |
| 38 | Appointment Duration | 1-5 | Delimited | Numeric | None | Duration of appointment for the encounter identified in increments of minutes. |
| 39 | Appointment Date Time | 14 | Delimited | Date | None | The date and time of the actual appointment. Format: MM/DD/YY HH:MM. |
| 40 | Patient Cancellation Reason | 6-10 | Delimited | Character | None | Reason for appointment cancellation in text. |
| 41 | Work Load | 5-9 | Delimited | A-Numeric | None | Text description of workload type for the encounter visit. Examples: COUNT, NON-COUNT. |
| 42 | Date and Time Appointment Made | 14 | Delimited | Date | None | The date and time that the appointment was made. Format: MM/DD/YY HH:MM. |
| 43 | Access To Care Category | 3-30 | Delimited | A-Numeric | None | Appointment type descriptive text. MTF sites can create their own values. Examples: “ACUT” = Acute Appointment; “EROOM” = Emergency Room; “CLEAN” = Tooth Cleaning; “OP60” = Operative 60; “ROUT” Routine Appointment. |
| 44 | Host Provider IEN | 6-30 | Delimited | Numeric | None | Provider identification designated with internal entry number (IEN). Entered by MTF staff, the 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. |
| 45 | Provider ID | 2-9 | Delimited | A-Numeric | None | A unique identifier for the attending provider that is assigned by the local CHCS site. |
| 46 | Provider EDI\_PN | 10 | Delimited | A-Numeric | None | Provider’s EDI\_PN as assigned by DEERS. |
| 47 | Patient Tax | 10 | Delimited | A-Numeric | None | HIPAA provider taxonomy code for the primary provider. |
| 48 | Provider Specialty | 30 | Delimited | A-Numeric | None | Text description of the health service provider's medical specialty. |
| 49 | Host Secondary Provider IEN | 6-30 | Delimited | Numeric | None | Provider identification designated with internal entry number (IEN). Entered by MTF staff, the 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. |
| 50 | Secondary Provider ID | 2-9 | Delimited | A-Numeric | None | A unique identifier for the attending provider that is assigned by the local CHCS site. |
| 51 | Secondary Provider EDI\_PN | 10 | Delimited | A-Numeric | None | Provider’s EDI\_PN as assigned by DEERS. |
| 52 | Host Reference IEN | 6-30 | Delimited | A-Numeric | None | The host CHCS reference IEN. |
| 53 | Walk-In Appointment | 20 | Delimited | A-Numeric | None | Indicator that the appointment was a walk-in. Examples include: sick-call; tel-consult; walk-in; etc. |
| 54 | Host Referral Refusal Reason IEN | 6-30 | Delimited | A-Numeric | None | The reason of appointment refusal IEN. |
| 55 | Harvest Date | 14 | Delimited | Date | None | The date and time that the data harvest was taken on the CHCS host. Format: MM/DD/YY HH:MM. |
| 56 | EOR | 1 | Delimited | A-Numeric | “|” | End Of Record (EOR) assigned by pipe (|). |

Table A‑2 CHCS Referral Record Data Elements

| Field # | Field Name (logical name) | Field Length | Position | Data Type | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | CHCS Host | 4 | Delimited | Numeric | None | The Defense Medical Information System (DMIS) identifier of the host CHCS system. |
| 2 | Host Referral IEN | 6-30 | Delimited | Character | None | The Referral Number automatically assigned by the system when a referral is created through the Managed Care Module. |
| 3 | Referral Type | 25 | Delimited | Character | None | Text description of the type of referral. |
| 4 | Host Patient IEN | 6-30 | Delimited | Character | None | Internal Entry Number (IEN) of the patient by the CHCS host. |
| 5 | Patient Identifier (EDI\_PN) | 10-30 | Delimited | Character | None | Unique patient identifier supplied by the Defense Manpower Data Center (DMDC). The Electronic Data Interchange Person Number (EDI\_PN). |
| 6 | Health Care Delivery Program (HCDP) Code | 3 | Delimited | Character | None | A 3-digit HCDP code. |
| 7 | Patient Category Code | 3 | Delimited | Character | A11-A15, A21- A29, A31-A33, A36, A41-A45, A47-A49, B11, B26, B31-B33, B41, B43, B45, B47-B49, C11-C14, C22, C24-C29, C31-C33, C36, C41, C43, C45,C47-C49, F11-F15, F21-F29, F31-F33, F36, F41, F43, F45, F47-F49, K51-K59, K61-K69, K71-K79, K81-84, K91, K92, K99,M11-13, M22, M24-M29,M31-M33, M36, M41,M43,M45, M47-M49,N11-N14, N21,N22, N24-N29, N31-N33, N36, N41,N43, N45, N47-N49, P11, P12, P22, P26, P31-P33, P41, P43, P45, P47-P49, R72-R75 | Identifies the beneficiary status of the person being treated. |
| 8 | Patient Status | 30 | Delimited | Character |  | Text description of the military status at the time of the extract date. Example: “FAM MBR OF RETIRED”. |
| 9 | Referral Date and Time | 14 | Delimited | Date | None | The date and time of the referral appointment. Format: MM/DD/YYYY HH:MM. |
| 10 | MEPRS Clinic | 4 | Delimited | Character | None | MEPRS code for the clinic performing the patient care. |
| 11 | Clinic DMIS ID | 4 | Delimited | Numeric | Source of valid values: MTF Master File/CHCS | The Defense Medical Information System (DMIS) identification number that identifies the clinic where the patient was treated. |
| 12 | Order Number | 5-30 | Delimited | Numeric | CHCS at the MTF | The host CHCS order number for the referral. |
| 13 | Referral Start Date | 8 | Delimited | Date | None | The start date of the referral appointment. Format: MM/DD/YY. |
| 14 | Referral Stop Date | 8 | Delimited | Date | None | The stop date of the referral appointment. Format: MM/DD/YY. |
| 15 | Provider Specialty Code | 30 | Delimited | Character | CHCS codes. | Text description of the health service provider's medical specialty. |
| 16 | Number of Visits | 1 | Delimited | Numeric | 0-9 | Number of visits related to the referral. |
| 17 | Access to Care Category | 1-2 | Delimited | Character | 1-6 | The access to care category. Coded as follows:  1 Acute  2 Routine  3 Specialty  4 Wellness  5 Future request  6 Routine |
| 18 | Referral Provider ID | 6-9 | Delimited | Character | Source: CHCS | A unique identifier for the attending provider that is assigned by the local CHCS site. |
| 19 | Referral Provider EDI\_PN | 10 | Delimited | Character | None | Referral provider’s EDI\_PN as assigned by DEERS. |
| 20 | Referral Provider MEPRS Clinic | 4 | Delimited | Character | None | MEPRS code for the clinic performing the referral patient care. |
| 21 | Referred By Provider ID | 6-9 | Delimited | Character | Source: CHCS | A unique identifier for the attending provider that made the referral as assigned by the local CHCS site. |
| 22 | Referred By Provider EDI\_PN | 10 | Delimited | Character | None | Provider’s EDI\_PN that made the referral as assigned by DEERS. |
| 23 | Referred By Provider MEPRS Clinic | 4 | Delimited | Character | None | MEPRS code for the clinic referring the patient care. |
| 24 | Referral From Clinic MEPRS | 4 | Delimited | Character | None | MEPRS code for the clinic that actually made the referral appointment. |
| 25 | Requested Appointment Type | 2-6 | Delimited | Character | ACUT, APV, EROOM, ACUT$, EST, EST$, EXAMS$, GRP, GRP$, N-MTF, OPAC, OPAC$, PCM, PCM$, RNDS\*, SPEC, SPEC$, T-CON, WELL, WELL$ | The appointment type. Coded as follows:  ACUT Acute appointment  APV Ambulatory Procedure Visit  EROOM Emergency Room  EST Established/follow up  EST$ Established/follow up  EXAMS$ Examination  GRP Group appointment  GRP$ Group appointment  N-MTF Non-MTF appointment  OPAC Open Access Appointment  OPAC$ Open Access Appointment  PCM Initial Primary Care appointment  PCM$ Initial Primary Care appointment  RNDS\* Inpatient ward appointment  SPEC Initial Specialty Care appointment  SPEC$ Initial Specialty Care appointment  T-CON\* Telephone consult  WELL Wellness/Health Promotion Appointment  WELL$ Wellness/Health Promotion Appointment |
| 26 | Priority | 7-20 | Delimited | Character | None | Text description of the level of priority for the referral appointment based on the order. Example: ROUTINE. |
| 27 | Appointment Request Status | 2-5 | Delimited | Numeric | CHCS Code | The status of the appointment request. |
| 28 | Referral Refusal Date and Time | 14 | Delimited | Date | None | The date and time of the appointment refusal. Format: MM/DD/YYYY HH:MM. |
| 29 | Referral Refusal Reason IEN | 6-30 | Delimited | Character | None | The reason of appointment refusal IEN. |
| 30 | Referral Reason Description | 7-20 | Delimited | Character | None | A text description of the appointment refusal reason. |
| 31 | Referral Refusal Status | 4-30 | Delimited | Character | None | Text description of the status of the referral appointment refusal. |
| 32 | Host Appointment IEN | 6-30 | Delimited | Character | None | Internal Entry Number (IEN) of the appointment. |
| 33 | Appointment Type | 2-6 | Delimited | Character | ACUT, APV, EROOM, ACUT$, EST, EST$, EXAMS$, GRP, GRP$, N-MTF, OPAC, OPAC$, PCM, PCM$, RNDS\*, SPEC, SPEC$, T-CON, WELL, WELL$ | The appointment type. Coded as follows:  ACUT Acute appointment  APV Ambulatory Procedure Visit  EROOM Emergency Room  EST Established/follow up  EST$ Established/follow up  EXAMS$ Examinations  GRP Group appointment  GRP$ Group appointment  N-MTF Non-MTF appointment  OPAC Open Access Appointment  OPAC$ Open Access Appointment  PCM Initial Primary Care appointment  PCM$ Initial Primary Care appointment  RNDS\* Inpatient ward appointment  SPEC Initial Specialty Care appointment  SPEC$ Initial Specialty Care appointment  T-CON\* Telephone consult  WELL Wellness/Health Promotion Appointment  WELL$ Wellness/Health Promotion Appointment |
| 34 | Appointment Status | 4-30 | Delimited | Character | None | Appointment type status. Text description such as KEPT, CANCEL, NO SHOW, WALK-IN, SICK CALL, TELEPHONE CONSULT, LEAVE WITHOUT BEING SEEN (LWOBS). |
| 35 | Appointment Clinic Name | 30 | Delimited | Character | None | The text name of the clinic name for the referral appointment. |
| 36 | Appointment Clinic MEPRS | 4 | Delimited | Character | None | MEPRS code for the clinic performing the patient care. |
| 37 | Appointment Clinic DMIS ID | 4 | Delimited | Numeric | Source of valid values: MTF Master File/CHCS | The Defense Medical Information System (DMIS) identification number that identifies the clinic where the patient has an appointment. |
| 38 | Harvest Date | 14 | Delimited | Date | None | The date and time that the data harvest was taken on the CHCS host. Format: MM/DD/YY HH:MM. |
| 39 | EOR | 1 | Delimited | Character | “|” | End Of Record (EOR) assigned by pipe (|). |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **ADS** | Ambulatory Data System |
| **AHLTA** | Armed Forces Health Longitudinal Technology Application |
| **BEA** | Business Economic Analysis |
| **CAPER** | Comprehensive Ambulatory/Professional Encounter Record |
| **CCB** | Configuration Control Board |
| **CCE** | Coding Compliance Editor |
| **CEIS** | Corporate Executive Information System |
| **CHCS** | Composite Health Care System |
| **CIW** | Clinical Information Workstation |
| **DCN** | Document Change Notice |
| **DDS** | DEERS Dependent Suffix |
| **DECC** | Defense Enterprise Computing Center |
| **DEERS** | Defense Enrollment & Eligibility Reporting System |
| **DHIMS** | Defense Health Information Management Systems |
| **DHSS** | Defense Health Services Systems |
| **DMDC** | Defense Manpower Data Center |
| **DMIS** | Defense Medical Information System |
| **DOB** | Date Of Birth |
| **DoD** | Department of Defense |
| **EDI\_PN** | Electronic Data Interchange Person Number |
| **EIDS** | Executive Information Decision Support |
| **EOR** | End Of Record |
| **FMP** | Family Member Prefix |
| **HCDP** | Health Care Delivery Program |
| **HCPCS** | Healthcare Common Procedure Coding System |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **IA** | Information Assurance |
| **ICD** | Initial Capabilities Document |
| **ICD** | Interface Control Document |
| **IEN** | Internal Entry Number |
| **IIWW** | Ill, Injured, Wounded Warrior |
| **IWG** | Interface Working Group |
| **JROC** | Joint Requirements Oversight Council |
| **LWOBS** | Leave Without Being Seen |
| **MAC** | Mission Assurance Category |
| **MDR** | MHS Data Repository |
| **MEPRS** | Medical Expense and Performance Reporting System |
| **MHS** | Military Health System |
| **MTF** | Medical Treatment Facilities |
| **OKC** | Oklahoma City |
| **ORD** | Operational Requirements Document |
| **PCM** | Primary Care Manager |
| **PGUI** | Provider Graphical User Interface |
| **PHI** | Protected Health Information |
| **SADR** | Standard Ambulatory data Record |
| **SAS** | Statistical Analysis System |
| **SFTP** | Secure File Transfer Protocol |
| **SSN** | Social Security Number |
| **TSM** | Tivoli Storage Manager |