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DHSS PROGRAM MANAGEMENT

Pharmacy Data Transaction Service (PDTS) Interface Control Document Describing the Data Exchange to the MDR MOD 1

Approved Version

March 30, 2011

Defense Health Services Systems
DHSS

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PDTS ICD
Describing the Data Exchange to the MDR

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Approval Page

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Preface

This document describes the interface that provides the Pharmacy Data Transaction Service (PDTS) records from TRICARE Management Activity (TMA) Pharmacoeconomic Center (PEC). The files are sent to DHSS and loaded into the Military Health System (MHS) Data Repository (MDR).

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

Questions on proposed changes concerning this plan should be addressed to:

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Abstract

The Defense Health Services Systems (DHSS) Program Executive Office 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 Pharmacy Data Transaction Service (PDTS) data exchange with the TRICARE Management Activity (TMA) Pharmacoeconomic Center (PEC). TMA PEC designs, develops, and maintains the PDTS that produces the PDTS extract.

Keywords: *Defense Health Services Systems, Decision Support, Interface Control Document, MHS Data Repository, Pharmacy Data Transaction Service, TRICARE Management Activity, DHSS, DS, EI, ICD, PDTS, TMA*

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BASELINE, CHANGE AND REVISION HISTORY PAGE

ISSUE	DATE	PAGES AFFECTED	DESCRIPTION
Baseline MOD 1	Nov 17, 2010 March 25, 2011	All A-7	Baseline Addition of the New RX Number to Field # 60.

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Section 1: Introduction

1.1 Document Identification

This document describes the interface that provides the Pharmacy Data Transaction Service (PDTS) extracts to the MHS Data Repository (MDR), the data warehouse managed by the Defense Health Services Systems (DHSS) Program Executive Office

1.2 Scope

This document describes and identifies the parameters and specifies the file layout of the PDTS extract that the DHSS Program Executive Office receives from the TRICARE Management Activity (TMA) Pharmacoeconomic Center (PEC). The PDTS is a key dataset for MHS DHSS products.

1.3 System Overview

PDTS is a centralized database system that provides a comprehensive patient medication profile for each DoD beneficiary. It is designed to electronically integrate selected beneficiary, prescription and prescriber information generated from various points of prescription drug dispensing into one centralized database. PDTS collects pharmaceutical transactions from:

- Medical Treatment Facilities (MTF) worldwide
- Civilian retail pharmacy networks
- TRICARE Mail Order Pharmacy (TMOP)

MDR receives the PDTS extracts on a weekly basis via Secure File Transfer Protocol (SFTP). MDR receives these extracts on the Feed Nodes located at the Oklahoma City (OKC) Defense Enterprise Computing Center (DECC). The main host of the MDR is an IBM P595 multi-node computing platform. The data is then sent to the Tivoli Storage Manager (TSM) node where the data is copied and stored for back-up purposes. The MDR processes the data to yield three processed extracts: a robust extract for the Operational Data Store (ODS); a detail extract for the MHS Mart (M2); and a summary extract for the M2.

1.4 Reference Documents

1. DHSS Program Office, *EIDS Information Support Plan (ISP),* dated 15 October 2010.
2. EIDS Program Office, *Action Memo: Establishing the PDTS ICD between PEC and EIDS Program Office*, 8 September 2003.
3. EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.

1.5 Operational Agreement

This ICD provides the technical specification for an interface between TMA PEC and the DHSS Program Executive Office regarding the weekly PDTS extracts. Reference (2) establishes the on-going operational agreement between PEC and EIDS. It is the responsibility of the source system Program Office (i.e., TMA PEC) to notify DHSS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on DHSS receiving systems. When required, the ICD will be modified by the data receiver (i.e., DHSS Program Executive Office), and a copy of the revised ICD will be sent to the data sender (i.e., TMA PEC).

Appendix A delineates the PDTS data elements that are sent to the DHSS Program Office under this ICD.

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

Section 2: Data Specification

2.1 Identification of Data Exchanges

This ICD addresses the following data feed from TMA PEC to DHSS:

- PDTS Extract. The PDTS Extract provides pharmacy transactions that have occurred since the last extract was provided. Reversals are received in the data feed.

This ICD will be changed *only* if the interface changes from the interface file format or file content specified herein.

2.2 Precedence and Criticality of Requirements

Beneficiary pharmacy transaction data that is reliable is necessary for the MHS to make knowledge-based decisions. The MDR provides this information to MHS decision-makers. Updates are required for effective performance of MHS operations. An inability to obtain this data could have an adverse impact on the ability of MHS managers to oversee MHS operations.

2.3 Communications Methods

DHSS receives PDTS extracts weekly from Pharmacoeconomic Center (PEC) at the Feed Nodes (Node 2500 and 2501 TCP Port 22) in the DMZ of the OKC Defense Enterprise Computing Center (DECC) via Secure File Transfer Protocol (SFTP). The extracts then pass to the working nodes (Node 2300 and 2301) within the DHSS enclave. Then, the PDTS extracts are processed within the DHSS enclave, and stored within the MDR's catalogue. Various DHSS systems use the PDTS files in MDR to create extracts for user facing systems, such as the MHS MART (M2).

2.4 Performance Requirements

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

2.5 Security and Integrity

The data exchanged in this interface contains protected Protected Health Information (PHI) information. In addition, because the aggregate data being transmitted from DHSS is becoming part of a database that does contain sensitive data, it will be protected in accordance with the protection standards mandated for all "Sensitive Unclassified 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)

2.5.1 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. In the case of raw PDTS extracts, DHSS has implemented the following processes with respect to the questions:

1. DHSS validates that it receives at least one PDTS file from PEC each week; in the event a transmission is missed, DHSS Operations will request a re-harvest from PEC.
2. Automated methods insure the file is readable and the file is complete.
3. PDTS transaction counts can be measured in terms of what was received last week. This is a gross approximation, however no other cost effective method has been employed.

In the case of pharmacy transactions, users accept the data field values for what they are. There is no requirement at this point to "improve" the reliability of the data.

Appendix A: Weekly PDTS File Layout

A.1 File Format

TRICARE Management Activity (TMA) Pharmacoeconomic Center (PEC) sends the Pharmacy Data Transaction Service (PDTS) extracts on a weekly basis via Secure File Transfer Protocol (SFTP) via a Virtual Private Network (VPN). The files are loaded into the IBM P595 located at DECC OKC. The PDTS data elements are validated as they are ingested into the MHS Data Repository (MDR). Extracts from the PDTS are used to feed user applications (e.g., M2).

A.2 Record Layout

Table A-1 describes the record layout of each PDTS record. Data fields are pipe ("|") delimited. The MDR uses the data extract as delivered to process and develop the necessary data required to support DHSS data requirements.

A.3 File Operational Context

TMA PEC processes the data within its databases to develop the PDTS extract on a weekly basis. The extracts are sent to DECC OKC on a weekly basis. DHSS processes the records on a weekly basis and loads them into the Operational Data Store (ODS). DHSS user systems, such as the M2, extract the PDTS-processed records on a weekly basis and upload them into their databases.

The PDTS data represents pharmacy transactions that provide health care to MHS beneficiaries regardless of the method of dispensing. Dispensing methods are: MTF dispensed; civilian retail pharmacy networks; TRICARE Mail Order Pharmacy (TMOP), and VA dispensed for MHS beneficiaries.

The record key is the Authorization Number.

Table A-1 PDTS Data Elements

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
1	Date Dispensed	8	Delimited	Character	N/A	The date that the pharmaceutical was dispensed to the patient. Format YYYYMMDD.
2	Date Written	8	Delimited	Character	N/A	The date that the prescription was written. Format YYYYMMDD.
3	Rx Number	7	Delimited	Character	N/A	The prescription number.
4	MCSC Code	7	Delimited	Character	N/A	The Managed Care Support Contractor (MCSC) Code. Six characters followed by a space.
5	Metric Decimal Quantity	(9)	Delimited	Numeric	N/A	The metric quantity of the pharmaceutical. Format is "nnnnnnnn" an integer.
6	Days Supply	3	Delimited	Numeric	N/A	The number of days supply of the pharmaceutical that was dispensed.
7	Submitted Ingredient Cost	As required	Delimited	Numeric	N/A	The pharmaceutical ingredient cost as negotiated by the MCSC and the pharmacy. Format variable length and decimal point embedded when required.
8	Submitted Dispensing Fee	As required	Delimited	Numeric	N/A	The pharmaceutical dispensing fee that was charged. Format variable length and decimal point embedded when required.
9	Submitted Sales Tax	As required	Delimited	Numeric	N/A	The pharmaceutical sales tax paid. Format variable length and decimal point embedded when required.
10	Submitted Gross Amount	As required	Delimited	Numeric	N/A	The gross amount of the pharmaceutical order. Format variable length and decimal point embedded when required.
11	Submitted CoPay Amount	As required	Delimited	Numeric	N/A	The copayment made by the beneficiary. Format variable length and decimal point embedded when required.
12	Claim Status	8	Delimited	Character	Paid, Reversal	Status of the claim in plain text. Left justified. Values are: Paid Reversal
13	Generic Indicator	1	Delimited	Character	O, N, Y	Indicator that the pharmaceutical is a generic brand. Coded as follows: O Brand that has generic equivalents N Proprietary with no equivalent Y Generic brand

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
14	New Refill Code	2	Delimited	Numeric	N/A	The sequence in the refill cycle, with "00" being the first prescription fill. NOTE: CHCS generated prescriptions may not have a record for the first fill.
15	Compound Code	2	Delimited	Character	N, NS, Y	Whether or not the prescription is a compound. Coded as follows: N Not a compound NS Not Submitted Y Yes is a compound
16	DAW	1	Delimited	Character	0, 1, 2	Dispensed As Written (DAW) code. 0 Not submitted 1 No substitution allowed 2 Patient demanded no substitution
17	Reject Code 1	2	Delimited	Numeric	00-99	Transaction processing error.
18	Reject Code 2	2	Delimited	Numeric	00-99	Transaction processing error.
19	Reject Code 3	2	Delimited	Numeric	00-99	Transaction processing error.
20	Authorization Number	14	Delimited	Character	N/A	The unique transaction key for the record.
21	Original Authorization Number	14	Delimited	Character	N/A	The unique transaction key for the original record. For a reversal, this field will have the authorization for the original record; otherwise, the field will have the same value as the Authorization Number field.
22	Submit DEA Number	10	Delimited	Character	SSN, DEA, NPI	Submitted Prescriber ID value received. Will be one of these: SSN Prescriber's Social Security Number DEA Prescriber's Drug Enforcement Agency number NPI Prescriber's National Provider Identifier
23	NDC	11	Delimited	Numeric	N/A	National Drug Code (NDC) for the prescription.

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
24	Subscriber ID	18	Delimited	Character	N/A	Subscriber ID can take two forms: 1. Sponsor's Social Security Number (SSN) plus the DMDC Dependent Suffix (DDS) (an 11-character field). Field is left justified. DDS codes 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 2. The Electronic Data Interchange Person Number (this is a repetition of the EDI_PN data field) (a 10-character field).
25	Family Sequence Number	3	Delimited	Character	00-99	Family sequence number. The field is left justified. Sequential number to distinguish families using the same Sponsor SSN.
26	Provider Code	12	Delimited	Character	N/A	Provider identifier using the National Council for Prescription Drug Programs (NCPDP).
27	Data Warehouse Date Loaded	8	Delimited	Character	N/A	The date that the prescription drug data was loaded. Format YYYYMMDD.
28	Residence ZIP Code	5	Delimited	Character	N/A	The postal ZIP Code of the subscriber's residence as reflected on the claim.
29	DEA Zip Code	5	Delimited	Character	N/A	The postal ZIP code of the prescriber as reflected in the DEA database.
30	Product Name	27	Delimited	Character	N/A	The name of the prescription drug.
31	Product Strength	10	Delimited	Character	N/A	Drug strength description (e.g., 10mg).
32	Product Form	2	Delimited	Character	N/A	Form that the prescription drug is in (e.g., "tb" for tablet).

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
33	GCN	5	Delimited	Character	N/A	Generic Code Number (GCN). A code assigned to differentiate NDCs of similar drugs and differing strengths.
34	DEA Class	1	Delimited	Character	N/A	The prescribing authority's assigned class for controlled substances.
35	Therapeutic Class	6	Delimited	Character	000000 - 999999	American Hospital Formulary Service (AHFS) therapeutic class code.
36	Maintenance Drug	1	Delimited	Character	N, Y, 0	First Data Bank classifier. Codes are as follows: N, 0 No is not a maintenance drug Y Yes is a maintenance drug
37	Patient First Name	12	Delimited	Character	None	First name of the patient receiving the prescription. Field is left justified.
38	Patient Middle Initial	1	Delimited	Character	None	Middle initial name of the patient receiving the prescription.
39	Patient Last Name	15	Delimited	Character	None	Last name of the patient receiving the prescription. Field is left justified.
40	Patient Sex	1	Delimited	Character	F, M	A code used to denote a patient's gender. Coded as follows: F Female M Male
41	Patient Birth Date	8	Delimited	Character	None	The date when the member was born. Format YYYYMMDD.
42	Other Coverage Indicator	1	Delimited	Character	N, Y	An indicator whether or not the patient has Other Health Insurance (OHI). Coded as follows: N Patient has no OHI Y Patient has OHI
43	Chain Code	4	Delimited	Character	None	NCPDP defined identifier of drugstore chains.
44	Pharmacy ZIP Code	5	Delimited	Character	None	The postal ZIP code of the pharmacy that issued the prescription.
45	Service Category	10	Delimited	Character	MTF, Mail Order, Retail, VA	The MHS service that provided and delivered the pharmaceutical to the patient. Field is left justified. Coded as follows: MTF Military Treatment Facility Claim Mail Order TPHARM Mail Order Claim Retail TPHARM Retail Claim VA Veterans Admin / CHDR Claim

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
46	AWP Unit Price	As Required	Delimited	Numeric	N/A	The unit price of the prescription based on the Average Wholesale Price (AWP). Format variable length and decimal point embedded when required (normally 6 digits are used).
47	AWP Claim Price	As Required	Delimited	Numeric	N/A	The claim price based on the AWP. Format variable length and decimal point embedded when required (normally 6 digits are used).
48	Electronic Data Interchange Person Number (EDI_PN)	As Required	Delimited	Character	N/A	The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (EDI). Also known as the DEERS "Patient ID" data element.
49	Medicare Part D Phase	1	Delimited	Character	C, D, G, I	Reflects the Medicare Part D coverage that the patient is in at the time of this prescription transaction. Coded as follows: C Catastrophic cap reached (covered) D Deductible not yet met G Gap between the limit and catastrophic cap (not covered) I Initial coverage range from deductible to limit
50	Amount Applied to Medicare Part D Drug Spend	As Required	Delimited	Numeric	N/A	Dollar amount that was used to update the Drug Spend amount on the beneficiary.
51	Amount Applied to TrOOP	As Required	Delimited	Numeric	N/A	True Out-Of-Pocket (TrOOP) expenses for the beneficiary for this script.
52	Total Amount Paid - COB	As Required	Delimited	Numeric	N/A	The amount paid by TRICARE on this script for the Coordination Of Benefits (COB).
53	Actual Submitted Gross Amount Due – COB	As Required	Delimited	Numeric	N/A	The gross amount submitted by TRICARE Contractor (ESI) for the Coordination Of Benefits (COB) script claim.
54	Other Payer Amount Paid – COB	As Required	Delimited	Numeric	N/A	Total payments by all OHI payers, including Medicare. No payments by beneficiary or TRICARE are included.
55	COB Indicator – COB	5	Delimited	Character	False, True	Indicator whether or not claim was paid as a Coordination of Benefits (COB) or not. Coded as follows: False No (no TFL or OHI known for the beneficiary) True Yes (COB)

Field #	Field Name (logical name)	Field Length	Position	Data Type	Value Range	Functional Description – Baseline Definitions
56	Medicare Part D Indicator	5	Delimited	Character	False, True	Indicator whether or not claim was processed as Medicare Part D. Coded as follows: False No True Yes (Medicare Part D)
57	Prime Vendor	1	Delimited	Character	N, Y	Indicates if prime vendor pricing was used instead of other methods (e.g., MTF pricing). Coded as follows: N Prime Vendor pricing not used Y Prime vendor pricing used
58	Paper Claim Indicator	1	Delimited	Character	N, Y	This field identifies that the claim was not processed at the retail point of sale but the claim was sent in for manual processing after the fact. Coded as follows: N Manual paper claim not submitted Y Manual paper claim was submitted
59	Submitted Pharmacy ID	10	Delimited	Numeric	None	This field is populated with the National Provider Identifier (NPI) or NCPDP. If populated with the NPI, then the corresponding NCPDP number will be located in "Provider Code" Field (Field #26).
60	New RX Number	12	Delimited	Character	N/A	The new prescription number effective July 2011.

Appendix B: Acronyms

AHFS	American Hospital Formulary Service
AWP	Average Wholesale Price
CCB	Configuration Control Board
CEIS	Corporate Executive Information System
CHCS	Composite Health Care System
CHDR	Clinical Data Repository/Health Data Repository
COB	Coordination Of Benefits
DAW	Dispensed As Written
DCN	Document Change Notice
DDS	DMDC Dependent Suffix
DEA	Drug Enforcement Agency
DECC	Defense Enterprise Computing Center
DHSS	Defense Health Services Systems
DMDC	Defense Manpower Data Center
DoD	Department of Defense
EDI_PN	Electronic Data Interchange Person Number
EIDS	Executive Information/Decision Support
ESI	Express Scripts International Corp
GCN	Generic Code Number
HIPAA	Health Insurance Portability and Accountability Act
ICD	Interface Control Document
IWG	Interface Working Group
M2	MHS Mart
MCSC	Managed Care Support Contractor
MDR	MHS Data Repository
MHS	Military Health System
MTF	Medical Treatment Facility
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NPI	National Provider Identifier
ODS	Operational Data Store
OHI	Other Health Insurance
ORD	Operational Requirements Document
PDTS	Pharmacy Data Transaction Service
PEC	Pharmacoeconomic Center
PHI	Protected Health Information
SFTP	Secure File Transfer Protocol
SSN	Social Security Number
TFL	TRICARE For Life
TMA	TRICARE Management Activity
TMOP	TRICARE Mail Order Pharmacy
TPHARM	TRICARE Pharmacy

TrOOP	True Out-Of-Pocket expense
TSM	Tivoli Storage Manager
VA	Veteran's Administration
VPN	Virtual Private Network