

0198	03869
0198	03870
0198	03871
0198	03872
0198	03873
0198	03874
0198	03878
0198	03882
0198	03884
0198	03885
0198	03886
0198	03887
0198	03890
0198	03894
0198	03896
0198	03901
0198	03902
0198	03903
0198	03904
0198	03905
0198	03906
0198	03907
0198	03908
0198	03909
0198	03910
0198	03911
0198	04001
0198	04002
0198	04003
0198	04004
0198	04005
0198	04006
0198	04007
0198	04008
0198	04009
0198	04010
0198	04011
0198	04013
0198	04014
0198	04015
0198	04016
0198	04017
0198	04019
0198	04020
0198	04021
0198	04022
0198	04024
0198	04027
0198	04028
0198	04029
0198	04030
0198	04032

0198	04037
0198	04038
0198	04039
0198	04040
0198	04041
0198	04042
0198	04043
0198	04046
0198	04047
0198	04048
0198	04049
0198	04050
0198	04051
0198	04053
0198	04054
0198	04055
0198	04056
0198	04057
0198	04061
0198	04062
0198	04063
0198	04064
0198	04066
0198	04068
0198	04069
0198	04070
0198	04071
0198	04072
0198	04073
0198	04074
0198	04075
0198	04076
0198	04077
0198	04078
0198	04079
0198	04081
0198	04082
0198	04083
0198	04084
0198	04085
0198	04086
0198	04087
0198	04088
0198	04090
0198	04091
0198	04092
0198	04093
0198	04094
0198	04095
0198	04096
0198	04097
0198	04098

0198	04101
0198	04102
0198	04103
0198	04104
0198	04105
0198	04106
0198	04107
0198	04108
0198	04109
0198	04110
0198	04112
0198	04116
0198	04210
0198	04211
0198	04212
0198	04216
0198	04217
0198	04219
0198	04220
0198	04221
0198	04222
0198	04223
0198	04224
0198	04225
0198	04226
0198	04227
0198	04228
0198	04230
0198	04231
0198	04234
0198	04236
0198	04237
0198	04238
0198	04239
0198	04240
0198	04241
0198	04243
0198	04250
0198	04252
0198	04253
0198	04254
0198	04255
0198	04256
0198	04257
0198	04258
0198	04259
0198	04260
0198	04261
0198	04262
0198	04263
0198	04265
0198	04266

0198	04267
0198	04268
0198	04270
0198	04271
0198	04273
0198	04274
0198	04275
0198	04276
0198	04278
0198	04280
0198	04281
0198	04282
0198	04283
0198	04284
0198	04285
0198	04286
0198	04287
0198	04288
0198	04289
0198	04290
0198	04291
0198	04292
0198	04294
0198	04330
0198	04332
0198	04333
0198	04338
0198	04341
0198	04342
0198	04343
0198	04344
0198	04345
0198	04346
0198	04347
0198	04348
0198	04349
0198	04350
0198	04351
0198	04352
0198	04353
0198	04354
0198	04355
0198	04357
0198	04358
0198	04359
0198	04360
0198	04363
0198	04364
0198	04401
0198	04402
0198	04406
0198	04408

0198	04410
0198	04411
0198	04412
0198	04413
0198	04414
0198	04415
0198	04416
0198	04417
0198	04418
0198	04419
0198	04420
0198	04421
0198	04422
0198	04423
0198	04424
0198	04426
0198	04427
0198	04428
0198	04429
0198	04430
0198	04431
0198	04433
0198	04434
0198	04435
0198	04438
0198	04441
0198	04442
0198	04443
0198	04444
0198	04448
0198	04449
0198	04450
0198	04451
0198	04453
0198	04454
0198	04455
0198	04456
0198	04457
0198	04459
0198	04460
0198	04461
0198	04462
0198	04463
0198	04464
0198	04467
0198	04468
0198	04469
0198	04471
0198	04472
0198	04473
0198	04474
0198	04475

0198	04476
0198	04478
0198	04479
0198	04481
0198	04485
0198	04487
0198	04488
0198	04489
0198	04490
0198	04491
0198	04492
0198	04493
0198	04495
0198	04496
0198	04497
0198	04527
0198	04530
0198	04535
0198	04536
0198	04537
0198	04538
0198	04539
0198	04541
0198	04543
0198	04544
0198	04547
0198	04548
0198	04549
0198	04551
0198	04552
0198	04553
0198	04554
0198	04555
0198	04556
0198	04558
0198	04562
0198	04563
0198	04564
0198	04565
0198	04567
0198	04568
0198	04570
0198	04571
0198	04572
0198	04573
0198	04574
0198	04575
0198	04576
0198	04578
0198	04579
0198	04605
0198	04606

0198	04607
0198	04608
0198	04609
0198	04611
0198	04612
0198	04613
0198	04614
0198	04615
0198	04616
0198	04617
0198	04618
0198	04619
0198	04622
0198	04623
0198	04624
0198	04625
0198	04626
0198	04627
0198	04628
0198	04629
0198	04630
0198	04631
0198	04634
0198	04635
0198	04637
0198	04640
0198	04642
0198	04643
0198	04644
0198	04645
0198	04646
0198	04648
0198	04649
0198	04650
0198	04652
0198	04653
0198	04654
0198	04655
0198	04656
0198	04657
0198	04658
0198	04660
0198	04662
0198	04664
0198	04665
0198	04666
0198	04667
0198	04668
0198	04669
0198	04671
0198	04672
0198	04673

0198	04674
0198	04675
0198	04676
0198	04677
0198	04679
0198	04680
0198	04681
0198	04683
0198	04684
0198	04685
0198	04686
0198	04690
0198	04691
0198	04693
0198	04694
0198	04730
0198	04732
0198	04733
0198	04734
0198	04735
0198	04736
0198	04737
0198	04738
0198	04739
0198	04740
0198	04741
0198	04742
0198	04743
0198	04744
0198	04745
0198	04746
0198	04747
0198	04750
0198	04751
0198	04756
0198	04757
0198	04758
0198	04759
0198	04760
0198	04761
0198	04762
0198	04763
0198	04764
0198	04765
0198	04766
0198	04768
0198	04769
0198	04770
0198	04772
0198	04773
0198	04774
0198	04775

0198	04776
0198	04777
0198	04779
0198	04780
0198	04781
0198	04782
0198	04783
0198	04785
0198	04786
0198	04787
0198	04788
0198	04841
0198	04843
0198	04846
0198	04847
0198	04848
0198	04849
0198	04850
0198	04851
0198	04852
0198	04853
0198	04854
0198	04855
0198	04856
0198	04857
0198	04858
0198	04859
0198	04860
0198	04861
0198	04862
0198	04863
0198	04864
0198	04865
0198	04901
0198	04903
0198	04910
0198	04911
0198	04912
0198	04915
0198	04917
0198	04918
0198	04920
0198	04921
0198	04922
0198	04923
0198	04924
0198	04925
0198	04926
0198	04927
0198	04928
0198	04929
0198	04930

0198	04932
0198	04933
0198	04935
0198	04936
0198	04937
0198	04938
0198	04939
0198	04940
0198	04941
0198	04942
0198	04943
0198	04944
0198	04945
0198	04947
0198	04949
0198	04950
0198	04951
0198	04952
0198	04953
0198	04954
0198	04955
0198	04956
0198	04957
0198	04958
0198	04961
0198	04962
0198	04963
0198	04964
0198	04965
0198	04966
0198	04967
0198	04969
0198	04970
0198	04971
0198	04972
0198	04973
0198	04974
0198	04975
0198	04976
0198	04978
0198	04979
0198	04981
0198	04982
0198	04983
0198	04984
0198	04985
0198	04986
0198	04987
0198	04988
0198	04989
0198	04992
0199	43017

0199	43410
0199	43438
0199	43440
0199	43452
0199	43845
0199	43920
0199	43945
0199	43953
0199	43968
0199	44001
0199	44003
0199	44004
0199	44005
0199	44010
0199	44011
0199	44012
0199	44017
0199	44021
0199	44022
0199	44023
0199	44024
0199	44026
0199	44028
0199	44030
0199	44032
0199	44035
0199	44036
0199	44039
0199	44040
0199	44041
0199	44044
0199	44045
0199	44046
0199	44047
0199	44048
0199	44049
0199	44050
0199	44052
0199	44053
0199	44054
0199	44055
0199	44056
0199	44057
0199	44060
0199	44062
0199	44064
0199	44065
0199	44067
0199	44070
0199	44072
0199	44074
0199	44076

0199	44077
0199	44080
0199	44081
0199	44082
0199	44084
0199	44085
0199	44086
0199	44087
0199	44089
0199	44090
0199	44092
0199	44093
0199	44094
0199	44095
0199	44099
0199	44101
0199	44102
0199	44103
0199	44104
0199	44105
0199	44106
0199	44107
0199	44108
0199	44109
0199	44110
0199	44111
0199	44112
0199	44113
0199	44114
0199	44115
0199	44116
0199	44117
0199	44118
0199	44119
0199	44120
0199	44121
0199	44122
0199	44123
0199	44124
0199	44125
0199	44126
0199	44127
0199	44128
0199	44129
0199	44130
0199	44131
0199	44132
0199	44133
0199	44134
0199	44135
0199	44136
0199	44137

0199	44138
0199	44139
0199	44140
0199	44141
0199	44142
0199	44143
0199	44144
0199	44145
0199	44146
0199	44147
0199	44201
0199	44202
0199	44203
0199	44212
0199	44214
0199	44215
0199	44216
0199	44217
0199	44221
0199	44222
0199	44223
0199	44224
0199	44230
0199	44231
0199	44233
0199	44234
0199	44235
0199	44236
0199	44240
0199	44241
0199	44243
0199	44250
0199	44251
0199	44253
0199	44254
0199	44255
0199	44256
0199	44260
0199	44262
0199	44264
0199	44265
0199	44266
0199	44270
0199	44272
0199	44273
0199	44275
0199	44276
0199	44278
0199	44280
0199	44281
0199	44286
0199	44287

0199	44288
0199	44301
0199	44302
0199	44303
0199	44304
0199	44305
0199	44306
0199	44307
0199	44308
0199	44309
0199	44310
0199	44311
0199	44312
0199	44313
0199	44314
0199	44319
0199	44320
0199	44321
0199	44333
0199	44401
0199	44402
0199	44403
0199	44404
0199	44405
0199	44406
0199	44408
0199	44410
0199	44411
0199	44412
0199	44413
0199	44417
0199	44418
0199	44420
0199	44423
0199	44425
0199	44427
0199	44428
0199	44429
0199	44430
0199	44431
0199	44432
0199	44436
0199	44437
0199	44438
0199	44441
0199	44442
0199	44443
0199	44444
0199	44445
0199	44446
0199	44449
0199	44450

0199	44451
0199	44452
0199	44454
0199	44455
0199	44460
0199	44470
0199	44471
0199	44473
0199	44481
0199	44483
0199	44484
0199	44485
0199	44490
0199	44491
0199	44502
0199	44503
0199	44504
0199	44505
0199	44506
0199	44507
0199	44509
0199	44510
0199	44511
0199	44512
0199	44514
0199	44515
0199	44601
0199	44606
0199	44608
0199	44609
0199	44613
0199	44614
0199	44615
0199	44618
0199	44622
0199	44624
0199	44625
0199	44626
0199	44627
0199	44632
0199	44633
0199	44634
0199	44641
0199	44643
0199	44644
0199	44645
0199	44646
0199	44647
0199	44651
0199	44654
0199	44657
0199	44662

0199	44663
0199	44666
0199	44667
0199	44669
0199	44672
0199	44676
0199	44677
0199	44680
0199	44685
0199	44688
0199	44690
0199	44691
0199	44702
0199	44703
0199	44704
0199	44705
0199	44706
0199	44707
0199	44708
0199	44709
0199	44710
0199	44714
0199	44718
0199	44720
0199	44721
0199	44730
0199	44805
0199	44811
0199	44814
0199	44824
0199	44826
0199	44837
0199	44839
0199	44846
0199	44847
0199	44851
0199	44855
0199	44857
0199	44859
0199	44862
0199	44865
0199	44870
0199	44880
0199	44889
0199	44890
0199	44902
0199	44903
0199	44904
0199	44905

Additional Zip Codes

17415
20753
20790
20791
20799
20997
21070
21135

ATTACHMENT 10

Data Reporting Specifications

DATA REPORTING SPECIFICATIONS

I. PURPOSE OF INPUT DATA REPORTING SPECIFICATION

This section of your contract describes the timing, content, and sources of enrollment, enrollment fee, Other Health Insurance (OHI), provider primary care manager (PCM) and clinical and pharmacy encounter data to be reported to the TRICARE Management Activity (TMA) Designated Provider's (DP) Program Office. This data will be used to support the evaluation and monitoring of this DP contract. The following information is provided:

- Identification and purpose of input data, including source and type;
- Parties responsible for reporting;
- Timing and frequency of reporting requirements;
- Data element specifications and a data dictionary of field definitions; and guidelines for reporting.

II. DATA IDENTIFICATION AND DESCRIPTION

(1) Description and Purpose:

The Data Contractor, which is the primary tool for supporting calculation of DP capitation payments and for monitoring, will use the data described in this document and evaluating functions performed by the TMA DP Program Office. Reports are sent to each DP to verify all data, received by the Data Contractor.

- a. **Enrollment Data:** The DP Program employs the concept of voluntarily enrollment for non-active-duty Military Health System (MHS) beneficiaries, active duty dependents and TRICARE Prime Remote (TPR) active duty personnel and their dependents. The DPs will be paid to provide a comprehensive set of health care benefits to verified enrollees based on capitation rates in each of the age/gender beneficiary categories adjusted by geographical location.

The Defense Enrollment and Eligibility Reporting System (DEERS) will provide a complete list of all beneficiaries who are enrolled and eligible in the DP as of the first day of each month. The Data Contractor will receive the file within two business days.

The Data Contractor will distribute to each DP, a copy of the file received from DEERS, along with the standard enrollment reports by the 10th day of each month. Each DP will receive only records for their facility.

Refer to the Data Specification section for Enrollment file format.

- b. **Electronic Information Transfer data (EIT):** EIT records are generated when changes affecting the enrollment of enrollees are applied in DEERS. EITs are sent electronically to the Data Contractor. This information is accumulated throughout the day. Hardcopy reports are printed at the DP each weekday evening. EIT summary and detail reports are posted on the Data Contractor secured web application. An electronic copy of the accumulated EITs will be available via a secured FTP site. This file can be used to interfaces changes made directly into the DP internal systems. This secured FTP site may only be accessed via the Defense Information Systems Network (DISN).

Refer to the Data Specification section for EIT file format.

- c. **Encounter Data:** Encounter data will include the records for all services provided to each enrollee during the previous month. Reported services will cover all encounter settings, including hospital, related professional services for admitted patients and outpatient care.

When coding diagnosis (es) and procedure(s) for encounter data all codes must be the full complement of digits as required by the appropriate coding manuals (ICD-9-CM, CPT, HCPCS). Revenue Center codes are not to be submitted except for a few valid Home Health Revenue Center Codes. These acceptable Revenue Center codes should be submitted in the Service 1-6 procedure code fields.

ICD-9-CM annually updates codes on a yearly basis that are effective October 1 of each year. There will be a "grace period" of ninety (90) days for changed codes (October 1 through December 31) based on the date of service. The grace period applies to claims received prior to January 1 of 2004 and subsequent contract years that include changed codes for dates of service October 1 through December 31. During this time period the claims processor are to accept both the old and new codes. Claims received after January 1 of each year are to be returned as unprocessable by the claims processor. Based on the "grace period" for changed ICD-9-CM codes for the claims processor, the data warehouse contractor will accept both the old and new codes through the January 15th clinical and pharmacy data submissions each year. After that submission all clinical and pharmacy claims with the old codes will be placed in the pend file.

CPT and HCPCS annually updates codes on a yearly basis that are effective January 1 of each year. There will be a "grace period" of ninety (90) days for changed codes (January 1 through March 31) based on the date of service. The grace period applies to claims received prior to April 1 of 2004 and subsequent contract years that include changed codes for dates of service January 1 through March 31. During this time period the claims processor are to accept both the old and new codes. Claims received after April 1 of each year are to be returned as unprocessable by the claims processor. Based on the "grace period" for changed CPT and HCPCS codes for the claims processor, the data warehouse contractor will accept both the old and new codes through the April 15th clinical and pharmacy data submissions each year. After that submission all clinical and pharmacy claims with the old codes will be placed in the pend file. Encounter error reports and downloadable error files will be posted on the Data Contractor web application and secured FTP site on or before the first of each month for the DP to access.

The monthly clinical and pharmacy files will be submitted in the format outlined in the data specifications section.

- d. **Provider Data:** As part of it's monitoring and evaluation function, the TMA DP Program Office requires provider information detailing the location, type, and affiliation of each provider in the managed-care network. Each DP will create a file containing provider data records for each and every provider delivering care to DP enrollees. This file will be submitted to Data Contractor by 15th of each month. Only those providers delivering care to DP enrollee's will is to be on this data file.

The implementation of a managed-care approach for providing health care to beneficiaries is expected to result in a more comprehensive DP health care delivery system, because enrollees are only able to seek care at any clinic or hospital participating in the network of DP providers. DP networks consist of a combination of multiple institutions and staff or contracted providers and clinics.

Provider error summary reports will be posted on the Data Contractor web application and secured FTP site on or before the first of each month for the DP to access.

The monthly Provider file will be submitted in format outlined the data specifications section.

- e. **OHI/PCM Information:** The DPs will report Other Health Insurance (OHI) and Primary Care Manager (PCM) information by the 15th of each month to the Data Contractor. This information will be used to monitor OHI and PCM information for each enrollee of the DP. One record should be submitted for each enrollee within the DP. If the enrollee has more than one OHI policy, then additional records should be submitted to report each OHI policy.

OHI/PCM Information error reports will be posted on the Data Contractor web application and secured FTP site on or before the first of each month for the DP to access.

The monthly OHI/PCM information will be submitted in the format outlined in the data specifications section.

- f. **Enrollment Fee Collections:** The DPs will report all enrollment fees collected to the Data Contractor no later than the 15th of the each month. This information is used to report and monitor enrollment fee's paid for each family unit. This data will be submitted detailing all enrollment fees received from the enrollees during the previous month. At the option of the DP, this information can be submitted electronically on a daily basis.

Enrollment fee collection error reports will be posted on the Data Contractor web application and secured FTP site on or before the first day of each month for the DP to access.

The monthly enrollment fee collected will be submitted in the format outlined in the data specifications section.

- (2) **Method for Submitting Data:** All data submitted to the Data Contractor will include a completed copy of the file transmittal form. When submitting data electronically to Data Contractor secured FTP site, the transmittal form should be emailed to the email address on the transmittal form. When submitting by mail, the data files and completed transmittal form should be mailed to the address included on the transmittal form. Receipt of the transmittal form will inform the Data Contractor Production Control Staff to schedule processing for the file.

Data will be reported in one (1) of the three (3) following methods with a block size of ten (10) records. When last block will have less than ten (10) records do not complete last block with blank or dummy records.

- Electronic submission of data using the Data Contractors secured FTP sites. Electronic submission and receipt of data will only be available via the DISN Line
- Labeled 3480 cartridge files, in EBCDIC format
- ASCII text file with CR/LF; can be zipped can be submitted on either diskette or CD

III. Data Specifications:

The following sections show the file format for all data submissions. Detailed field definitions and valid values for all fields can be found in alphabetical order in the Data Dictionary Section. Each data format contains a listing of the corresponding error codes. Definitions of all error codes are defined in the Error Code section.

The data files submitted by the DP and the enrollment/eligibility file submitted by DEERS contain two (2) types of records: header record and the detailed data records. One header is required for each file and should be the first record in the file. Multiple detail records will be submitted on each file.

(1) DEERS ENROLLMENT DATA FORMAT

This file format is used by Legacy DEERS when reporting the monthly enrollment data to the Data Contractor by the second business day of the each month. Each submission will include records for each and every DP beneficiary who is enrolled and eligible in DOES. The Data Contractor will provide each DP with a copy of the records contained on this file, for the individuals enrolled in their plan, by the 10th of each month.

(a) Enrollment Header Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	3	FILE TYPE	3	Char	EF01
4	9	SUBMISSION PERIOD	6	Char	EF02
10	17	CREATION DATE	8	Date	EF03

(b) Enrollment Detail Data Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	4	DMIS ID	4	Char	DF075
5	13	SPONSOR SOCIAL SECURITY NUMBER (SSN)	9	Char	DF009
14	15	LEGACY DEERS DEPENDENT SUFFIX	2	Char	DF046
16	16	FAMILY SEQUENCE NUMBER	1	Char	EF04
17	24	PATIENT DATE OF BIRTH	8	Date	DF051
25	25	LEGACY BENEFICIARY RELATIONSHIP	1	Char	EW04
26	52	PATIENT'S NAME	27	Char	DF047
53	53	PATIENT'S GENDER	1	Char	EW05
54	80	PATIENT'S STREET ADDRESS	27	Char	----
81	98	PATIENT'S CITY	18	Char	----
99	100	PATIENT'S STATE	2	Char	----
101	109	PATIENT'S ZIP CODE	9	Num	DF091
110	136	SPONSOR NAME	27	Char	EF11
137	137	SPONSOR SERVICE	1	Char	EW07
138	138	SPONSOR STATUS	1	Char	EW08
139	140	LEGACY PAY GRADE	2	Char	EW09
141	141	SPONSOR MARITAL STATUS	1	Char	EW10
142	142	LEGACY ALTERNATE CARE PLAN	1	Char	EW11
143	150	ENROLLMENT START DATE	8	Date	EF09 EF06
151	158	ENROLLMENT END DATE	8	Date	EF08

(b) Enrollment Detail Data Record File Specifications (cont.)

159	159	LEGACY REASON FOR DISENROLLMENT	1	Char	EW13
160	160	DEERS ELIGIBILITY RESULT	1	Char	EF05
161	161	DEERS END REASON CODE	1	Char	EW15
162	169	PRIMARY CARE MANAGER IDENTIFIER	8	Char	----
170	170	MEDICARE FLAG	1	Char	EW14
171	200	OTHER HEALTH INSURANCE CARRIER NAME	30	Char	----
201	217	OTHER HEALTH INSURANCE POLICY IDENTIFIER	17	Char	----
218	244	SUBSCRIBER NAME	27	Char	----
245	259	RELATIONSHIP TO SUBSCRIBER	15	Char	----
260	267	OTHER HEALTH INSURANCE DATE RECEIVED	8	Date	----
268	268	POLICY PRIORITY CODE	1	Char	----
269	298	DISENROLLMENT COMMENT	30	Char	----

DEERS ELECTRONIC INFORMATION TRANSFER (EIT) DATA FORMAT

This file format is used by DEERS when reporting changes to DP enrollees applied in the DOES system. The Data Contractor will provide an electronic copy of the transactions received for each DP. This information is accumulated and placed on the Data Contractor secured FTP site, as well as, on the Data Contractor web application in a downloadable format each business day. Daily detail and summary reports are printed on remote printers located at the DP or a third party processors.

(a) Electronic Information Transfer Detail Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	3	TRANSFER TYPE CODE	3	Char	DF001
4	5	TRANSFER VERSION IDENTIFIER	2	Char	DF002
6	13	TRANSFER EFFECTIVE CALENDAR DATE	8	Date	DF003
14	19	TRANSFER EFFECTIVE TIME	6	Time	DF004
20	26	HEALTH CARE DELIVERY PROGRAM SYSTEM IDENTIFIER	7	Char	DF005
27	29	TRANSFER RETURN CODE	3	Char	DF006
30	30	ENROLLMENT TRANSACTION TYPE CODE	1	Char	DF007
31	38	CONTRACTOR OPERATOR IDENTIFIER	8	Char	DF008
39	47	SPONSOR PERSON IDENTIFIER	9	Char	DF009 DF101
48	48	SPONSOR PERSON IDENTIFIER TYPE CODE	1	Char	DF010
49	49	SPONSOR DUPLICATE IDENTIFIER	1	Char	DF011
50	50	MEMBER CATEGORY CODE	1	Char	DF012
51	51	SERVICE BRANCH CLASSIFICATION CODE	1	Char	DF013
52	56	PAY PLAN CODE	5	Char	DF014
57	58	PAY GRADE CODE	2	Char	DF015
59	84	SPONSOR PERSON LAST NAME	26	Char	DF016
85	104	SPONSOR PERSON FIRST NAME	20	Char	DF017
105	124	SPONSOR PERSON MIDDLE NAME	20	Char	
125	128	SPONSOR PERSON CADENCY NAME	4	Char	
129	136	SPONSOR PERSON BIRTH CALENDAR DATE	8	Date	DF020
137	144	SPONSOR PERSON DEATH CALENDAR DATE	8	Date	DF021
145	145	HEALTH CARE DELIVERY PROGRAM POLICY ENROLLMENT PERIOD UPDATE CODE	1	Char	DF022
146	153	ENROLLMENT MANAGEMENT CONTRACTOR POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE	8	Date	DF023
154	155	HEALTH CARE DELIVERY PROGRAM CONTRACTOR CODE	2	Char	DF024 DF056
156	163	HEALTH CARE DELIVERY PROGRAM POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE	8	Date	DF025
164	164	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE	1	Char	DF026

		PAYMENT UPDATE CODE			
--	--	---------------------	--	--	--

(a) Electronic Information Transfer Detail Specifications (cont.)

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
165	166	HEALTH CARE DELIVERY PROGRAM CONTRACTOR CODE	2	Char	DF027 DF056
167	174	HEALTH CARE DELIVERY PROGRAM POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE	8	Date	DF028
175	175	FAMILY INDICATOR CODE	1	Char	DF029
176	183	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT CALENDAR DATE	8	Date	DF030
184	191	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PAID-THROUGH CALENDAR DATE	8	Date	DF031
192	192	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PLAN TYPE CODE	1	Char	DF032
193	200	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT AMOUNT	8	Num	DF033
201	201	PAYMENT TYPE CODE	1	Char	DF034
202	221	PAYMENT IDENTIFIER	20	Char	DF035
222	222	CREDIT CARD TYPE	1	Char	DF036
223	223	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE EXCEPTION REASON CODE	1	Char	DF037
224	224	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE ACTION CODE	1	Char	DF038
225	232	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT TRANSACTION CALENDAR DATE	8	Date	DF039
233	238	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT TRANSACTION TIME	6	Time	DF040
239	246	HEALTH CARE DELIVERY PROGRAM ENROLLMENT YEAR FEE CUMULATIVE AMOUNT	8	Num	DF041
247	255	DEERS FAMILY IDENTIFIER	9	Char	DF042 DF101, DF102
256	257	DEERS BENEFICIARY IDENTIFIER	2	Char	DF043 DF101, DF102
258	267	PATIENT IDENTIFIER	10	Char	DF044 DF102
268	276	HEALTH CARE DELIVERY PROGRAM ENROLLMENT SOCIAL SECURITY NUMBER IDENTIFIER	9	Char	DF045
277	278	LEGACY DEERS DEPENDENT SUFFIX	2	Char	DF046
279	304	PERSON LAST NAME	26	Char	DF047
305	324	PERSON FIRST NAME	20	Char	DF048

325	344	PERSON MIDDLE NAME	20	Char	DF049
-----	-----	--------------------	----	------	-------

(a) Electronic Information Transfer Detail Specifications (cont.)

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
345	348	PERSON CADENCY NAME	4	Char	DF050
349	356	PERSON BIRTH CALENDAR DATE	8	Char	DF051
357	357	OTHER HEALTH INSURANCE INDICATOR CODE	1	Char	DF052
358	358	PERSON GENDER CODE	1	Char	DF053
359	359	MEMBER RELATIONSHIP CODE	1	Char	DF054
360	360	HEALTH CARE DELIVERY PROGRAM ENROLLMENT UPDATE CODE	1	Char	DF055
361	362	HEALTH CARE DELIVERY PROGRAM CONTRACTOR CODE	2	Char	DF056
263	363	LEGACY ALTERNATE CARE CODE	1	Char	DF057
264	366	HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE	3	Char	DF058
367	374	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT BEGIN CALENDAR DATE	8	Date	DF059
375	382	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END CALENDAR DATE	8	Date	DF060
383	383	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END REASON CODE	1	Char	DF061
384	384	ENROLLMENT MANAGEMENT CONTRACTOR LOCKOUT PERIOD CODE	1	Char	DF062
385	385	PRIOR ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END REASON CODE	1	Char	DF063
386	386	HEALTH CARE DELIVERY PROGRAM INDIVIDUAL ENROLLMENT FEE WAIVER REASON CODE	1	Char	DF064
387	391	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT RESIDENCE MAILING ADDRESS US POSTAL REGION ZIP CODE	5	NUM	DF065
392	396	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT WORK MAILING ADDRESS US POSTAL REGION ZIP CODE	5	Char	DF066
397	401	SPONSOR ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT RESIDENCE MAILING ADDRESS US POSTAL REGION ZIP CODE	5	NUM	DF065
402	402	HEALTH CARE DELIVERY PROGRAM ENROLLMENT CARD REQUEST STATUS CODE	1	Date	DF067
403	410	HEALTH CARE DELIVERY PROGRAM ENROLLMENT CARD REQUEST CALENDAR DATE	8	Char	DF068
411	422	MEDICARE HEALTH INSURANCE CLAIM IDENTIFIER	12	Char	DF069

(a) Electronic Information Transfer Detail Specifications (cont.)

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
423	423	HEALTH CARE DELIVERY PROGRAM ENROLLMENT HEAR SURVEY RECEIVED STATUS CODE	1	Char	DF070
424	431	ENROLLMENT MANAGEMENT CONTRACTOR HEALTH CARE DELIVERY PROGRAM ENROLLMENT APPLICATION RECEIVED CALENDAR DATE	8	Date	DF071
432	439	TRICARE SERVICE CENTER HEALTH CARE DELIVERY PROGRAM ENROLLMENT APPLICATION RECEIVED CALENDAR DATE	8	Date	DF072
440	440	PRIMARY CARE MANAGER SELECTION UPDATE CODE	1	Char	DF073
441	442	PRIMARY CARE MANAGER REGION CODE	2	Num	DF074
443	446	PRIMARY CARE MANAGER ENROLLING DIVISION DMIS IDENTIFIER	4	Char	DF075
447	447	PRIMARY CARE MANAGER NETWORK PROVIDER TYPE CODE	1	Char	DF076
448	465	PRIMARY CARE MANAGER IDENTIFIER	18	Char	DF077
466	473	PRIMARY CARE MANAGER SELECTION BEGIN CALENDAR DATE	8	Date	DF078
474	481	PRIMARY CARE MANAGER SELECTION END CALENDAR DATE	8	Date	DF079
482	482	PRIMARY CARE MANAGER SELECTION END REASON CODE	1	Char	DF080
483	483	PRIOR PRIMARY CARE MANAGER SELECTION END REASON CODE	1	Char	DF081
484	484	EMAIL ADDRESS USE PRIORITY CODE	1	Char	DF082
485	564	EMAIL ADDRESS TEXT	80	Char	----
565	565	PERSON MAILING ADDRESS CHANGE INDICATOR CODE	1	Char	DF084
566	566	MAILING ADDRESS QUALITY CODE	1	Char	DF085
567	574	MAILING ADDRESS EFFECTIVE CALENDAR DATE	8	Date	DF086
575	614	MAILING ADDRESS LINE 1 TEXT	40	Char	DF087
615	654	MAILING ADDRESS LINE 2 TEXT	40	Char	DF088
655	674	MAILING ADDRESS CITY NAME	20	Char	DF089
675	666	MAILING ADDRESS US POSTAL REGION STATE CODE	2	Char	DF090
677	681	MAILING ADDRESS US POSTAL REGION ZIP CODE	5	Char	DF091

(a) Electronic Information Transfer Detail Specifications (cont.)

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
682	685	MAILING ADDRESS US POSTAL REGION ZIP EXTENSION CODE	4	Char	DF092
686	687	MAILING ADDRESS COUNTRY CODE	2	Char	DF093
688	690	MAILING ADDRESS MAINTENANCE SOURCE CODE	3	Char	DF094
691	704	HOME TELEPHONE NUMBER CODE	14	Char	DF095
705	718	WORK TELEPHONE NUMBER CODE	14	Char	DF096
719	732	FAX TELEPHONE NUMBER CODE	14	Char	DF097

(3) DEERS ELIGIBILITY DATA FORMAT

This file format will be used by DEERS when reporting eligible military beneficiaries for the DP Program. Data Contractor will provide an electronic copy of the transactions received for each DP. This information placed on the Data Contractor's secured FTP site as well as on the TMA DP Program Office Information System Web application in a downloadable format on a monthly basis. Reports are also generated and available for downloading from the Data Contractor web application.

(a) Eligibility Data Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	8	DEERS FAMILY IDENTIFIER	9	Char	DF042 DF101
9	10	DEERS BENEFICIARY IDENTIFIER	2	Char	DF043 DF101
12	21	PATIENT IDENTIFIER	10	Char	DF044 DF102
22	30	SPONSOR SOCIAL SECURITY NUMBER (SSN)	9	Char	DF009
31	32	LEGACY DEERS DEPENDENT SUFFIX	2	Char	EW04
34	59	PERSON LAST NAME	26	Char	DF047
60	79	PERSON FIRST NAME	20	Char	DF048
	99	PERSON MIDDLE NAME	20	Char	----
100	103	PERSON CADENCY NAME	4	Char	----
104	104	PERSON GENDER CODE	1	Char	DF053
105	112	PERSON BIRTH CALENDAR DATE	8	Date	DF051
115	119	PAY PLAN CODE	5	Char	DF014
120	121	PAY GRADE CODE	2	Char	DF015
114	114	SERVICE BRANCH CLASSIFICATION CODE	1	Char	DF013
113	113	MEMBER CATEGORY CODE	1	Char	DF012
122	125	PRIMARY CARE MANAGER ENROLLING DIVISION DMIS IDENTIFIER	4	Char	DF075
126	129	BENEFICARY AGE	4	Num	----
130	137	MAILING ADDRESS EFFECTIVE CALENDAR DATE	8	Date	DF086
138	178	MAILING ADDRESS LINE 1 TEXT	40	Char	----
179	218	MAILING ADDRESS LINE 2 TEXT	40	Char	----
219	238	MAILING ADDRESS CITY NAME	20	Char	----
239	240	MAILING ADDRESS US POSTAL REGION STATE CODE	2	Char	DF090
241	245	MAILING ADDRESS US POSTAL REGION ZIP CODE	5	Char	DF091
246	249	MAILING ADDRESS US POSTAL REGION ZIP EXTENSION CODE	4	Char	DF092
250	251	MAILING ADDRESS COUNTRY CODE	2	Char	DF093

(a) Eligibility Data Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
252	254	MAILING ADDRESS MAINTENANCE SOURCE CODE	3	Char	DF094
255	268	HOME TELEPHONE NUMBER CODE	14	Char	DF095
269	269	DEERS END REASON CODE	1	Char	DF061

(4) OHI/PCM INFORMATION DATA FORMAT

This file format will be used by the DP when reporting the monthly enrollee OHI/PCM information. The DP will provide a record for each and every currently enrolled beneficiary. This file will be reported to Data Contractor by the 15th of each month.

The Patient's PCM number will be used to identify the Primary Care Manager for the enrollee. Corresponding records are to be submitted on the monthly provider file.

(a) OHI/PCM Information Update Header Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	3	FILE TYPE	3	Char	GF01
4	9	SUBMISSION PERIOD	6	Char	GF02
10	17	CREATION DATE	8	Date	GF03
18	21	DMIS ID	4	Char	GF04

(b) OHI/PCM Information Update Detail Data Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	4	DMIS ID	4	Char	GF04
5	12	SPONSOR SOCIAL SECURITY NUMBER (SSN)	9	Char	GF37
13	14	LEGACY DEERS DEPENDENT SUFFIX	2	Char	GF38
15	23	DEERS FAMILY IDENTIFIER	9	Char	GF33
24	25	DEERS BENEFICIARY IDENTIFIER	2	Char	GF34
26	35	PATIENT'S IDENTIFIER	10	Char	GF35
36	62	PATIENT'S LAST NAME	27	Char	GF13
63	82	PATIENT'S FIRST NAME	20	Char	GF13
83	102	PATIENT'S MIDDLE NAME	20	Char	---
103	105	PATIENT'S CADENCY NAME	4	Char	---
107	114	OTHER HEALTH INSURANCE (OHI) BEGIN DATE	8	Date	AW14
115	122	OTHER HEALTH INSURANCE (OHI) END DATE	8	Date	AW15
123	152	OTHER HEALTH INSURANCE (OHI) CARRIER NAME	40	Char	AW10
163	164	OTHER HEALTH INSURANCE (OHI) COVERAGE INDICATOR TYPE CODE	2	Char	AF06
165	170	OTHER HEALTH INSURANCE (OHI) POLICY IDENTIFIER	17	Char	AW11
182	221	OTHER HEALTH INSURANCE (OHI) SUBSCRIBER NAME	40	Char	AW17
222	229	OTHER HEALTH INSURANCE (OHI) SUBSCRIBERS DATE OF BIRTH	8	Char	AW18
230	230	OTHER HEALTH INSURANCE (OHI) STATUS CODE	1	Char	AF07
231	238	OTHER HEALTH INSURANCE (OHI) DATE RECEIVED	8	Date	AF05
239	239	POLICY PRIORITY CODE	1	Char	AW08
240	257	PATIENT'S PCM NUMBER	18	Char	AW13

(b) OHI/PCM Information Update Detail Data Record File Specifications(cont).

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
258	337	PRIMARY CARE MANAGER PREFERENCE TEXT	80	Char	---

5) MANAGEMENT CLINICAL DATA (MCD) FORMAT

The DP will report all clinical services provided for all DP enrollees. This file format and data elements are required for each encounter setting (hospital, inpatient or outpatient professional services) when reporting the monthly clinical workload for DP enrollees. This file will be reported to the Data Contractor by the 15th of each month.

Since MCD can be submitted as Hospital Services data, Inpatient Professional Services data, or Outpatient Professional Services data, the encounter setting field will indicate the type of care reported. A grid, to the right of the data elements, indicates which elements are used for the encounter setting reported. If the grid indicates the field is not reported for an encounter setting, the field should be left blank.

Each submission will include all services provided during the previous month. Earlier services provided are reported in the monthly submission, regardless of how much delay the DP experiences in collecting the information. For evaluation purposes, it is important to capture all care provided to enrollees. Incomplete data may impact capitation rates when they are recalibrated.

If additional space is required to report all services for the encounter, the DP will submit up to nine (9) additional records containing the DMIS ID, DEERS Family ID, DEERS Beneficiary ID, Patient ID, Sponsor Social Security Number, legacy DEERS dependent suffix and the unique patient ID number. In addition to, any additional services are submitting the transaction type of "F".

The Unique Provider ID and Tax-ID of the Provider Entity will be used to identify the provider of the clinical encounter. Corresponding records are to be submitted on the monthly provider file.

The unique key used to identify each MCD submission is DMIS ID, DEERS Family ID, DEERS beneficiary ID, Patient ID, sponsor SSN, Legacy DEERS Dependent Suffix, Unique patient reference Number and the Encounter Setting.

(a) MCD Header Record File Specifications

START	END	DATA ELEMENT NAME	Length	Field Type	Corresponding Error Code
1	3	FILE TYPE	3	Char	GF01
4	9	SUBMISSION PERIOD	6	Char	GF02
10	17	CREATION DATE	8	Date	GF03
18	21	DMIS ID	4	Char	GF04

(b) MCD Detail Data Record File Specifications

START	END	DATA ELEMENT NAME	Length	Field Type	REQUIRED FOR ENCOUNTER SETTING			CORRESPONDING ERROR CODES
					H	I	O	
1	4	DMIS ID	4	Char	X	X	X	GF04
5	13	DEERS FAMILY IDENTIFIER	9	Char	X	X	X	GF33
14	15	DEERS BENEFICIARY IDENTIFIER	2	Char	X	X	X	GF34
16	25	PATIENT'S IDENTIFIER	10	Char	X	X	X	GF35
26	52	PATIENT'S LAST NAME	27	Char	X	X	X	GF13
53	72	PATIENT'S FIRST NAME	20	Char	X	X	X	GF13
73	92	PATIENT'S MIDDLE NAME	20	Char	X	X	X	---
93	96	PATIENT'S CADENCY NAME	4	Char	X	X	X	---
97	104	PATIENT'S DATE OF BIRTH	8	Date	X	X	X	GF05
105	109	PATIENT'S ZIP CODE	5	Char	X	X	X	
110	110	PATIENT'S GENDER	1	Char	X	X	X	GF06
111	119	SPONSOR SOCIAL SECURITY NUMBER (SSN)	9	Char	X	X	X	GF37
120	121	LEGACY DEERS DEPENDENT SUFFIX	2	Char	X	X	X	GF38
122	122	MEMBER CATEGORY CODE	1	Char	X	X	X	GF36
123	123	SERVICE BRANCH CLASSIFICATION CODE	1	Char	X	X	X	GF39
124	135	UNIQUE PATIENT REFERENCE NUMBER	12	Char	X	X	X	GF09
136	136	ENCOUNTER SETTING	1	Char	X	X	X	GF41
137	143	PATIENT PRINCIPAL PRIMARY DIAGNOSIS	7	Char	X	X	X	GF17 GW07
144	150	PATIENT DIAGNOSIS 2	7	Char	X	X	X	GF18 GW07
151	157	PATIENT DIAGNOSIS 3	7	Char	X	X	X	GF19 GW07
158	164	PATIENT DIAGNOSIS 4	7	Char	X	X	X	GF20 GW07
165	171	PATIENT DIAGNOSIS 5	7	Char	X	X	X	GF21 GW07
172	178	PATIENT DIAGNOSIS 6	7	Char	X	X	X	GF22 GW07
179	185	PATIENT DIAGNOSIS 7	7	Char	X	X	X	GF23 GW07
186	192	PATIENT DIAGNOSIS 8	7	Char	X	X	X	GF24 GW07
193	199	PATIENT DIAGNOSIS 9	7	Char	X	X	X	GF25 GW07
200	206	PATIENT DIAGNOSIS 10	7	Char	X	X	X	GF26 GW07
207	213	PATIENT DIAGNOSIS 11	7	Char	X	X	X	GF27 GW07
214	220	PATIENT DIAGNOSIS 12	7	Char	X	X	X	GF28 GW07
221	229	TAX ID OF PROVIDER ENTITY	9	Char	X	X	X	RW06
230	248	UNIQUE PROVIDER ID NUMBER	18	Char	X	X	X	RF05
256	257	MAJOR SPEC/INSTITUTION TYPE	2	Char	X	X	X	RW05
258	266	PROVIDER ZIP CODE	9	Char	X	X	X	RW06

(b) MCD Detail Data Record File Specifications (cont.)

START	END	DATA ELEMENT NAME	Length	Field Type	REQUIRED FOR ENCOUNTER SETTING			CORRESPONDING ERROR CODES
					H	I	O	
267	284	ORDERING PHYSICIAN	18	Char		X	X	PF27
285	285	COST DATA	11	Num	X	X	X	GF30
296	301	CO-PAYMENT AMOUNT COLLECTED	6	Num	X	X	X	GF31
302	302	EMERGENCY FLAG	1	Char		X	X	PF26
303	310	DATE OF RELATED ADMISSION	8	Date		X		PW01
311	318	DATE OF RELATED DISPOSITION	8	Date		X		PW02
319	319	NUMBER OF SERVICES	1	Char		X	X	PF01
320	327	SERVICE 1 START DATE	8	Date		X	X	PF02
328	335	SERVICE 1 END DATE	8	Date		X	X	PF03
336	337	SERVICE 1 PLACE OF SERVICE	2	Char		X	X	PF04
338	350	SERVICE 1 PROCEDURE CODE	13	Char		X	X	PF05
351	357	SERVICE 1 RELATED DIAGNOSIS CODE	7	Char		X	X	PF28
358	360	SERVICE 1 QUANTITY	3	Char		X	X	---
361	367	SERVICE 2 START DATE	8	Date		X	X	PF06
368	376	SERVICE 2 END DATE	8	Date		X	X	PF07
377	378	SERVICE 2 PLACE OF SERVICE	2	Char		X	X	PF08
379	391	SERVICE 2 PROCEDURE CODE	13	Char		X	X	PF09
392	398	SERVICE 2 RELATED DIAGNOSIS CODE	7	Char		X	X	PF29
399	401	SERVICE 2 QUANTITY	3	Char		X	X	---
402	409	SERVICE 3 START DATE	8	Date		X	X	PF10
410	417	SERVICE 3 END DATE	8	Date		X	X	PF11
418	419	SERVICE 3 PLACE OF SERVICE	2	Char		X	X	PF12
420	432	SERVICE 3 PROCEDURE CODE	13	Char		X	X	PF13
433	439	SERVICE 3 RELATED DIAGNOSIS CODE	7	Char		X	X	PF30
440	442	SERVICE 3 QUANTITY	3	Char		X	X	---
443	450	SERVICE 4 START DATE	8	Date		X	X	PF14
451	458	SERVICE 4 END DATE	8	Date		X	X	PF15
459	460	SERVICE 4 PLACE OF SERVICE	2	Char		X	X	PF16
461	473	SERVICE 4 PROCEDURE CODE	13	Char		X	X	PF17
474	480	SERVICE 4 RELATED DIAGNOSIS CODE	7	Char		X	X	PF31
481	483	SERVICE 4 QUANTITY	3	Char		X	X	---
484	442	SERVICE 5 START DATE	8	Date		X	X	PF18
443	450	SERVICE 5 END DATE	8	Date		X	X	PF19
500	501	SERVICE 5 PLACE OF SERVICE	2	Char		X	X	PF20
502	514	SERVICE 5 PROCEDURE CODE	13	Char		X	X	PF21
515	521	SERVICE 5 RELATED DIAGNOSIS CODE	7	Char		X	X	PF32
522	524	SERVICE 5 QUANTITY	3	Char		X	X	---
525	532	SERVICE 6 START DATE	8	Date		X	X	PF22
533	540	SERVICE 6 END DATE	8	Date		X	X	PF23
541	542	SERVICE 6 PLACE OF SERVICE	2	Char		X	X	PF24
543	555	SERVICE 6 PROCEDURE CODE	13	Char		X	X	PF25

(b) MCD Detail Data Record File Specifications (cont.)

START	END	DATA ELEMENT NAME	Length	Field Type	REQUIRED FOR ENCOUNTER SETTING			CORRESPONDING ERROR CODES
					H	O	I	
556	562	SERVICE 6 RELATED DIAGNOSIS CODE	7	Char		X	X	PF33
563	565	SERVICE 6 QUANTITY	3	Char		X	X	---
566	573	HOSPITAL SERVICE ADMISSION DATE	8	Date	X			HF01 HF02
574	574	HOSPITAL SERVICE ADMISSION TYPE	1	Char	X			HW01
575	576	HOSPITAL SERVICE ADMISSION SOURCE	1	Char	X			HW02
576	577	HOSPITAL SERVICE DISPOSITION STATUS	2	Char	X			HF10
578	585	HOSPITAL SERVICE DISPOSITION DATE	8	Date	X			HF03 HF04
586	588	DIAGNOSIS RELATED GROUP (DRG)	3	Char	X			GF42
589	595	HOSPITAL SERVICE S PATIENT PRINCIPAL PROCEDURE	7	Char	X			HF05
596	602	HOSPITAL SERVICE PATIENT PROCEDURE 2	7	Char	X			HF06
603	609	HOSPITAL SERVICE PATIENT PROCEDURE 3	7	Char	X			HF07
610	616	HOSPITAL SERVICE PATIENT PROCEDURE 4	7	Char	X			HF08
617	623	HOSPITAL SERVICE PATIENT PROCEDURE 5	7	Char	X			HF09
624	630	HOSPITAL SERVICE PATIENT PROCEDURE 6	7	Char	X			HF11
631	631	TRANSACTION TYPE	1	Char	X	X	X	GF10 GF15 GF16 GF32

(6) PHARMACY ENCOUNTER DATA FORMAT

The DP will report all pharmacy services provided for all DP enrollees. This file format and data elements are required for each pharmacy encounter when reporting the monthly pharmacy workload for DP enrollees. This file will be reported to the Data Contractor by the 15th of each month.

The unique key used to identify each individual service provided is the DMIS ID, DEERS Family ID, DEERS Beneficiary ID, Patient ID, sponsor SSN, legacy DEERS dependent suffix, the Unique patient reference and Date Dispensed.

The unique National Association of Boards of Pharmacy (NABP) identification number will identify each pharmacy site. Grouping of numerous sites is not authorized. A corresponding record will be submitted on the monthly provider file.

(a) Pharmacy Header Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	3	FILE TYPE	3	Char	GF01
	9	SUBMISSION PERIOD	6	Char	GF02
10	17	CREATION DATE	8	Date	GF03
18	21	DMIS ID	4	Char	GF04

(b) Pharmacy Detail Data Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	4	DMIS ID	4	Char	GF04
5	13	DEERS FAMILY IDENTIFIER	9	Char	GF33
14	15	DEERS BENEFICIARY IDENTIFIER	2	Char	GF34
16	25	PATIENT IDENTIFIER	10	Char	GF35
26	34	SPONSOR SECURITY NUMBER (SSN)	9	Char	GF37
35	36	LEGACY DEERS DEPENDENT SUFFIX	2	Char	GF38
37	62	PATIENT'S LAST NAME	26	Char	GF13
63	82	PATIENT'S FIRST NAME	20	Char	GF13
83	102	PATIENT'S MIDDLE NAME	20	Char	---
103	106	PATIENT'S CADENCY NAME	4	Char	---
105	114	PATIENT'S DATE OF BIRTH	8	Date	GF05
115	115	PATIENT'S GENDER	1	Char	GF06
117	121	QUANTITY DISPENSED	6	Char	MF13
122	129	DATE DISPENSED	8	Date	MF07
130	140	NATIONAL DRUG CODE NUMBER	11	Char	MF14
141	151	COST DATA	11	Num	GF30
152	154	BASIS FOR COST DETERMINATION	3	Char	MW05
155	166	UNIQUE PATIENT REFERENCE NUMBER	12	Char	GF09
167	172	CO-PAYMENT AMOUNT COLLECTED	6	Num	GF31
173	181	PHARMACY NABP NUMBER	9	Char	MW04
182	184	NUMBER OF DAYS PROVIDED	3	Num	MF17
185	202	PROVIDER PRESCRIBING MEDICATION	18	Char	RF08
203	203	DISPENSED AS WRITTEN INDICATOR	1	Char	MF20
204	204	TRANSACTION TYPE	1	Char	GF10 GF15 GF16 GF32

(7) PROVIDER-RELATED DATA FORMAT

This file format and data elements are required when reporting the monthly provider-related data. The monthly submissions will contain all institutional and non-institutional providers that have given care to DP enrollees. Staff, contracted, and other providers are to be included. This file will be reported to Data Contractor by the 15th of each month.

The unique key used to identify each clinical and pharmacy provider is the DMIS ID, Unique Provider ID Number, Tax ID of the Provider Entity, Institution/Non-Institution type, Provider Zip Code and Major Specialty code.

Each institutional provider will have a unique record specified by *Unique Provider ID*. Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) data processing rules state that "multiple records will be required for institutional providers with both Diagnosis Related Group (DRG)-exempt and DRG-nonexempt units" (reference - OCHAMPUS 6010.50-M, *Automated Data Processing and Reporting Manual*, pages 1-17). A separate record will be generated for each financially independent entity, even if it is within the same physical plant.

Each non-institutional provider will have a unique record specified by *Unique Provider ID Number*. *The Provider ID Number* is the unique number assigned to each Physician/Clinic by the DP and uniquely identifies each Physician/Clinic.

Institution type for a hospital is either non-institutional or institutional, depending on the type of services rendered. If the hospital provides inpatient care, a provider record will be coded with Institutional/Non-Institutional code as "I" for inpatient hospital services it provides. If the hospital also provides emergency room services, ambulatory surgeries, or other outpatient facility services, then another provider record will be created with Institutional/Non-Institutional code value of "N" for non-institutional, along with a value of "99" (Facility Charges) for Provider Major Specialty.

Each Pharmacy provider will have a unique key defined by specifying the NABP number assigned to each pharmacy in the unique provider ID number field.

(a) Provider Header Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	3	FILE TYPE	3	Char	GF01
4	9	SUBMISSION PERIOD	6	Char	GF02
10	17	CREATION DATE	8	Date	GF03
18	21	DMIS ID	4	Char	GF04

(b) Provider Detail Data Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	4	DMIS ID	4	Char	GF04
5	22	UNIQUE PROVIDER ID NUMBER OR THE PHARMACY NABP NUMBER	18	Char	RF03 RF05
23	23	PROVIDER TYPE CODE	1	Char	RF12
24	47	PROVIDER LICENCE IDENTIFER	24	Char	RW12
48	87	PROVIDER FULL NAME	40	Char	RF02
88	127	PROVIDER GROUP NAME	40		RW14
128	136	TAX ID OF PROVIDER ENTITY	9	Char	RW06
137	137	PROVIDER AFFILIATION CODE	1	Char	RW01
138	138	INSTITUTION / NON-INSTITUTION	1	Char	RF04
139	152	PROVIDER TELEPHONE NUMBER	14		----
153	192	PROVIDER STREET ADDRESS	40	Char	RF09
193	212	PROVIDER CITY	20	Char	RW03
213	214	PROVIDER STATE	2	Char	RW04
215	223	PROVIDER ZIP CODE	9	Char	RW09
224	225	1 ST MAJOR SPECIALTY / INST TYPE	2	Char	RW05
226	227	2 ND MAJOR SPECIALTY	2	Char	RW05
228	229	3 RD MAJOR SPECIALTY	2	Char	RW05
230	231	4 TH MAJOR SPECIALTY	2	Char	RW05
232	233	5 TH MAJOR SPECIALTY	2	Char	RW05
234	241	PROVIDER LOCATION BEGIN DATE	8	Char	RF06
242	249	PROVIDER LOCATION END DATE	8	Char	RF07
250	250	PROVIDER GENDER CODE	1	Char	RW11
251	251	REMOTE ENROLLEE ASSIGNMENT INDICATE CODE	1	Char	RW10
252	331	PROVIDER ASSIGNMENT REMARKS TEXT	80	Char	---
332	332	PROVIDER ACCREDIDATION INDICATION	1	Char	---

(8) ENROLLMENT FEE COLLECTIONS DATA FORMAT

This file format will be used by the DP when reporting monthly Enrollment Fee data to the Data Contractor by the 15th of each month. Each submission will include records uniquely identified by the DEERS Family Id, DEERS Beneficiary Id, Patient ID, Sponsor Social Security Number and Legacy DEERS Dependent Suffix of the subscriber. At the DP's option, this information can be reported using a secured FTP site to the Data Contractor on a daily basis.

The DP will report enrollment fees collected in a timely manner. The DPs will report all collection information received, (regardless of the length of delay between reporting the data and when the collection was actually received). The Data Contractor will report enrollment fee information to DEERS. Reporting fee information to DEERS is a key component in timely portability for beneficiaries.

(a) Enrollment Fee Collections Header Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	3	FILE TYPE	3	Char	GF01
4	9	SUBMISSION PERIOD	6	Char	GF02
10	17	CREATION DATE	8	Date	GF03
18	21	DMIS ID	4	Char	GF04

(B) Enrollment Fee Collections Detail Data Record File Specifications

START	END	DATA ELEMENT NAME	LENGTH	FIELD TYPE	Corresponding Error Code
1	4	DMIS ID	4	Char	GF04
5	13	DEERS FAMILY IDENTIFIER	9	Char	GF33
14	15	DEERS BENEFICIARY IDENTIFIER	2	Char	GF34
16	25	PATIENT IDENTIFIER	10	Char	GF35
26	34	SPONSOR SOCIAL SECURITY NUMBER (SSN)	9	Char	GF37
35	36	SUBSCRIBER'S DEERS DEPENDENT SUFFIX	2	Char	FF08
37	63	SUBSCRIBER'S NAME	27	Char	FF09
64	71	SUBSCRIBER'S DATE OF BIRTH	8	Date	FW07
72	79	ENROLLMENT FEE PAYMENT RECEIVE DATE	8	Date	FF05
80	87	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PAID-THROUGH CALENDAR DATE	8	Date	FF06
88	88	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PLAN TYPE CODE	1	Char	FF10
89	89	ENROLLMENT FEE WAIVER EXCEPTION CODE	1	Char	FF07
90	95	ENROLLMENT FEE COLLECTED	6	Num	FF03
96	96	ENROLLMENT FEE PAYMENT PLAN TYPE CODE	1	Char	FF04
97	97	CREDIT CARD TYPE	1	Char	FW04
98	98	ENROLLMENT FEE PAYMENT ACTION CODE	1	Char	FW06

(9) Assessing Data Quality

Quality of submitted data is assessed via a series of screening programs. A number of checks are performed on data received by the Data Contractor. Data errors are classified into two major types: fatal and warning. Fatal errors require the DP to resubmit all records that have fatal error codes. Records with fatal errors will not be in standard reports until the DP has resubmitted corrected data. The acceptable level of combined monthly Warning and Fatal Errors is 10 percent.

Data collected for the Designated Provider Program will be submitted by the Data Contractor to the Military data Repository (MDR) system. Selected clinical and provider encounter data and related provider information will be sent the National Quality Monitoring Program (NQMP) for review.

(10) Recovery

Once data files are received from appropriate sources, the Data Contractor will create backup files of all data. Two backups are created, one for storage on-site and one for storage off-site, away from the main computer facility. Data can be recovered from one (1) of these two (2) backup files.

I. TRANSMITTAL COVER SHEET

DP FILE TRANSMITTAL FORM

Date Sent: _____ Submission Period: _____ DMIS ID: _____

<p>From:</p> <p>POC: Phone: ()</p>	<p>To:</p> <p>Mr. David Roush Iowa Foundation for Medical Care 6000 Westown Parkway, Suite 350E West Des Moines, Iowa 50266-7771 USFHP_Group@IFMC.ORG</p>
--	---

FILE INFORMATION

Production Resubmit

File Type: Clinical
 Pharmacy
 Provider
 OHI/PCM Information Update
 Enrollment Fee Collections
 Other

Data Type: Labeled 3480 cartridge tape, in EBCDIC format
 ASCII text file with CR / LF; can be zipped
 FTP – Electronic submission
 Other

Volume Label: _____

Record Count: _____

Block size _____

Description: _____

V. ERROR CODES

(a) DMDN NED Submission – EIT Errors. Errors in this group are not included in the error rate for the DP. Errors in this category will require a change to the enrollment in DOES, a change by the personnel office or changes by DEERS.

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
DF001	TRANSFER TYPE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF002	TRANSFER VERSION IDENTIFIER	Fatal	Invalid field format
DF003	TRANSFER EFFECTIVE CALENDAR DATE	Fatal	Invalid date
DF004	TRANSFER EFFECTIVE TIME	Fatal	Invalid Time
DF005	HEALTH CARE DELIVERY PROGRAM SYSTEM IDENTIFIER	Fatal	Value of this field not defined as valid in the data dictionary
DF006	TRANSFER RETURN CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF007	ENROLLMENT TRANSACTION TYPE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF008	CONTRACTOR OPERATOR IDENTIFIER	Fatal	Value of this field not defined as valid in the data dictionary
DF009	SPONSOR PERSON IDENTIFIER	Fatal	Value of this field not defined as valid in the data dictionary
DF010	SPONSOR PERSON IDENTIFIER TYPE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF011	SPONSOR DUPLICATE IDENTIFIER	Fatal	Value of this field not defined as valid in the data dictionary
DF012	MEMBER CATEGORY CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF013	SERVICE BRANCH CLASSIFICATION CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF014	PAY PLAN CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF015	PAY GRADE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF016	SPONSOR PERSON LAST NAME	Fatal	Field is blank
DF017	SPONSOR PERSON FIRST NAME	Fatal	Field is blank
DF020	SPONSOR PERSON BIRTH CALENDAR DATE	Fatal	Blank, nonnumeric or invalid format
DF021	SPONSOR PERSON DEATH CALENDAR DATE	Fatal	Not blank, nonnumeric or invalid format
DF022	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT UPDATE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF023	ENROLLMENT MANAGEMENT CONTRACTOR POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE	Fatal	Invalid date
DF024	HEALTH CARE DELIVERY PROGRAM CONTRACTOR CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF025	HEALTH CARE DELIVERY PROGRAM POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE	Fatal	Invalid date
DF026	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT UPDATE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF027	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE POSTING CONTRACTOR CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF028	EMC POLICY ENROLLMENT PERIOD BEGIN DATE	Fatal	Invalid date

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
DF029	FAMILY INDICATOR CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF030	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT CALENDAR DATE	Fatal	Invalid date
DF031	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PAID-THROUGH CALENDAR DATE	Fatal	Invalid date.
DF032	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PLAN TYPE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF033	HEALTH CARE DELIVERY PROGRAM ENROLLMENT YEAR FEE PAYMENT AMOUNT	Fatal	Non-numeric
DF034	PAYMENT TYPE CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF035	PAYMENT IDENTIFIER	Fatal	Value of this field not defined as valid in the data dictionary
DF036	CREDIT CARD TYPE	Fatal	Value of this field not defined as valid in the data dictionary
DF037	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE EXCEPTION REASON CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF038	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE ACTION CODE	Fatal	Value of this field not defined as valid in the data dictionary
DF039	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT TRANSACTION CALENDAR DATE	Fatal	Invalid date.
DF040	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT TRANSACTION TIME	Fatal	Invalid time.
DF041	HEALTH CARE DELIVERY PROGRAM ENROLLMENT YEAR FEE CUMULATIVE AMOUNT	Fatal	Nonnumeric.
DF042	DEERS FAMILY ID	Fatal	Invalid format or blank
DF043	DEERS BENEFICIARY IDENTIFIER	Fatal	Invalid format or blank
DF044	PATIENT ID	Fatal	Invalid format or blank
DF045	HEALTH CARE DELIVERY PROGRAM ENROLLMENT SOCIAL SECURITY NUMBER IDENTIFIER	Fatal	Invalid format or blank
DF046	LEGACY DEERS DEPENDENT SUFFIX	Fatal	Blank or not defined as a valid Legacy DEERS Dependent suffix in data dictionary.
DF047	PERSON LAST NAME	Fatal	Blank
DF048	PERSON FIRST NAME	Fatal	Blank
DF051	PERSON BIRTH CALENDAR DATE	Fatal	Invalid date or blank
DF052	OHI INDICATOR	Fatal	Value not defined in data dictionary
DF053	PERSON GENDER CODE		Value not defined in data dictionary
DF054	MEMBER RELATIONSHIP CODE	Fatal	Value not defined in data dictionary
DF055	HEALTH CARE DELIVERY PROGRAM ENROLLMENT UPDATE CODE	Fatal	Value not defined in data dictionary
DF056	HEALTH CARE DELIVERY PROGRAM ENROLLING CONTRACTOR CODE	Fatal	Value not defined in data dictionary. Value does not correspond to specific DMIS ID

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
DF057	LEGACY ALTERNATE CARE CODE	Fatal	Value not defined in data dictionary
DF058	HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE	Fatal	Value not defined in data dictionary
DF059	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT BEGIN CALENDAR DATE	Fatal	Nonnumeric, blank or invalid format
DF060	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END CALENDAR DATE	Fatal	Nonnumeric, blank or invalid format, enrollment end date prior to enrollment begin date
DF061	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END REASON CODE	Fatal	Value not defined in data dictionary
DF062	ENROLLMENT MANAGEMENT CONTRACTOR LOCKOUT PERIOD CODE	Fatal	Value not defined in data dictionary
DF063	PRIOR ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END REASON CODE	Fatal	Value not defined in data dictionary
DF064	HEALTH CARE DELIVERY PROGRAM INDIVIDUAL ENROLLMENT FEE WAIVER REASON CODE	Fatal	Value not defined in data dictionary
DF065	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT RESIDENCE MAILING ADDRESS US POSTAL REGION ZIP CODE	Fatal	Blank, zeroes or all 9's or not with valid zip code ranges
DF066	ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT WORK MAILING ADDRESS US POSTAL REGION ZIP CODE	Fatal	Blank, zeroes or all 9's or not with valid zip code ranges
DF067	HEALTH CARE DELIVERY PROGRAM ENROLLMENT CARD REQUEST CODE	Warn	Value not defined in data dictionary
DF068	HEALTH CARE DELIVERY PROGRAM ENROLLMENT CARD REQUEST CALENDAR DATE	Warn	Invalid Date
DF069	MEDICARE HEALTH INSURANCE CLAIM IDENTIFIER	Fatal	Value not defined in data dictionary
DF070	HEALTH CARE DELIVERY PROGRAM ENROLLMENT HEAR SURVEY RECEIVED STATUS CODE	Warn	Value not defined in data dictionary
DF071	ENROLLMENT MANAGEMENT CONTRACTOR HEALTH CARE DELIVERY PROGRAM ENROLLMENT APPLICATION RECEIVED CALENDAR DATE	Fatal	Nonnumeric, blank or invalid format, receive date after enrollment start date
DF072	TRICARE SERVICE CENTER HEALTH CARE DELIVERY PROGRAM ENROLLMENT APPLICATION RECEIVED CALENDAR DATE	Fatal	Nonnumeric, blank or invalid format, receive date after enrollment start date
DF073	PRIMARY CARE MANAGER SELECTION UPDATE CODE	Fatal	Value not defined in data dictionary
DF074	PRIMARY CARE MANAGER REGION CODE	Fatal	Value not defined in data dictionary
DF075	PRIMARY CARE MANAGER ENROLLING DIVISION DMIS IDENTIFIER	Fatal	Value not defined in data dictionary
DF076	PRIMARY CARE MANAGER NETWORK PROVIDER TYPE CODE	Fatal	Value not defined in data dictionary
DF077	PRIMARY CARE MANAGER IDENTIFIER	Fatal	Invalid format
DF078	PRIMARY CARE MANAGER SELECTION BEGIN CALENDAR DATE	Fatal	Invalid date

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
DF079	PRIMARY CARE MANAGER SELECTION END CALENDAR DATE	Fatal	Invalid date
DF080	PRIMARY CARE MANAGER SELECTION END REASON CODE	Fatal	Value not defined in data dictionary
DF081	PRIOR PRIMARY CARE MANAGER SELECTION END REASON CODE	Fatal	Value not defined in data dictionary
DF082	EMAIL ADDRESS USE PRIORITY CODE	Fatal	Value not defined in data dictionary
DF084	PERSON MAILING ADDRESS CHANGE INDICATOR CODE	Fatal	Value not defined in data dictionary
DF085	MAILING ADDRESS QUALITY CODE	Fatal	Value not defined in data dictionary
DF086	MAILING ADDRESS EFFECTIVE CALENDAR DATE	Fatal	Invalid date
DF090	MAILING ADDRESS US POSTAL REGION STATE CODE	Fatal	Value not defined in data dictionary
DF091	MAILING ADDRESS US POSTAL REGION ZIP CODE	Fatal	Blank, nonnumeric or invalid range
DF092	MAILING ADDRESS US POSTAL REGION ZIP EXTENSION CODE	Fatal	Blank, nonnumeric or invalid range.
DF093	MAILING ADDRESS COUNTRY CODE	Fatal	Value not defined in data dictionary
DF094	MAILING ADDRESS MAINTENANCE SOURCE CODE	Fatal	Value not defined in data dictionary
DF095	HOME TELEPHONE NUMBER CODE	Fatal	Not blank and nonnumeric
DF096	WORK TELEPHONE NUMBER CODE	Fatal	Not blank and nonnumeric
DF097	FAX TELEPHONE NUMBER CODE	Fatal	Not blank and nonnumeric
DF101	SPONSOR -PN-IDENTIFIER	Fatal	Sponsor Person ID does not match record already on file for this Family ID/Beneficiary ID combination
DF102	PATIENT ID	Fatal	Patient ID does not match record already on file for this Family ID/Beneficiary ID combination
EF01	FILE TYPE	Fatal	<ul style="list-style-type: none"> • Not a valid value as defined in the Data dictionary • Missing or incorrect header format • Incorrect file being processed
EF02	SUBMISSION PERIOD	Fatal	Invalid field format, correct format MMCCYY Missing or incorrect header format <ul style="list-style-type: none"> • Incorrect file being processed • Month less than 01 or greater than 12 • Year greater than current year
EF03	CREATION DATE	Fatal	Invalid date, correct format should be CCYYMMDD <ul style="list-style-type: none"> • Missing or incorrect header record format • Incorrect file being processed • Month less than 1 or greater than 12 • Day less than 1 or greater than 31 • Year greater than current year
EF04	FAMILY SEQUENCE NUMBER	Fatal	Not a valid value as defined in the Data dictionary <ul style="list-style-type: none"> • Not numeric • Value not 1 – 9 • Make appropriate changes in the DOES system to correction the problem.). This error may need to be referred to the DOES help desk for correction.

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
EF05	DEERS ELIGIBILITY RESULT	Fatal	Not a valid value as defined in the Data dictionary (legacy values). This error may need to be referred to the DOES help desk for correction.
EF06	ENROLLMENT START DATE	Fatal	Future enrollment date. Date is > 2 years beyond the submission date of the file.
EF08	ENROLLMENT END DATE	Fatal	Invalid date, correct format should be CCYYMMDD <ul style="list-style-type: none"> • Date not numeric • Month less than 1 or greater than 12 • Day less than 1 or greater than 3 • Date equal to all zeroes (0's) • Enrollment end date less than enrollment start date • Make appropriate changes in the DOES system to correction the problem.). This error may need to be referred to the DOES help desk for correction.
EF09	ENROLLMENT START DATE	Fatal	Invalid date, correct format should be CCYYMMDD <ul style="list-style-type: none"> • Date not numeric • Month less than 1 or greater than 12 • Day less than 1 or greater than 3 • Date all zeroes (0's) • Date not between October 1, 1993 and today • Make appropriate changes in the DOES system to correction the problem.). This error may need to be referred to the DOES help desk for correction.
EF11	SPONSOR NAME	Fatal	Blank
EF13	PATIENT NAME	Fatal	Blank
EW04	LEGACY BENEFICIARY RELATIONSHIP	Warn	Not a valid value as defined in the Data dictionary (legacy values). Refer the beneficiary to the DSO for correction
EW04	LEGACY RELATIONSHIP TO SUBSCRIBER	Warn	Value not defined in data dictionary
EW05	PATIENT GENDER	Warn	Not a valid value as defined in the Data dictionary (legacy values)
EW06	PATIENT ZIP CODE	Warn	Zip code blank, or nonnumeric Not within valid range Apply address change in the DOES system
EW07	SPONSOR SERVICE	Warn	Not a valid value as defined in the Data dictionary (legacy values). Refer the beneficiary to the DSO for correction
EW08	SPONSOR STATUS	Warn	Not a valid value as defined in the Data dictionary (legacy values). Refer the beneficiary to the DSO for correction.
EW09	LEGACY PAY GRADE	Warn	Not a valid value as defined in the Data dictionary (legacy values) Refer the beneficiary to the DSO for correction
EW10	SPONSOR MARITAL STATUS	Warn	Not a valid value as defined in the Data dictionary (legacy values). Refer beneficiary to the DSO for correction.
EW11	ALTERNATE CARE PLAN	Warn	Not a valid value as defined in the Data dictionary (legacy values) <ul style="list-style-type: none"> • Not equal "U" for DP • This error may need to be referred to the

ERROR CODE	FIELD NAME	LVL	DOES help desk for correction
			REASON FOR THE ERROR
EW13	LEGACY REASON FOR DISENROLLMENT	Warn	Not a valid value as defined in the Data dictionary (legacy values) Make appropriate changes in the DOES system to correction the problem. This error may need to be referred to the DOES help desk for correction.
EW14	MEDICARE FLAG	Warn	Not a valid value as defined in the Data dictionary (legacy values). This error may need to be referred to the DOES help desk for correction.
EW15	DEERS END REASON CODE	Warn	Not a valid value as defined in the Data dictionary (legacy values) Make appropriate changes in the DOES system to correction the problem.). This error may need to be referred to the DOES help desk for correction.

b) Designated Provider Submitted files

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
AF05	OTHER HEALTH INSURANCE (OHI) DATE RECEIVED	Fatal	Invalid date, correct format should be CCYYMMDD or blank REQUIRED FIELD
AF06	OTHER HEALTH INSURANCE (OHI) COVERAGE INDICATOR TYPE CODE	Fatal	Field blank, when other OHI fields are populated REQUIRED FIELD
AF07	OTHER HEALTH INSURANCE (OHI) STATUS CODE	Fatal	Field blank, when other OHI fields are populated REQUIRED FIELD
AW08	POLICY PRIORITY CODE	Warn	Value not defined in data dictionary
AW10	OTHER HEALTH INSURANCE (OHI) CARRIER NAME	Warn	Field required when other OHI fields are populated.
AW11	OTHER HEALTH INSURANCE (OHI) POLICY IDENTIFIER	Warn	Field required when other OHI fields are populated.
AW13	PATIENT PCM NUMBER	Warn	No matching record on the provider file
AW14	OTHER HEALTH INSURANCE (OHI) BEGIN DATE	Warn	Invalid date, correct format should be CCYYMMDD or blank. REQUIRED FIELD.
AW15	OTHER HEALTH INSURANCE (OHI) END DATE	Warn	Invalid date, correct format should be CCYYMMDD
AW17	OTHER HEALTH INSURANCE (OHI) SUBSCRIBER NAME	Warn	Field required when other OHI fields are populated.
AW18	OTHER HEALTH INSURANCE (OHI) SUBSCRIBERS DATE OF BIRTH	Warn	Field required when other OHI fields are populated., date not between 140 years ago and today
FF03	ENROLLMENT FEE COLLECTED	Fatal	Required field, field is no numeric or blank.
FF04	ENROLLMENT FEE PAYMENT PLAN TYPE CODE	Fatal	Value not defined in data dictionary REQUIRED FIELD
FF05	ENROLLMENT FEE PAYMENT RECEIVE DATE	Fatal	Required. Nonnumeric, blank or invalid format. REQUIRED FIELD
FF06	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PAID-THROUGH CALENDAR DATE	Fatal	Required. Nonnumeric, blank or invalid format REQUIRED FIELD
FF07	ENROLLMENT FEE WAIVER EXCEPTION CODE	Fatal	REQUIRED FIELD. Value not defined in data dictionary
FF08	SUBSCRIBER DEERS DEPENDENT SUFFIX	Fatal	REQUIRED FIELD Value not defined in data dictionary
FF09	SUBSCRIBER NAME	Fatal	REQUIRED FIELD Value not defined in data dictionary
FF10	HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PLAN TYPE CODE	Fatal	Not a valid value as defined in the Data dictionary REQUIRED FIELD
FW04	CREDIT CARD TYPE	Warn	Not a valid value as defined in the Data dictionary
FW05	SUBSCRIBER DATE OF BIRTH	Warn	Invalid date, when other OHI fields are populated. Date not between 140 years ago and today
FW06	ENROLLMENT FEE PAYMENT ACTION CODE	Warn	Not a valid value as defined in the data dictionary, REQUIRED FIELD. If not entered payment assumed.
FW07	SUBSCRIBER DATE OF BIRTH	Warn	Not blank and invalid date, when other OHI fields are populated. Date not between 140 years ago and today
GF01	FILE TYPE	Fatal	<ul style="list-style-type: none"> • REQUIRED FIELD, • Not a valid value as defined in the Data dictionary • Missing or incorrect header format • Incorrect file being processed

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
GF02	SUBMISSION PERIOD	Fatal	REQUIRED FIELD. Invalid field format, correct format MMCCYY, Missing or incorrect header format <ul style="list-style-type: none"> • Incorrect file being processed • Month less than 01 or greater than 12 • Year greater than current year
GF03	CREATION DATE	Fatal	REQUIRED FIELD. Invalid date, correct format should be CCYYMMDD <ul style="list-style-type: none"> • Missing or incorrect header record format • Incorrect file being processed • Month less than 1 or greater than 12 • Day less than 1 or greater than 31 • Year greater than current year
GF04	DMIS ID	Fatal	<ul style="list-style-type: none"> • REQUIRED FIELD • Not defined as a valid DMIS ID in data dictionary • Missing or incorrect header format • Incorrect file being processed • Missing or incorrect field value • This error may need to be referred to the DOES help desk for correction.
GF05	PATIENT DATE OF BIRTH	Fatal	REQUIRED FIELD. Invalid date, correct format should be CCYYMMDD <ul style="list-style-type: none"> • Missing or incorrect header record format • Incorrect file being processed • Month less than 1 or greater than 12 • Day less than 1 or greater than 31 • Year greater than current year • Date more than 140 years ago • Date greater than the enrollment start date for the beneficiary • If date of birth incorrect in DOES, refer the beneficiary to the Personnel office for correction
GF06	PATIENT GENDER	Warn	REQUIRED FIELD. Not a valid value as defined in the Data dictionary (legacy values) <ul style="list-style-type: none"> • Not "M", "F", or "Z" • If gender incorrect in DOES, refer the beneficiary to the Personnel office for correction
GF07	SPONSOR STATUS	Fatal	REQUIRED FIELD Not a valid value as defined in the Data dictionary (legacy values).
GF08	SPONSOR SERVICE	Warn	REQUIRED FIELD Not a valid value as defined in the Data dictionary (legacy values).
GF09	UNIQUE PATIENT REFERENCE NUMBER	Fatal	REQUIRED FIELD. Field is blank
GF10	TRANSACTION TYPE	Fatal	<ul style="list-style-type: none"> • REQUIRED FIELD • Value not defined as a valid value in the data dictionary • Duplicate submission
GF13	PATIENT FIRST NAME	Fatal	REQUIRED FIELD. Field is blank
GF13	PATIENT LAST NAME	Fatal	REQUIRED FIELD. Field is blank
GF14	ENROLLMENT START DATE	Fatal	Patient not enrolled on date of service as defined in the DOES system.

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
GF15	TRANSACTION TYPE	Fatal	A record containing an "F" (overflow) transaction type was submitted without a previous initial, change or delete record
GF16	TRANSACTION TYPE	Fatal	A record containing a "C" or "D" transaction type was submitted without a previous initial submission.
GF17	PATIENT PRINCIPAL PRIMARY DIAGNOSIS	Fatal	REQUIRED FIELD. Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF18	PATIENT DIAGNOSIS 2	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF19	PATIENT DIAGNOSIS 3	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF20	PATIENT DIAGNOSIS 4	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF21	PATIENT DIAGNOSIS 5	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF22	PATIENT DIAGNOSIS 6	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF23	PATIENT DIAGNOSIS 7	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF24	PATIENT DIAGNOSIS 8	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF25	PATIENT DIAGNOSIS 9	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF26	PATIENT DIAGNOSIS 10	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF27	PATIENT DIAGNOSIS 11	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF28	PATIENT DIAGNOSIS 12	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook.
GF30	COST DATA	Fatal	Nonnumeric or blank (zeroes acceptable)
GF31	CO-PAYMENT AMOUNT COLLECTED	Fatal	Nonnumeric or blank (zeroes acceptable)
GF32	TRANSACTION TYPE	Fatal	Duplicate submission – clinical encounter data have the same DMIS ID, Sponsor SSN, Legacy DEERS dependent suffix, principal diagnosis codes, procedure codes, encounter setting and dollar amount as submitted on a record previous.
GF33	DEERS FAMILY ID	Fatal	REQUIRED FIELD Blank or no matching record on the enrollment file
GF34	DEERS BENEFICIARY IDENTIFIER	Fatal	REQUIRED FIELD Blank or no matching record on the enrollment file

GF35	PATIENT IDENTIFIER	Fatal	REQUIRED FIELD Blank or no matching record on the enrollment file
ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
GF36	MEMBER CATEGORY CODE	Fatal	Value not defined in data dictionary
GF37	SPONSOR SOCIAL SECURITY NUMBER (SSN)	Fatal	REQUIRED FIELD Invalid or missing social security number <ul style="list-style-type: none"> • Nonnumeric • Blank • All Zeroes (0's) • All Nines (9's) • Blank or no matching enrollment record found on enrollment master
GF38	LEGACY DEERS DEPENDENT SUFFIX	Fatal	REQUIRED FIELD Invalid value as defined in the data dictionary
GF39	SERVICE BRANCH	Fatal	Invalid value as defined in the data dictionary
GF40	PATIENT ZIP CODE	Fatal	Blank, zeroes, or not within acceptable ranges for United States
GF41	ENCOUNTER SETTING	Fatal	REQUIRED FIELD Not defined as a valid encounter setting in data dictionary
GF42	DIAGNOSIS RELATED GROUP (DRG)	Fatal	REQUIRED FIELD when reporting Hospital clinical Encounters. Hospital encounter setting and blank, or Value of this field not defined as valid in the data dictionary. Blank is acceptable when reporting Inpatient and Outpatient Professional encounters
GW07	PATIENT PRINCIPAL DIAGNOSIS PATIENT DIAGNOSIS 2 PATIENT DIAGNOSIS 3 PATIENT DIAGNOSIS 4 PATIENT DIAGNOSIS 5 PATIENT DIAGNOSIS 6 PATIENT DIAGNOSIS 7 PATIENT DIAGNOSIS 8 PATIENT DIAGNOSIS 9 PATIENT DIAGNOSIS 10 PATIENT DIAGNOSIS 11 PATIENT DIAGNOSIS 12	Warn	Duplicate Diagnosis codes submitted on the encounter record
HF01	HOSPITAL SERVICE ADMISSION DATE	Fatal	REQUIRED FIELD on Hospital Encounter records, nonnumeric, blank or invalid date format Admission date is more than 3 years from the submission period Future Date
HF02	HOSPITAL SERVICE ADMISSION DATE	Fatal	REQUIRED FIELD on Hospital Encounter records Admission date prior to patient date of birth
HF03	HOSPITAL SERVICE DISPOSITION DATE	Fatal	REQUIRED FIELD on Hospital Encounter records, nonnumeric, blank or invalid date format Admission date is more than 3 years from the submission period Future Date
HF04	HOSPITAL SERVICE DISPOSITION DATE	Fatal	Discharge prior to patient date of birth
HF05	HOSPITAL SERVICE PATIENT PRINCIPAL PROCEDURE	Fatal	REQUIRED FIELD on Hospital Encounter records. Blank, not a valid ICD9-CM code for date of service. If no procedures are performed use ZZZZ All coding

			must be the full complement of digits as required in the coding handbook.
HF06	HOSPITAL SERVICE PATIENT PROCEDURE 2	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook. ZZZZ is not a valid value for this field
HF07	HOSPITAL SERVICE PATIENT PROCEDURE 3	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook. ZZZZ is not a valid value for this field
HF08	HOSPITAL SERVICE PATIENT PROCEDURE 4	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook. ZZZZ is not a valid value for this field
HF09	HOSPITAL SERVICE PATIENT PROCEDURE 5	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook. ZZZZ is not a valid value for this field
HF10	HOSPITAL SERVICE PATIENT PROCEDURE 6	Fatal	Not a valid ICD9-CM code for date of service All coding must be the full complement of digits as required in the coding handbook. ZZZZ is not a valid value for this field
HF11	HOSPITAL SERVICE DISPOSITION STATUS	Fatal	REQUIRED FIELD on Hospital Encounter records, Not defined as a valid value in the data dictionary
HW01	HOSPITAL SERVICE ADMISSION TYPE	Warn	REQUIRED FIELD on Hospital Encounter records, Not defined as a valid value in the data dictionary
HW02	HOSPITAL SERVICE ADMISSION SOURCE	Warn	REQUIRED FIELD on Hospital Encounter records, Not defined as a valid value in the data dictionary
MF07	DATE DISPENSED	Fatal	REQUIRED FIELD Blank or Invalid date, correct format should be CCYYMMDD
MF13	QUANTITY DISPENSED	Fatal	REQUIRED FIELD. Field is blank
MF14	NATIONAL DRUG CODE NUMBER	Fatal	REQUIRED FIELD Blank, or no matching drug record found
MF17	NUMBER OF DAYS PROVIDED	Fatal	REQUIRED FIELD Blank, nonnumeric, not valid value 001 - 999
MF20	DISPENSED AS WRITTEN INDICATOR	Fatal	REQUIRED FIELD Blank, or Value of this field not defined as valid in the data dictionary
MW04	PHARMACY NABP NUMBER	Warn	No matching record found on provider file
MW05	BASIS FOR COST DETERMINATION	Warn	Not a valid value as defined in the Data dictionary
PF01	NUMBER OF SERVICES	Fatal	REQUIRED FIELD for inpatient professional and outpatient encounter submissions, Not defined as a valid value in the data dictionary Number of services does not match the number of services reported
PF02	SERVICE 1 START DATE	Fatal	REQUIRED FIELD for inpatient professional and outpatient encounter submissions, blank, zeroes or invalid format Service start date less than date of birth or less than enrollment date as defined in DOES
PF03	SERVICE 1 END DATE	Fatal	REQUIRED FIELD for inpatient professional and outpatient encounter submissions, blank, zeroes or invalid format or service end date after enrollment end date
PF04	SERVICE 1 PLACE OF SERVICE	Fatal	REQUIRED FIELD for inpatient professional and outpatient encounter submissions, not a valid value as defined in the data dictionary

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
PF05	SERVICE 1 PROCEDURE CODE	Fatal	REQUIRED FIELD for inpatient professional and outpatient encounter submission, blank, or invalid CPT code, or invalid HCPCS Level II code, or authorized revenue center codes for home health reporting. Use ZZZZ if no procedure is performed All coding must be the full complement of digits as required in the coding handbook.
PF06	SERVICE 2 START DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or start date less than date of birth or less than enrollment begin date as defined in DOES
PF07	SERVICE 2 END DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or service end date after enrollment end date
PF08	SERVICE 2 PLACE OF SERVICE	Fatal	Use for inpatient professional and outpatient encounter submissions, not a valid value as defined in the data dictionary
PF09	SERVICE 2 PROCEDURE CODE	Fatal	Use for inpatient professional and outpatient encounter submission, blank, or invalid CPT code, or invalid HCPCS Level II code, or authorized revenue center codes for home health reporting or ZZZZ if no procedure is performed All coding must be the full complement of digits as required in the coding handbook.
PF10	SERVICE 3 START DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or start date less than date of birth or less than enrollment begin date as defined in DOES
PF11	SERVICE 3 END DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or service end date after enrollment end date
PF12	SERVICE 3 PLACE OF SERVICE	Fatal	Use for inpatient professional and outpatient encounter submissions, not a valid value as defined in the data dictionary
PF13	SERVICE 3 PROCEDURE CODE	Fatal	Use for inpatient professional and outpatient encounter submission, blank, or invalid CPT code, or invalid HCPCS Level II code, or authorized revenue center codes for home health reporting or ZZZZ if no procedure is performed All coding must be the full complement of digits as required in the coding handbook.
PF14	SERVICE 4 START DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or start date less than date of birth or less than enrollment begin date as defined in DOES
PF15	SERVICE 4 END DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or service end date after enrollment end date
PF16	SERVICE 4 PLACE OF SERVICE	Fatal	Use for inpatient professional and outpatient encounter submissions, not a valid value as defined in the data dictionary

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
PF17	SERVICE 4 PROCEDURE CODE	Fatal	Use for inpatient professional and outpatient encounter submission, blank, or invalid CPT code, or invalid HCPCS Level II code, or authorized revenue center codes for home health reporting or ZZZZZ if no procedure is performed All coding must be the full complement of digits as required in the coding handbook.
PF18	SERVICE 5 START DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or start date less than date of birth or less than enrollment begin date as defined in DOES
PF19	SERVICE 5 END DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or service end date after enrollment end date
PF20	SERVICE 5 PLACE OF SERVICE	Fatal	Use for inpatient professional and outpatient encounter submissions, not a valid value as defined in the data dictionary
PF21	SERVICE 5 PROCEDURE CODE	Fatal	Use for inpatient professional and outpatient encounter submission, blank, or invalid CPT code, or invalid HCPCS Level II code, or authorized revenue center codes for home health reporting or ZZZZZ if no procedure is performed All coding must be the full complement of digits as required in the coding handbook.
PF22	SERVICE 6 START DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or start date less than date of birth or less than enrollment begin date as defined in DOES
PF23	SERVICE 6 END DATE	Fatal	Use for inpatient professional and outpatient encounter submissions .Field is not blank, has invalid format or service end date after enrollment end date
PF24	SERVICE 6 PLACE OF SERVICE	Fatal	Use for inpatient professional and outpatient encounter submissions, not a valid value as defined in the data dictionary
PF25	SERVICE 6 PROCEDURE CODE	Fatal	Use for inpatient professional and outpatient encounter submission, blank, or invalid CPT code, or invalid HCPCS Level II code, or authorized revenue center codes for home health reporting or ZZZZZ if no procedure is performed All coding must be the full complement of digits as required in the coding handbook.
PF26	EMERGENCY FLAG	Fatal	REQUIRED FIELD on hospital encounter settings Not a valid value as defined in the Data dictionary .
PF27	ORDERING PHYSICIAN	Fatal	REQUIRED FIELD on Inpatient and Outpatient, Professional encounters Blank or no matching entry found in the provider file
PF28	SERVICE 1 RELATED DIAGNOSIS CODE	Fatal	REQUIRED FIELD on Inpatient Professional and Outpatient record Not a valid ICD-9-CM code
PF29	SERVICE 2 RELATED DIAGNOSIS CODE	Fatal	REQUIRED FIELD on Inpatient Professional and Outpatient record when Service is being reported, Not a valid ICD-9-CM code
PF30	SERVICE 3 RELATED DIAGNOSIS CODE	Fatal	REQUIRED FIELD on Inpatient Professional and Outpatient record when Service is being reported, Not

ERROR CODE	FIELD NAME	LVL	REASON FOR THE ERROR
			a valid ICD-9-CM code
PF31	SERVICE 4 RELATED DIAGNOSIS CODE	Fatal	REQUIRED FIELD on Inpatient Professional and Outpatient record when Service is being reported, Not a valid ICD-9-CM code
PF32	SERVICE 5 RELATED DIAGNOSIS CODE	Fatal	REQUIRED FIELD on Inpatient Professional and Outpatient record when Service is being reported, Not a valid ICD-9-CM code
PF33	SERVICE 6 RELATED DIAGNOSIS CODE	Fatal	REQUIRED FIELD on Inpatient Professional and Outpatient record when Service is being reported. Not a valid ICD-9-CM code
PW01	DATE OF RELATED ADMISSION	Fatal	REQUIRED FIELD on Inpatient Professional record Field is blank, invalid date, correct format should be CCYYMMDD. Greater than 3 years from date of service.
PW02	DATE OF RELATED DISPOSITION	Fatal	REQUIRED FIELD on Inpatient Professional record Field is blank, invalid date, correct format should be CCYYMMDD. Greater than 3 years from date of service.
RF02	PROVIDER FULL NAME	Fatal	REQUIRED FIELD. Blank or invalid format
RF03	UNIQUE PROVIDER ID NUMBER OR THE PHARMACY NABP NUMBER	Fatal	REQUIRED FIELD Blank or all zeroes (0's) or no matching provider entry found on provider file.
RF04	INSTITUTION / NON-INSTITUTION	Fatal	REQUIRED FIELD Not defined as a valid value in the data dictionary
RF05	UNIQUE PROVIDER ID	Fatal	Duplicate submission, record contains the same unique provider id number or NABP number for pharmacy
RF06	PROVIDER LOCATION BEGIN DATE	Fatal	FIELD Non-numeric, blank, invalid format
RF07	PROVIDER LOCATION END DATE	Fatal	Not blank, and nonnumeric or invalid format
RF08	PROVIDER PRESCRIBING MEDICATION	Fatal	REQUIRED FIELD. Field is blank or no corresponding provider in the provider file
RF09	PROVIDER STREET ADDRESS	Fatal	Blank
RF12	PROVIDER TYPE CODE	Fatal	Not a valid value as defined in the data dictionary
RW01	PROVIDER AFFILIATION CODE	Warn	Not a valid value as defined in the data dictionary
RW03	PROVIDER CITY	Warn	Blank
RW04	PROVIDER STATE	Warn	Not a valid value as defined in the data dictionary
RW05	1 ST MAJOR SPECIALTY / INSTITUTION TYPE	Warn	REQUIRED FIELD Not a valid value as defined in the Data dictionary Use Major Specialty codes to non-instructional encounter records, use Institution type for institutional encounter records.
RW05	2 ND MAJOR SPECIALTY	Warn	Not a valid value as defined in the Data dictionary
RW05	3 RD MAJOR SPECIALTY	Warn	Not a valid value as defined in the Data dictionary
RW05	4 TH MAJOR SPECIALTY	Warn	Not a valid value as defined in the Data dictionary
RW05	5 TH MAJOR SPECIALTY	Warn	Not a valid value as defined in the Data dictionary
RW06	TAX ID OF PROVIDER ENTITY	Warn	REQUIRED FIELD. Nonnumeric, blank, all 9's or all 0's
RW09	PROVIDER ZIP CODE	Warn	REQUIRED FIELD Nonnumeric, blank or not within acceptable zip code ranges
RW10	REMOTE ENROLLEE ASSIGNMENT INDICATE CODE	Warn	Not a valid value as defined in the data dictionary
RW11	PROVIDER GENDER CODE	Warn	Not a valid value as defined in the data dictionary
RW12	PROVIDER LICENCE IDENTIFER	Warn	REQUIRED FIELD on non-institutional providers. Field Is blank.

RW14	PROVIDER GROUP NAME	Warn	More than one unique provider reported under the same tax-id and group name field is blank.
------	---------------------	------	---

VII. Glossary of Terms:

Term	Definition
MCD Submission Types	<p><u>Hospital Services</u> are defined and reported as facility care/services provided in Inpatient Facilities that require the patient to check-in or stay the night in that institution. Examples are inpatient acute admissions, skilled care, and observation bed stays. Services provided are reported by submitting ICD-9 CM diagnosis code(s) and ICD-9 CM procedure code(s). It is not necessary to report each lab, x-ray, or similar type services.</p> <p><u>Inpatient Professional Services</u> are defined as provider (usually physician) professional charges associated with an Inpatient Facility stay. These services include physician services such as radiologist, pathologist, and anesthesiologist. Additionally, the attending physician, specialist, and/or surgeon will also submit professional charges associated with providing care to the patient while in the inpatient setting. Services reported in this category are identified by ICD-9 CM diagnosis code(s) and CPT-4 and/or HCPCS procedure codes to define the services/care provided.</p> <p><u>Outpatient Professional Services</u> cover a broader range of care/services. This category encompasses all charges for care/services and for physician professional charges that are provided in all settings other than inpatient admissions. Some examples of care/services reported in this category are outpatient surgery (both hospital based and free standing), outpatient laboratory, outpatient x-rays, outpatient therapies, and physician/clinic visits. Services provided are reported in this category by ICD-9 CM diagnosis code(s) and CPT-4 and/or HCPCS procedure codes to define the services/care provided.</p>
NABP	National Association of Boards of Pharmacy
DP	Designated Provider
MCD	Management Clinical Data
DP	Designated Provider
ICD-9 CM	International Classifications of Diseases, 9 th Revision Clinical Modification
CPT	An acronym for Current Procedural Terminology published by the American Medical Association. CPT is required TRICARE procedural coding system for medical procedures for all contracts beginning on or after October 1, 1981.
E&M Code	Evaluation and Management Codes
HCPCS	Healthcare Common Procedure Coding System
SERVICE AREA	The DP defined zip code area where the facility can manage beneficiary care and provides service to these beneficiaries.
CREDENTIALLING	The processes by which providers are allowed to participate in a network. This includes a review of the provider's training, degrees, licensure, practice history, etc.

ATTACHMENT 11

DP Specifications Data Dictionary

DP Specifications Data Dictionary

(b)(4)



JP Specifications Data Dictionary

Data Element Name *5th MAJOR SPECIALTY*

Definition If non-institution: Provider's major specialty

Field Type / Length Char (2)

Notes Required for non-institutional providers who have more than four major specialties

Valid Values For valid values, see Major Specialty

Data Element Name *ACTUAL ENROLL AGE*

Definition The actual age of the enrollee

Field Type / Length Char (3)

Notes

Valid Values

Data Element Name *BASIS FOR COST DETERMINATION*

Definition Code indicating the method drug costs were calculated

Field Type / Length Char (3)

Notes

Valid Values

00	Not applicable or not available
01	Average Wholesale Price (AWP)
02	Local wholesale
03	Direct
04	EAC (estimated acquisition cost)
05	Acquisition
06	Federal Maximum Allowable Cost (MAC)
06x	Brand medically necessary
07	Usual & customary (submitted total price)
08	Unit dose used on tape and diskette only
09	Other
20	State unit cost
30	Baseline Price
88	Submitted ingredient cost
90	Undiscounted ingredient cost

P Specifications Data Dictionary

Data Element Name *BENEFICIARY AGE*

Definition Beneficiary's age

Field Type / Length Num (4)

Notes

Valid Values

Data Element Name *CALCULATED ENROLL AGE*

Definition This may not be the actual age of the beneficiary. It is the age of the beneficiary at the beginning of the contract year.

Field Type / Length Char (3)

Notes

Valid Values

Data Element Name *CALCULATED ENROLL AGE IND*

Definition This code indicates if the enrollee's age is specified in months or years

Field Type / Length Char (1)

Notes

Y = Years
M = Months

Valid Values

Data Element Name *CHANGED DATE*

Definition The date the person's mailing address changed

Field Type / Length Date Num (8)

Notes

Valid Values

JP Specifications Data Dictionary

Data Element Name *CHANGE RESPONSE CODE*

Definition The code representing the response to the Primary Care Manager change/transfer

 A = Accept
 R = Reject

Field Type / Length Char Num (1)

Notes

Valid Values

Data Element Name *CHANGE TRANSFER RESPONSE CODE*

Definition The code representing the response to the Fee Payment Transfer

 A = Accept
 R = Reject

Field Type / Length Char Num (1)

Notes

Valid Values

Data Element Name *CHECK IDENTIFIER*

Definition Identifier of the check used for the fee payment for a HCDP

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *CONTRACT YEAR*

Definition The contract year for the facility

Field Type / Length Date (4)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name *CONTRACTOR OPERATOR IDENTIFIER*

Definition The account ID number used to access the online DOES application

Field Type / Length Char (8)

Notes

Valid Values

Data Element Name *CO-PAYMENT AMOUNT COLLECTED*

Definition Money collected from the beneficiary or family unit for an episode of care

Field Type / Length Num (6)

Notes
 Dollar & cents field, decimal point assumed, and do not include commas or dollar signs.
 Clinical encounter submission co-payment amount is reported on the transaction types 'I', 'C' and 'D'.
 'F' transaction type records should be zeroes.
 Pharmacy encounter submissions, co-payment amount is reported individually for each drug dispensed.

Valid Values

Clinical transaction types: 'I', 'C' and 'D'	000000 - 999999
Clinical transaction type 'F'	000000
Pharmacy all transaction types	000001 - 999999

Data Element Name *COST*

Definition The cost of the drug dispensed

Field Type / Length Char (11)

Notes

Valid Values

Data Element Name *COST DATA*

Definition The facility's total charges generated by or billed to the beneficiary for services rendered for one full episode of care when reporting clinical encounters. An episode of care is one issuance of one prescription (each 'I' and 'F' are separate episodes of care).

Field Type / Length Num (11)

Notes
 Dollar & cents fields, decimal point assumed, do not include commas or dollar signs. For clinical submissions, report the total cost of the episode of care on the initial submission record, ("I" transaction code). Total costs on all overflow records, ("F" transaction codes) should be blank. On pharmacy submissions, report the total cost of the prescription on each transaction type.

Valid Values 00000000000 - 99999999999

DP Specifications Data Dictionary

Data Element Name *CREATION DATE*

Definition The date the file was created

Field Type / Length Date (8)

Notes CCYYMMDD format, required

Valid Values

Data Element Name *CREDIT CARD TYPE CODE*

Definition The code that indicates the type of credit card used for fee payment for a Health Care Delivery Program

Field Type / Length Char (1)

Notes

Valid Values

- 1 Master Card
- 2 Visa
- 3 Discover
- 4 American Express
- 5 Carte Blanche
- 6 Diner's Club

Data Element Name *DATE DISPENSED*

Definition Date prescription was dispensed

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *DATE OF RELATED ADMISSION*

Definition Date of admission for inpatient hospital care related to professional services

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for Inpatient and Professional services only

Valid Values

DP Specifications Data Dictionary

Data Element Name *DATE OF RELATED DISPOSITION*

Definition Date of disposition for inpatient hospital care related to professional services

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for Inpatient and Professional services only.

Valid Values

Data Element Name *DEERS BENEFICIARY IDENTIFIER*

Definition The identifier that uniquely identifies a family member for the purposes of DoD benefits

Field Type / Length Char (2)

Notes

Valid Values 00 for Sponsor
01 – 99 for Dependents

Data Element Name *DEERS ELIGIBILITY RESULT*

Definition Legacy identifier that indicates enrollment eligibility

Field Type / Length Char (1)

Notes Legacy DEERS value

Valid Values 0 ineligible
1 eligible
2 conditional for newborns, maintained for 120 days after the birth date

DP Specifications Data Dictionary

Data Element Name	DEERS END REASON CODE
Definition	The code that represents the reason an enrollment with an enrollment management contractor ended or will end
Field Type / Length	Char (1)
Notes	Legacy value
Valid Values	<ul style="list-style-type: none"> A 21st birthday (applies only to dependents) B Prior to eligibility C VA entitlement D Death E ID expired more than 120 days (applies only to dependents) F Invalid enrollment/unauthorized issue G End of student status (applies only to dependents) H Dependent married I Temporary incapacitation ends J Dependent entered active duty K Enlisted career M Medicare entitlement (for information only, still enrolled) N Sponsor not on quality control master file P Future card expatiation R Future termination of service S Active Duty separation T Divorced (spouse) (applies only to dependents) U Not predictable V 1172 Never on master file W Deserter status X Other Y 23rd birthday (applies only to dependents) * Pre-enrollment of guard reserve

Data Element Name	DEERS FAMILY IDENTIFIER
Definition	The identifier that uniquely identifies a family for the purposes of DoD benefits
Field Type / Length	Char (9)
Notes	Assigned by DEERS
Valid Values	Required

Data Element Name	DEERS PATIENT ID
Definition	The identifier associated with a particular patient
Field Type / Length	Char (10)
Notes	Assigned by DEERS
Valid Values	Required

DP Specifications Data Dictionary

Data Element Name	<i>DIAGNOSIS RELATED GROUP (DRG)</i>
Definition	Patient classification scheme, which provides a means of relating the types of patients a hospital treats to the costs incurred by the hospital
Field Type / Length	Char (3)
Notes	Required
Valid Values	Valid CHAMPUS diagnosis related group (DRG)

Data Element Name	<i>DISENROLLMENT COMMENT</i>
Definition	Descriptive reason for disenrollment given by the beneficiary or enrollment clerk for disenrolling from the plan
Field Type / Length	Char (30)
Notes	Informational only
Valid Values	

Data Element Name	<i>DISPENSED AS WRITTEN INDICATOR</i>
Definition	A code indicating if the drug was dispensed as written on the prescription
Field Type / Length	Char (1)
Notes	Blank is not a valid value
Valid Values	Y = Yes N = No

Data Element Name	<i>DMIS ID</i>
Definition	Defense Medical Information System (DMIS) Identification Code
Field Type / Length	Char (4)
Notes	
Valid Values	0190 = Johns Hopkins Medical Services Corporation 0191 = Brighton Marine Health Care 0192 = CHRISTUS Health 0193 = St. Vincent's Catholic Medical Center of New York 0194 = Pacific Medical Clinics 0196 = CHRISTUS Health 0197 = CHRISTUS Health 0198 = Martin's Point Health Care

DP Specifications Data Dictionary

Data Element Name *DRUG NAME*

Definition The name of the drug dispensed

Field Type / Length Char (30)

Notes

Valid Values

Data Element Name *EMAIL ADDRESS TEXT*

Definition The text of the person's or organization's email address in the format xxx@xxxxxx

Field Type / Length Char (80)

Notes Information only

Valid Values

Data Element Name *EMAIL ADDRESS USE PRIORITY CODE*

Definition The code that represents the priority of the usage of the e-mail mailing addresses

Field Type / Length Char (1)

Notes Required if email text field contains a value

Valid Values 1 - Primary
2 - Secondary
3 - Tertiary

DP Specifications Data Dictionary

Data Element Name *EMC RECEIVED DATE*

Definition The calendar date that a Health Care Delivery Program enrollment application was received at a TRICARE Service Center

Field Type / Length Date (8)

Notes CCYYMMDD

Valid Values

Data Element Name *EMERGENCY FLAG*

Definition Flag indicating emergency ambulatory care

Field Type / Length Char (1)

Notes Required on Hospital services encounter records

Valid Values Y = Yes
N = No

Data Element Name *ENCOUNTER SETTING*

Definition Setting of patient encounter/episode

Field Type / Length Char (1)

Notes

Valid Values I = Inpatient Professional Services
O = Outpatient Professional Services
H = Hospital Services

Data Element Name *ENROLLMENT END DATE*

Definition The date enrollment is terminated

Field Type / Length Num (8)

Notes

Valid Values

Data Element Name *ENROLLMENT FEE COLLECTED*

Definition The amount of money collected, from the family unit, of the annual enrollment fee

Field Type / Length Num (6)

Notes Dollars and cents, assumed decimal point

Valid Values 000001 – 999999

JP Specifications Data Dictionary

Data Element Name *ENROLLMENT FEE PAYMENT ACTION CODE*

Definition The code that represents the type of enrollment fee being made for the Health Care Delivery Program

Field Type / Length Char (1)

Note

Valid Values A Payment
 B Adjustment
 C Other

Data Element Name *ENROLLMENT FEE PAYMENT TYPE CODE*

Definition The code representing the type of fee payment plan that was chosen for this Health Care Delivery Program

Field Type / Length Char (1)

Note Required

Valid Values 0 No payment
 1 Cash
 2 Credit Card
 3 Check
 4 Money order
 5 Allotment
 6 Electronic funds transfer (EFT)

Data Element Name *ENROLLMENT FEE WAIVER EXCEPTION CODE*

Definition The code representing the reason that the Health Care Delivery Program enrollment fee payment was either partially paid or no payment at all

Field Type / Length Char (1)

Notes

Valid Values C Catastrophic cap and deductible have been met for this payment period
 M Multiple fee waivers in family
 N No fee waiver exception
 S Split enrollment situation ("free rider")
 T Policy transfer from another contractor
 W Enrollment fee for this payment period has been affected by individual family member fee waiver(s)
 U Medicare Part B

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT BEGIN CALENDAR DATE*

Definition The date the contractor began managing a person's enrollment with the Health Care Delivery Program

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

DP Specifications Data Dictionary

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END CALENDAR DATE*

Definition The date that a person's Health Care Delivery Program ends with a particular enrollment management contractor

Field Type / Length Date (8)

Notes CCYYMMDD format, (past, present or future date)

Valid Values

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT END REASON CODE*

Definition The code that represents the reason an enrollment with an enrollment management contractor ended or will end

Field Type / Length Char (1)

Notes

Valid Values

- 1 Insufficient initial payment - record retained
- 2 No initial payment - record retained
- 3 Bounced check - record retained
- 4 Cancellation - record retained
- 5 Disenrollment because person has other health insurance
- A Failure to maintain Medicare Part B
- B Failure to comply with program requirements, or disruptive behavior
- E Cancellation - record removed
- F Invalid entry
- G Duty station change to health care facility/clinic area
- H Permanent change of station (PCS)
- I Relocation
- J Moved outside of service area (OCONUS for dental)
- K Change of coverage plan within health care delivery program
- L Enrolled to another health care delivery program
- M Loss of eligibility for current health care delivery program
- N Voluntary disenrollment by sponsor
- O Voluntary disenrollment by beneficiary
- P Dissatisfied with program
- Q This date is certain (Projected end of eligibility)
- R The date re-enrollment is required (this value used only on transfer record)
- S Loss of eligibility for DoD benefits
- T Transfer of enrollment
- U No date can be predicted
- V Not in a valid pay status (as determined by the contractor)
- X Disenrollment for unknown reasons (historical)
- Y Failure to pay enrollment fee/premium

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT RESIDENCE MAILING US POSTAL REGION ZIP CODE*

Definition The zip code of the residence mailing address of the enrollee with the contractor

Field Type / Length Num (5)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR HEALTH CARE DELIVERY PROGRAM ENROLLMENT DATE*

Definition The calendar date that the individual or family enrollment became effective

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR LOCKOUT PERIOD CODE*

Definition The code that represents whether a person whose enrollment has been terminated is in a lockout period, during which he or she is prohibited from enrolling with any enrollment management contractor

Field Type / Length Char (1)

Notes

Valid Values (null) - Not applicable
N - The person is not in a lockout period
Y - The person is in a lockout period

Data Element Name *ENROLLMENT MANAGEMENT CONTRACTOR POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE*

Definition The calendar date that an individual or family Health Care Delivery Program policy became effective for an enrollment period for this contractor

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *ENROLLMENT START DATE*

Definition The calendar date that an individual or family enrollment became effective

Field Type / Length Date (8)

Notes CCYYMMDD format, Legacy value

Valid Values

DP Specifications Data Dictionary

Data Element Name *ENROLLMENT TRANSACTION TYPE CODE*

Definition The code that represents the type of enrollment transaction

Field Type / Length Char (1)

Notes

Valid Values C Change enrollment
E New Enrollment
T Transfer Enrollment

Data Element Name *ERROR*

Definition Code that indicates the presence of errors submitted to IFMC

Field Type / Length Char (1)

Notes It would be unusual to see an "F" as fatal errors are returned to the facilities

Valid Values No errors flagged
W - Warning
F - Fatal Errors

Data Element Name *FAMILY INDICATOR CODE*

Definition The code that indicates if an enrollee is in a family policy

Field Type / Length Char (1)

Notes

Valid Values N = No
Y = Yes

Data Element Name *FAMILY SEQUENCE NUMBER*

Definition Indicates which family when the sponsor has more than one family

Field Type / Length Char (1)

Notes Legacy value

Valid Values 1 - 9

DP Specifications Data Dictionary

Data Element Name *FATAL ERROR FLAG*

Definition Code indicating the presence of errors submitted to IFMC

Field Type / Length Date (1)

Notes Y = Yes
N = No

Valid Values

Data Element Name *FAX TELEPHONE NUMBER CODE*

Definition Fax telephone number

Field Type / Length Char (14)

Notes Informational Only

Valid Values

Data Element Name *FILE TYPE*

Definition Type of data file submitted

Field Type / Length Char (3)

Notes Required

Valid Values

EFC	Enrollment Fee Collections
ENR	Enrollment Data
MCD	Management Clinical Data
OHI	OHI/PCM Update Data
NDC	Pharmacy Data
PRV	Provider Data

Data Element Name *FISCAL YEAR*

Definition The fiscal year of the contractor's contract

Field Type / Length Date (4)

Notes

Valid Values

JP Specifications Data Dictionary

Data Element Name *FUTURE ENROLLEE FLAG*

Definition Indicates if enrollee is in the future

Field Type / Length Char (1)

Notes

Valid Values

Data Element Name *GROUP ID*

Definition Facility created unique provider group ID number

Field Type / Length Char (18)

Notes

Valid Values

Data Element Name *HEALTH CARE DELIVERY PROGRAM CONTRACTOR CODE*

Definition The code that indicates a Health Care Delivery Program contractor. Contractors are a subset of HCDP System organizations

Field Type / Length Char (2)

Notes

Valid Values

- 00 No contractor
- 01 Sierra Health Services, Inc.
- 02 Anthem Alliance for Health, Inc.
- 03 Humana Military HealthCare Services
- 01 TriWest HealthCare Alliance
- 05 HealthnetFederal Services/Region 6
- 06 Healthnet Federal Services/Regions 9, 10, & 12
- 07 Healthnet Federal Services/Region 11
- 08 Iowa Foundation for Medical Care/TSSD
- 09 Iowa Foundation for Medical Care/FEHBP
- 10 United Concordia Companies, Inc.
- 11 IM&I, Inc.
- 12 Martin's Point Health Care
- 13 Johns Hopkins Medical Services Corporation
- 14 Brighton Marine Health Care
- 15 St. Vincent's Catholic Medical Centers of New York
- 16 Fairview Health Systems
- 17 CHRISTUS Health
- 18 Pacific Medical Clinics
- 19 Humana Military (CHCBP)
- 20 Region 13 Lead Agent
- 21 Region 14 Lead Agent
- 22 Region 15 Lead Agent
- 1 Humana Military Dental Services

DP Specifications Data Dictionary

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT CALENDAR DATE*
Definition The date that the Health Care Delivery Program fee payment was made
Field Type / Length Date (8)
Notes CCYYMMDD format, required

Valid Values

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PAID THROUGH DATE*
Definition The date for which the Health Care Delivery Program fee payment have been paid through
Field Type / Length Date (8)
Notes CCYYMMDD format

Valid Values

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT YEAR FEE PAYMENT AMOUNT*
Definition The dollar amount (with decimal and dollar sign) of a fee payment made on a Health Care Delivery Program policy
Field Type / Length Num (8)
Notes Dollar and cents
Valid Values

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT CARD REQUEST CALENDAR DATE*
Definition The date on which an enrollment card was last requested for an individual
Field Type / Length Date (8)
Notes Does not apply to the Designated Provider Program
Valid Values

DP Specifications Data Dictionary

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT CARD REQUEST STATUS CODE*

Definition The code that represents the status of a request for an enrollment card to be produced for an individual

Field Type / Length Char (1)

Notes Does not apply to the Designated Provider Program

Valid Values C Requested enrollment card for enrollee who has change primary care manager or region
 N Produce new enrollment card for this individual
 R Produce a replacement enrollment card for individual
 Z Do not produce an enrollment card for this individual

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE ACTION CODE*

Definition The code that represents the type of enrollment fee being made for the Health Care Delivery Program

Field Type / Length Char (1)

Notes

Valid Values A Payment
 B Adjustment
 C Other

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE EXCEPTION REASON CODE*

Definition The code representing the reason that the enrollment fee payment for the Health Care Delivery Program was either partially paid or no payment at all

Field Type / Length Char (1)

Notes

Valid Values C Catastrophic Cap and Deductible have been met for this payment period
 M Multiple fee waivers in family
 N No fee waiver exception
 S Split enrollment situation ("free rider")
 T Policy transfer from another contractor
 W Enrollment fee for this payment has been affected by individual family member fee waiver(s)

JP Specifications Data Dictionary

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT PLAN TYPE CODE*

Definition The code representing the type of fee payment plan that was chosen for this Health Care Delivery Program

Field Type / Length Char (1)

Notes

Valid Values A Annually
M Monthly (payroll deduction) (this value will not be in use until monthly fee payment allotments are implemented)
Q Quarterly

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT TRANSACTION CALENDAR DATE*

Definition The date of the transaction that created the Health Care Delivery Program Fee Payment record. (Derived from Health Care Delivery Program Enrollment Fee Transaction Calendar Date-Time.)

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT TRANSACTION TIME*

Definition The time of the transaction that created the Health Care Delivery Program Fee Payment record. (Derived from Health Care Delivery Program Enrollment Fee Transaction Calendar Date-Time.)

Field Type / Length Time (6)

Notes HHMMSS format

Valid Values

Data Element Name *HEALTH CARE DELIVERY PROGRAM ENROLLMENT FEE PAYMENT UPDATE CODE*

Definition The code that indicates the type of change that occurred in the Health Care Delivery program enrollment fee payment section of the transfer reconciliation record

Field Type / Length Char (1)

Notes

Valid Values A Add new data
N No action
U Update existing information

DP Specifications Data Dictionary

Data Element Name HEALTH CARE DELIVERY PROGRAM ENROLLMENT HEAR SURVEY RECEIVED STATUS CODE

Definition The code that represents the status of a HEAR Survey to be sent by a contractor to an enrollee, completed by the enrollee, and returned to the contractor

Field Type / Length Char (1)

Notes

Valid Values

- 0 Contractor hasn't yet sent the enrollee a HEAR Survey
- 1 Contractor sent a HEAR Survey to the enrollee but hasn't yet received the completed
- 2 Contractor received a completed HEAR Survey from the enrollee
- 9 Status unknown

Data Element Name HEALTH CARE DELIVERY PROGRAM ENROLLMENT SOCIAL SECURITY NUMBER IDENTIFIER

Definition The SSN submitted by the HCDP Enrollee during the enrollment process

Field Type / Length Num (9)

Notes Do not include dashes

Valid Values

Data Element Name HEALTH CARE DELIVERY PROGRAM ENROLLMENT UPDATE CODE

Definition The code that indicates the type of change that occurred in the Health Care Delivery Program Enrollment section of the transfer record

Field Type / Length Char (1)

Notes

Valid Values

- A Add new data
- N No action
- U Update existing information

Data Element Name HEALTH CARE DELIVERY PROGRAM ENROLLMENT YEAR FEE CUMULATIVE AMOUNT

Definition The cumulative dollar amount (with decimal and dollar sign) of fee payments made on a Health Care Delivery Program policy for a given enrollment year

Field Type / Length Num (8)

Notes Dollar and cents

Valid Values

DP Specifications Data Dictionary

Data Element Name HEALTH CARE DELIVERY PROGRAM INDIVIDUAL ENROLLMENT FEE
WAIVER REASON CODE

Definition The code representing the reason that Health Care Delivery Program enrollment fees are waived for this individual

Field Type / Length Char (1)

Notes

Valid Values

- A Mental Health Wraparound Program
- B Bosnia Special Operations
- C Below 65 years of age and Medicare A and B eligible
- D Dependent of parents who both have enrollment fee waived
- U US Family Health Plan beneficiary with Medicare Part B

Data Element Name HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE

Definition The code that represents the plan coverage a family member or sponsor has within a health care delivery program type

Field Type / Length Char (1)

Notes

Valid Values

000	No health care coverage plan (transfer records only)
001	Direct Care for Active Duty Sponsors
002	Direct Care for Active Duty Family Members
003	TRICARE Standard for Active Duty Family Members
004	Direct Care for Survivors of Active Duty Deceased Sponsors
005	TRICARE Standard for Survivors of Active Duty Deceased Sponsors
006	Direct Care for Transitional Assistance Family Members
007	TRICARE Standard for Transitional Assistance Sponsors and Family Members
008	Direct Care for Retired Sponsors and Family Members
009	TRICARE Standard for Retired and Medal of Honor Sponsors and Family Members
010	TRICARE Standard for Transitional Survivors of Active Duty Deceased Sponsors
011	Direct Care for CONUS DoD Affiliates
012	TRICARE Standard for CONUS DoD Affiliates
013	Direct Care for OCONUS DoD Affiliates
014	Direct Care for Transitional Survivors of Active Duty Deceased Sponsors
015	TRICARE Standard for Transitional Survivors of Guard/Reserve Deceased Sponsors
016	Direct Care for Survivors of Guard/Reserve Deceased Sponsors
017	TRICARE Standard for Survivors of Guard/Reserve Deceased Sponsors
018	TRICARE for Life for Retired Sponsors and Family Members and Medal of Honor
019	Limited Direct Care with Line of Duty Injuries for Guard/Reserve Sponsors
020	TRICARE for Life for Transitional Survivors of Active Duty Deceased Sponsors
021	TRICARE for Life for Survivors of Active Duty Deceased Sponsors
022	TRICARE for Life for Transitional Survivors of Guard/Reserve Deceased Sponsors
023	TRICARE for Life for Survivors of Guard/Reserve Deceased Sponsors
024	Direct Care for Transitional Survivors of Guard/Reserve Deceased Sponsors
101	CHAMPUS Reform Initiative (CRI) - CHAMPUS Prime (history)
102	Fort Sill - Catchment Area Management (CAM) Program (history)
103	Fort Carson - Catchment Area Management (CAM) Program (history)
104	Bergstrom Air Force Base (AFB) - Catchment Area Management (CAM) program (history)
105	Luke/Williams Air Force base (AFB) - Catchment Area Management (CAM) Program (history)
106	TRICARE Prime Individual Coverage for Active Duty Sponsors
107	TRICARE Prime Individual Coverage for Active Duty Family Members
108	TRICARE Prime Family Coverage for Active Duty Family Members

DP Specifications Data Dictionary

109	TRICARE USFHP Direct Care Coverage for Active Duty Family Members
110	TRICARE Prime for Individual Coverage for Survivors of Active Duty Deceased Sponsors
111	TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors
112	TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
113	TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
114	TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Deceased Sponsors
115	TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Deceased Sponsors
116	TRICARE Prime Individual Coverage for Retired and Medal of Honor Sponsors and Family Members
117	TRICARE Prime Family Coverage for Retired and Medal of Honor Sponsors and Family Members
118	TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members
119	TRICARE USFHP Direct Care Family Coverage for Retired Sponsors and Family Members
120	TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members
121	Continued Health Care Benefits Program Individual Coverage
122	Continued Health Care Benefits Program Family Coverage
123	Federal Employees Health Benefits Program (FEHBP) Individual Standard Coverage
124	Federal Employees Health Benefits Program (FEHBP) Family Standard Coverage
125	Federal Employees Health Benefits Program (FEHBP) Individual High Coverage
126	Federal Employees Health Benefits Program (FEHBP) Family High Coverage
127	TRICARE Senior Supplement
128	TRICARE Remote Individual Coverage for Active Duty Sponsors
129	TRICARE Remote Individual Coverage for Active Duty Family Members
130	TRICARE Remote Family Coverage for Active Duty Family Members
131	TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors
132	TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors
133	TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Deceased Sponsors
134	TRICARE Prime Individual Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
135	TRICARE Prime Family Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
136	TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
137	TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
138	TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors
139	TRICARE USFHP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors
140	TRICARE Plus with CHC Coverage for Active Duty Family Members
141	TRICARE Plus Coverage for Transitional Survivors of Active Duty Deceased Sponsors
142	TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors
143	TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors
144	TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors
145	TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor
146	TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor
147	TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
148	TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors
149	TRICARE Plus Coverage with CHC for Survivors of Guard/Reserve Deceased Sponsors
150	TRICARE Plus Coverage for Active Duty Family Members
151	TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors
201	TRICARE Dental Plan Individual Coverage for Active Duty Family Members
202	TRICARE Dental Plan Family Coverage for Active Duty Family Members
203	TRICARE Dental Plan Individual Remote Coverage for Active Duty Family Members
204	TRICARE Dental Plan Family Remote Coverage for Active Duty Family Members
205	TRICARE Dental Plan Individual Coverage for Survivors of Active Duty Deceased Sponsors
206	TRICARE Dental Plan Family Coverage for Survivors of Active Duty Deceased Sponsors
207	TRICARE Dental Plan Individual Coverage for Selected Reserve (SelRes) Sponsors
208	TRICARE Dental Plan Individual Coverage for Selected Reserve (SelRes) Family Members
209	TRICARE Dental Plan family coverage for Selected Reserve (SelRes) family members
210	TRICARE Dental Plan Individual Remote Coverage for Selected Reserve (SelRes) Family Members
211	TRICARE Dental Plan Family Remote Coverage for Selected Reserve (SelRes) Family Members
212	TRICARE Dental Plan Individual Coverage for Survivors of Selected Reserve (SelRes) Deceased Sponsors
213	TRICARE Dental Plan Family Coverage for Survivors of Selected Reserve (SelRes) Deceased Sponsors

JP Specifications Data Dictionary

214	TRICARE Dental Plan Individual Coverage for Active Guard/Reserve (AGR) Family Members
215	TRICARE Dental Plan Family Coverage for Active Guard/Reserve (AGR) Family Members
216	TRICARE Dental Plan Individual Remote Coverage for Active Guard/Reserve (AGR) Family Members
217	TRICARE Dental Plan Family Remote Coverage for Active Guard/Reserve (AGR) Family Members
218	TRICARE Dental Plan Individual Coverage for Survivors of Active Guard/Reserve (AGR) Family Members
219	TRICARE Dental Plan Family Coverage for Survivors of Active Guard/Reserve (AGR) Family Members
220	TRICARE Dental Plan for Mobilization-Asset Individual Ready Reserve (IRR) Sponsors
221	TRICARE Dental Plan Individual Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Member
222	TRICARE Dental Plan Family Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
223	TRICARE Dental Plan Individual Remote Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
224	TRICARE Dental Plan Family Remote Coverage for Mobilization-Asset Individual Ready Reserve (IRR) Family Members
225	TRICARE Dental Plan Individual Coverage for Survivors of Mobilization-Asset Individual Ready Reserve (IRR) Deceased Sponsors
226	TRICARE Dental Plan Family Coverage for Survivors of Mobilization-Asset Individual Ready Reserve (IRR) Deceased Sponsors
227	TRICARE Dental Plan for Non-Mobilization-Asset Individual Ready Reserve (IRR) Sponsors
228	TRICARE Dental Plan Individual Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
229	TRICARE Dental Plan Family Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
230	TRICARE Dental Plan Individual Remote Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
231	TRICARE Dental Plan Family Remote Coverage for Non-Mobilization-Asset Individual Ready Reserve (IRR) Family Members
301	BRAC Pharmacy
302	Pharmacy Redesign Pilot Project (PRPP)

Data Element Name	HEALTH CARE DELIVERY PROGRAM POLICY ENROLLMENT PERIOD BEGIN CALENDAR DATE
Definition	The calendar date that a person's Health Care Delivery Program policy period became effective for an enrollment period for dental and medical programs. This represents the date enrollment began in the current coverage plan for the individual or family. (anniversary date).
Field Type / Length	Date (8)
Notes	CCYYMMDD format
Valid Values	

DP Specifications Data Dictionary

Data Element Name HEALTH CARE DELIVERY PROGRAM POLICY ENROLLMENT PERIOD UPDATE CODE

Definition The code that indicates the type of change that occurred in the Health Care Delivery Program Policy Enrollment Period section of the transfer record

Field Type / Length Char (1)

Notes

Valid Values
 A Add new data
 N No action
 U Update existing information

Data Element Name HEALTH CARE DELIVERY PROGRAM SYSTEM IDENTIFIER

Definition The EDI system identifier for a health care delivery program system. Includes contractors and MTFs

Field Type / Length Char (7)

Notes

Valid Values

0000000	Not applicable
0001001	Sierra Military Health Services, Inc.
0002001	Anthem Alliance for Health, Inc.
0003001	Humana Military Health Care Services
0004001	Health Net Federal Services/Region 6
0005001	TriWest Healthcare Alliance
0006001	Health Net Federal Services/Region 9,10, & 12
0007001	Health Net Federal Services/Region 11
0012001	Martin's Point Health Care
0013001	Johns Hopkins Medical Services Corporation
0014001	Brighton Marine Health Care
0015001	St. Vincent's Catholic Medical Centers of New York
0016001	Fairview Health Systems
0017001	CHRISTUS Health
0018001	Pacific Medical Clinics

Data Element Name HOME TELEPHONE NUMBER CODE

Definition Home telephone number

Field Type / Length Num (14)

Notes Informational Only

Valid Values

Data Element Name HOSPITAL SERVICES ADMISSION DATE

Definition Date of hospital admission

Field Type / Length Date (8)

Notes CCYYMMDD format, required for Hospital Services

Valid Values

IP Specifications Data Dictionary

Data Element Name *HOSPITAL SERVICES ADMISSION SOURCE*

Definition Indicates source of admission for this hospital stay

Field Type / Length Char (1)

Notes

Valid Values 1 Physician Referral
 2 Clinic Referral
 3 HMO Referral
 4 Transfer from a Hospital
 5 Transfer from a Skilled Nursing Facility
 6 Transfer from Another Health Care Facility
 7 Emergency
 8 Court / Law Enforcement
 9 Information Not Available

Data Element Name *HOSPITAL SERVICES ADMISSION TYPE*

Definition Admission type for hospital services stay

Field Type / Length Char (1)

Notes

Valid Values

- 1 = Emergency: The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
- 2 = Urgent: The patient requires immediate medical intervention for the care of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodations. Use for mothers who are delivering.
- 3 = Elective: The patient's condition permits adequate time to schedule the availability of a suitable accommodation.
- 4 = Newborn: Use of this code necessitates the use of special source of admission codes (A-D). Do not use for mother.

Data Element Name *HOSPITAL SERVICES DISPOSITION DATE*

Definition Date of discharge from hospital

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for hospital services.

Valid Values

DP Specifications Data Dictionary

Data Element Name	<i>HOSPITAL SERVICES DISPOSITION STATUS</i>
Definition	Status of patient upon discharge from the hospital
Field Type / Length	Char (2)
Notes	
Valid Values	01 = Discharge to home or self-care 02 = Discharged/Transferred to another short-term general hospital 03 = Discharged/Transferred skilled nursing facility (SNF) 04 = Discharged/Transferred to an intermediate care facility (ICF) 05 = Discharged/Transferred to another type of institution 06 = Discharged/Transferred to home under care of organized home health service organization 07 = Left against medical advice 08-09 = Reserved for national assignment 10-19 = Discharged to be defined at state level, if necessary 20 = Deceased 21-29 = Deceased to be defined at state level, if necessary 30 = Still a patient 31-39 = Still a patient to be defined at state level, if necessary *40 = Expired at home *41 = Expired in a medical facility; e.g., hospital, SNF, ICF, free standing hospice *42 = Expired - Place Unknown 43-99 = Reserved for National Assignment *For use only on Medicare claims for Hospice Care

Data Element Name	<i>HOSPITAL SERVICES PATIENT PRINCIPAL PROCEDURE</i>
Definition	ICD-9-CM code identifying the principal procedure performed during hospital stay
Field Type / Length	Char (7)
Notes	Left justify, blank fill. Use ZZZZ when no procedures have been performed for this admission. Do not include the decimal point. Required for hospital services only.
Valid Values	ICD-9-CM procedure code that is valid for the discharge date of the hospitalization. See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name	<i>HOSPITAL SERVICES PATIENT PROCEDURE 2</i>
Definition	ICD-9-CM code identifying a second procedure performed during hospital stay
Field Type / Length	Char (7)
Notes	Left justify, blank fill. Do not include the decimal point. Required for hospital services only
Valid Values	ICD-9-CM procedure code that is valid for the discharge date of the hospitalization. See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name *HOSPITAL SERVICES PATIENT PROCEDURE 3*

Definition ICD-9-CM code identifying a third procedure performed during hospital stay

Field Type / Length Char (7)

Notes Left justify, blank fill. Do not include the decimal point. Required for hospital services only

Valid Values ICD-9-CM procedure code that is valid for the discharge date of the hospitalization.
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *HOSPITAL SERVICES PATIENT PROCEDURE 4*

Definition ICD-9-CM code identifying a fourth procedure performed during hospital stay

Field Type / Length Char (7)

Notes Left justify, blank fill. Do not include the decimal point. Required for hospital services only

Valid Values ICD-9-CM procedure code that is valid for the discharge date of the hospitalization.
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *HOSPITAL SERVICES PATIENT PROCEDURE 5*

Definition ICD-9-CM code identifying a fifth procedure performed during hospital stay

Field Type / Length Char (7)

Notes Left justify, blank fill. Do not include the decimal point. Required for hospital services only

Valid Values ICD-9-CM procedure code that is valid for the discharge date of the hospitalization.
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *HOSPITAL SERVICES PATIENT PROCEDURE 6*

Definition ICD-9-CM code identifying a sixth procedure performed during hospital stay

Field Type / Length Char (7)

Notes Left justify, blank fill. Do not include the decimal point. Required for hospital services only.

Valid Values ICD-9-CM procedure code that is valid for the discharge date of the hospitalization.
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *IFMC DP ENROLLMENT START DATE*

Definition The date IFMC has documented as the enrollee's start date in the Health Care Delivery Program

Field Type / Length Date (8)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name *IFMC LOAD DATE*

Definition The date IFMC loaded the data into the data warehouse

Field Type / Length Date (8)

Notes

Valid Values

Data Element Name *IFMC PROCESS DATE*

Definition The date IFMC processed the date

Field Type / Length Date (8)

Notes

Valid Values

Data Element Name *IFMC RECEIVED DATE*

Definition The date IFMC received the data

Field Type / Length Date (8)

Notes

Valid Values

Data Element Name *IFMC RECEIVED TIME*

Definition The time IFMC received the data.

Field Type / Length Char (6)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name *IFMC UPDATE DATE*

Definition The date the data was updated

Field Type / Length Date (8)

Notes Can be updated by DMDC, DP, TMA, or IFMC

Valid Values

Data Element Name *IFMC UPDATE ID*

Definition The identification code of the person who updated the data

Field Type / Length Char (4)

Notes

Valid Values

Data Element Name *INACTIVE ENROLLEE*

Definition Indicates if the enrollee is inactive

Field Type / Length Char (1)

Notes Y = Yes
N = No

Valid Values

DP Specifications Data Dictionary

Data Element Name	<i>INSTITUTION TYPE</i>
Definition	Code indicating the type of institution where care was provided
Field Type / Length	Char (2)
Notes	
Valid Values	10 General Medical and Surgical 11 Hospital Unit of an Institution (Prison Hospital, College Infirmary, etc.) 12 Hospital Unit within an Institution for the Mentally Retarded 22 Psychiatric Hospital or Unit 33 Tuberculosis and Other Respiratory Disease 44 Obstetrics and Gynecology 45 Eyes, Ear, Nose, and Throat 46 Rehabilitation 47 Orthopedic 48 Chronic Disease 49 Miscellaneous 50 Children's General 51 Children's Hospital Unit of an Institution 52 Children's Psychiatric Hospital or Unit 53 Children's Tuberculosis and Other Respiratory Diseases 55 Children's Eye, Ear, Nose, and Throat 56 Children's Rehabilitation 57 Children's Orthopedic 58 Children's Chronic 59 Children, Other Specialty 62 Institution for Mental Retardation 70 Home Health Care Agency 71 Specialized Treatment Facility 72 Residential Treatment Facility 73 Extended Care Facility 74 Christian Science Facility 75 Hospital-based Ambulatory Surgery Center 76 Skilled Nursing Facility 78 Non-Hospital-Based Hospice 79 Hospital-Based Hospice 82 Alcoholism and Other Chemical Dependency 90 Cancer 91 Sole Community 92 Freestanding Ambulatory Surgery Center

Data Element Name	<i>INSTITUTION/NON-INSTITUTION</i>
Definition	Code indicating whether provider/pharmacy is institution or non-institution
Field Type / Length	Char (1)
Notes	Required
Valid Values	I = Institutional N = Non-institutional

Data Element Name	<i>LEGACY ALTERNATE CARE CODE</i>
Definition	The code from Legacy DEERS, which represents the delivery program within the delivery system
Field Type / Length	Char (1)
Notes	Legacy value
Valid Values	U = US Family Health Plan

DP Specifications Data Dictionary

Data Element Name	<i>LEGACY BENEFICIARY RELATIONSHIP</i>
Definition	Code indicating the dependent's relationship to the sponsor
Field Type / Length	Char (1)
Notes	Legacy value
Valid Values	A Self C Child (including adopted) F Unremarried widow or widower G Unmarried widow or widower H Unmarried former spouse L Parent-in-law M Step-parent-in-law R Unremarried former spouse/ 04 T Unremarried former spouse/ 02 V Stepchild Y Unremarried former spouse W Ward (includes foster and pre-adoptive children) L Parent-in-law P Parent S Spouse U Stepparent X Other Z Unknown

Data Element Name	<i>LEGACY DEERS DEPENDENT SUFFIX</i>
Definition	Suffix assigned and maintained by Legacy DEERS
Field Type / Length	Char (2)
Notes	Legacy value
Valid Values	00 = Conditionally Enrolled (applies only to the Designated Providers) 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 1 = Other or Unknown Relationship

Data Element Name	<i>LEGACY PAY GRADE</i>
Definition	Pay grade of the beneficiary's sponsor
Field Type / Length	Char (2)
Notes	
Valid Values	01 09E1 - E9 11 15W1 - W5 19 Academy or Navy OCS student 21 3101 - 011 41 58GS1 - GS18 90 Unknown 95 Not applicable 99 Other Blank If sponsor service is NOS (W)

DP Specifications Data Dictionary

Data Element Name *LEGACY REASON FOR DISENROLLMENT*

Definition Reason that beneficiary was disenrolled

Field Type / Length Char (1)

Notes Legacy values

Valid Values

1	Loss of eligibility
2	Moved out of the DP service area
3	Voluntary disenrollment
4	Death
5	Other
6	Rolled back, DMIS assigned value only
Blank	Currently enrolled

Data Element Name *LT65 YEARS*

Definition Indicates if the enrollee is less than 65 years old

Field Type / Length Char (1)

Notes

Y = Yes
N = No

Valid Values

Data Element Name *MAILING ADDRESS CITY NAME*

Definition The name of the city of the person's mailing address

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *MAILING ADDRESS COUNTRY CODE*

Definition The code that represents the country of the person's mailing address. The valid values also include dependencies and areas of special sovereignty.

Field Type / Length Char (2)

Notes DP enrollees must reside in the United States (US)

Valid Values

AA	Aruba – Added April 1986; formerly part of Netherlands Antilles (NA).
AC	Antigua and Barbuda – Formerly Antigua (AC).
AE	United Arab Emirates
AF	Afghanistan
AG	Algeria
AJ	Azerbaijan – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
AL	Albania

DP Specifications Data Dictionary

AM	Armenia – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
AN	Andorra
AO	Angola
AQ	American Samoa
AR	Argentina
AS	Australia – Included Coral Sea Islands (CR) prior to June 1974. Included Ashmore and Cartier Islands (AT) and Coral Sea Islands (CR) between March 1977 and May 1983.
AT	Ashmore and Cartier Islands – Deleted March 1977; readded May 1983; see Australia (AS).
AU	Austria
AV	Anguilla – Added June 1974; formerly part of St. Christopher-Nevis-Anguilla (SC).
AY	Antarctica
BA	Bahrain
BB	Barbados
BC	Botswana
BD	Bermuda
BE	Belgium
BF	Bahamas, The
BG	Bangladesh – Added June 1974; formerly part of Pakistan (PK).
BH	Belize – Formerly British Honduras (BH).
BK	Bosnia and Herzegovina – Formerly Bosnia and Hercegovina (BK). Added August 1992; formerly part of Yugoslavia (YO).
BL	Bolivia
BM	Burma
BN	Benin – Added May 1983; formerly Benin (DM).
BO	Belarus – Formerly Byelarus (BO). Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
BP	Solomon Islands – Formerly British Solomon Islands (BP).
BQ	Navassa Island – Prior to June 1974 part of US Miscellaneous Caribbean Islands (BQ).
BR	Brazil
BS	Bassas da India – Added May 1983; formerly part of Reunion (RE).
BT	Bhutan
BU	Bulgaria
BV	Bouvet Island – Formerly Bouvetoya (BV).
BX	Brunei
BY	Burundi
CA	Canada
CB	Cambodia – Formerly Kampuchea (CB) and Khmer Republic (CB).
CD	Chad
CE	Sri Lanka – Formerly Ceylon (CE).
CF	Congo – Formerly Congo (Brazzaville) (CF).
CG	Congo (Democratic Republic of the)– Formerly Zaire.
CH	China – Formerly China, Peoples Republic of (CH) and China, Communist (CH).
CI	Chile
CJ	Cayman Islands
CK	Cocos (Keeling) Islands
CM	Cameroon
CN	Comoros
CO	Colombia – As of June 1974 includes part of US Miscellaneous Caribbean Islands (BQ).
CQ	Northern Mariana Islands – Added April 1989; formerly part of Trust Territory of the Pacific Islands (TQ).
CR	Coral Sea Islands – Added June 1974; deleted March 1977; readded May 1983; see Australia (AS).
CS	Costa Rica
CT	Central African Republic – Formerly Central African Empire (CT).
CU	Cuba
CV	Cape Verde – Formerly Cape Verde, Republic of (CV).
CW	Cook Islands
CY	Cyprus

DP Specifications Data Dictionary

CZ	Czechoslovakia (obsolete value)
DA	Denmark
DJ	Djibouti – Added July 1977; formerly French Territory of the Afars and Issas (FT).
DO	Dominica
DQ	Jarvis Island – Added May 1983; formerly part of US Miscellaneous Pacific Islands (IQ).
DR	Dominican Republic
EC	Ecuador
EG	Egypt – Formerly United Arab Republic (EG).
EI	Ireland
EK	Equatorial Guinea
EN	Estonia – Added September 1991; formerly part of Union of Soviet Socialist Republics (UR).
ER	Eritrea – Added May 1993; formerly part of Ethiopia (ET).
ES	El Salvador
ET	Ethiopia – Included Eritrea (ER) prior to May 1993.
EU	Europa Island – Added May 1983; formerly part of Reunion (RE).
EZ	Czech Republic – Added February 1993; formerly part of Czechoslovakia (CZ).
FG	French Guiana
FI	Finland
FJ	Fiji
FK	Falkland Islands (Islas Malvinas) – Added January 1991; formerly part of Falkland Islands (Islas Malvinas) (FA).
FM	Federated States of Micronesia – Added February 1987; formerly part of Trust Territory of the Pacific Islands (NQ).
FO	Faroe Islands – Formerly Faeroe Islands (FO).
FP	French Polynesia – Included Clipperton Island (IP) prior to May 1983.
FQ	Baker Island – Added May 1983; formerly part of US Miscellaneous Pacific Islands (IQ).
FR	France – Included Mayotte (MF) prior to May 1983.
FS	French Southern and Antarctic Lands
GA	Gambia, The – Formerly Gambia (GA).
GB	Gabon
GG	Georgia – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
GH	Ghana
GI	Gibraltar
GJ	Grenada
GK	Guernsey – Added May 1983; formerly part of United Kingdom (UK).
GL	Greenland
GM	Germany – Added October 1990; formerly Germany, Berlin (BZ), German Democratic Republic (GC), and Germany, Federal Republic of (GE).
GO	Glorioso Islands – Added May 1983; formerly part of Reunion (RE).
GP	Guadeloupe
GQ	Guam
GR	Greece
GT	Guatemala
GV	Guinea
GY	Guyana
GZ	Gaza Strip
HA	Haiti
HK	Hong Kong
HM	Heard Island and McDonald Islands
HO	Honduras – As of June 1974 includes former Swan Islands (SQ).
HQ	Howland Island – Added May 1983; formerly part of US Miscellaneous Pacific Islands (IQ).
HR	Croatia – Added August 1992; formerly part of Yugoslavia (YO).
HU	Hungary
IC	Iceland
ID	Indonesia – As of September 1976 includes former Portuguese Timor (PT).
IM	Man, Isle of – Added May 1983; formerly part of United Kingdom (UK).

JP Specifications Data Dictionary

IN	India – As of April 1975 includes former Sikkim (SK).
IO	British Indian Ocean Territory
IP	Clipperton Island – Added May 1983; formerly part of French Polynesia (FP).
IR	Iran
IS	Israel – As of March 1977 includes former Israel-Syria Demilitarized Zone (IU) and Israel-Jordan Demilitarized Zone (IW).
IT	Italy
IV	Cote D'Ivoire – Formerly Ivory Coast (IV).
IZ	Iraq
JA	Japan – As of June 1974 includes former Ryukyu Islands (YQ).
JE	Jersey – Added May 1983; formerly part of United Kingdom (UK).
JM	Jamaica
JN	Jan Mayen – Deleted March 1977; readded May 1983; see Svalbard and Jan Mayer (JS).
JO	Jordan
JQ	Johnston Atoll
JU	Juan de Nova Island – Added May 1983; formerly part of Reunion (RE).
KE	Kenya
KG	Kyrgyzstan – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
KN	Korea, Democratic People's Republic of – Formerly Korea, North (KN).
KQ	Kingman Reef – Added May 1983; formerly part of US Miscellaneous Pacific Islands (IQ).
KR	Kiribati – Added November 1979; formerly Canton and Enderbury Islands (EQ) and Gilbert Islands (GS).
KS	Korea, Republic of
KT	Christmas Island
KU	Kuwait
KZ	Kazakhstan – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
LA	Laos
LE	Lebanon
LG	Latvia – Added September 1991; formerly part of Union of Soviet Socialist Republics (UR).
LH	Lithuania – Added September 1991; formerly part of Union of Soviet Socialist Republics (UR).
LI	Liberia
LO	Slovakia – Added February 1993; formerly part of Czechoslovakia (CZ).
LQ	Palmyra Atoll – Added May 1983; formerly part of US Miscellaneous Pacific Islands (IQ).
LS	Liechtenstein
LT	Lesotho
LU	Luxembourg
LY	Libya
MA	Madagascar
MB	Martinique
MC	Macau – Formerly Macao (MC).
MD	Moldova – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
MF	Mayotte – Added May 1983; formerly part of France (FR).
MG	Mongolia
MH	Montserrat
MI	Malawi
MK	Macedonia – Added August 1992; formerly part of Yugoslavia (YO).
ML	Mali
MN	Monaco
MO	Morocco
MP	Mauritius
MQ	Midway Islands
MR	Mauritania
MT	Malta
MU	Oman – Formerly Muscat and Oman (MU).
MV	Maldives
MW	Montenegro – Added August 1992; formerly part of Yugoslavia (YO).

DP Specifications Data Dictionary

MX	Mexico
MY	Malaysia
MZ	Mozambique
NC	New Caledonia
NE	Niue
NF	Norfolk Island
NG	Niger
NH	Vanuatu – Formerly New Hebrides (NH).
NI	Nigeria
NL	Netherlands
NO	Norway
NP	Nepal
NR	Nauru
NS	Suriname – Formerly Surinam (NS).
NT	Netherlands Antilles – Added January 1991; formerly Netherlands Antilles (NA).
NU	Nicaragua
NZ	New Zealand
PA	Paraguay
PC	Pitcairn Islands – Formerly Pitcairn (PC).
PE	Peru
PF	Paracel Islands
PG	Spratly Islands
PK	Pakistan – Included Bangladesh (BG) prior to June 1974.
PL	Poland
PM	Panama – Added June 1980; formerly Panama (PN) and Canal Zone (PQ).
PO	Portugal
PP	Papua New Guinea – Formerly Papua and New Guinea (PP).
PS	Palau
PU	Guinea-Bissau – Formerly Portuguese Guinea (PU).
QA	Qatar
RE	Reunion – Included Bassas da India (BS), Europa Island (EU), Glorioso Islands (GO), Juan de Nova Island (JU), and Tromelin Island (TE) prior to May 1983.
RM	Marshall Islands – Added February 1987; formerly part of Trust Territory of the Pacific Islands (NQ).
RO	Romania
RP	Philippines
RQ	Puerto Rico
RS	Russia – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
RW	Rwanda
SA	Saudi Arabia
SB	St. Pierre and Miquelon
SC	St. Kitts and Nevis – Included Anguilla (AV) prior to June 1974. Formerly St. Christopher and Nevis (SC) and St. Christopher-Nevis-Anguilla (SC).
SE	Seychelles
SF	South Africa
SG	Senegal
SH	St. Helena
SI	Slovenia – Added August 1992; formerly part of Yugoslavia (YO).
SL	Sierra Leone
SM	San Marino
SN	Singapore
SO	Somalia
SP	Spain – As of March 1977 includes former Spanish North Africa (ME).
SR	Serbia – Added August 1992; formerly part of Yugoslavia (YO).
ST	St. Lucia
SU	Sudan

DP Specifications Data Dictionary

SV	Svalbard – Deleted March 1977; readded May 1983; see Svalbard and Jan Mayer (JS).
SW	Sweden
SX	South Georgia and the South Sandwich Islands – Added January 1991; formerly part of Falkland Islands (Islas Malvinas) (FA).
SY	Syria
SZ	Switzerland
TD	Trinidad and Tobago
TE	Tromelin Island – Added May 1983; formerly part of Reunion (RE).
TH	Thailand
TI	Tajikistan – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
TK	Turks and Caicos Islands
TL	Tokelau
TN	Tonga
TO	Togo
TP	Sao Tome and Principe
TS	Tunisia
TT	East Timor
TU	Turkey
TV	Tuvalu – Added April 1976; formerly part of Gilbert and Ellice Islands (GN).
TW	Taiwan – Formerly China (Taiwan) (TW) and China, Republic of (TW).
TX	Turkmenistan – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
TZ	Tanzania, United Republic of – Formerly Tanzania (TZ).
UG	Uganda
UK	United Kingdom – Included Guernsey (GK), Isle of Man (IM), and Jersey (JE) prior to May 1983.
UP	Ukraine – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
UR	Union of Soviet Socialist Republics (obsolete value)
US	United States
UV	Burkina Faso – Formerly Upper Volta (UV).
UY	Uruguay
UZ	Uzbekistan – Added January 1992; formerly part of Union of Soviet Socialist Republics (UR).
VC	St. Vincent and the Grenadines – Formerly St. Vincent (VC).
VE	Venezuela
VI	British Virgin Islands
VM	Vietnam – Added August 1976; formerly Viet-nam, North (VN) and Vietnam, Republic of (VS).
VQ	Virgin Islands
VT	Vatican City
WA	Namibia – Formerly South-West Africa (WA).
WE	West Bank
WF	Wallis and Futuna
WI	Western Sahara – Added March 1977; formerly Spanish Sahara (SS).
WQ	Wake Island
WS	Samoa - formerly Western Samoa
WZ	Swaziland
YM	Yemen – Added October 1990; formerly Yemem (Sanaa) (YE) and Yemen (Aden) (YS).
YO	Yugoslavia (obsolete value)
ZA	Zambia
ZI	Zimbabwe – Added May 1980; formerly Southern Rhodesia (RH).

JP Specifications Data Dictionary

Data Element Name *MAILING ADDRESS EFFECTIVE CALENDAR DATE*

Definition The date when the person's mailing address became effective

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *MAILING ADDRESS LINE 1 TEXT*

Definition The number and street of the person's mailing address

Field Type / Length Char (40)

Notes

Valid Values

Data Element Name *MAILING ADDRESS LINE 2 TEXT*

Definition The text that is supplemental to the number and street of the person's mailing address, for example, the apartment number

Field Type / Length Char (40)

Notes

Valid Value

Data Element Name *MAILING ADDRESS MAINTENANCE SOURCE CODE*

Definition The code that represents the source of the last update processed for this mailing address record

Field Type / Length Char (3)

Notes

Valid Values

000	All batch sources (used only in processing; not stored)
010	All MILPERCENs (used only in processing; not stored)
011	Army MILPERCEN
012	Air Force MILPERCEN
013	Navy MILPERCEN
014	Marine Corps MILPERCEN
015	Coast Guard MILPERCEN
016	Public Health PERCEN
017	NOAA PERCEN
020	All Finance Centers (used only in processing; not stored)
021	Army Retired Finance Center
022	Air Force Retired Finance Center
023	Navy Retired Finance Center
024	Marine Corps Finance Center (Retired)
025	Coast Guard Retired Finance Center

DP Specifications Data Dictionary

026	Public Health Finance Center
027	NOAA Finance Center
030	All Academies (used only in processing; not stored)
031	Army Academy
032	Air Force Academy
033	Navy Academy
035	Coast Guard Academy
040	All Reserves (used only in processing; not stored)
041	Army Reserve
042	Air Force Reserve
043	Navy Reserve
044	Marine Corps Reserve
045	Coast Guard Reserve
046	Public Health Reserve
050	All Guards (used only in processing; not stored)
051	Army Guard
052	Air Force Guard
060	Non-Service maintained populations (used only in processing; not stored)
061	Veterans Administration (future)
062	Civil Service (future)
080	All online sources (used only in processing; not stored)
081	Online/RAPIDS
082	Project officers
083	DEERS Support Office
084	Managed Care Support Contractors (MCSCs)
085	Composite Health Care System (CHCS)
086	Dental Contractor
087	Designated Provider (USFHP)
090	All secondary indirect sources (used only in processing; not stored)
091	MEPCOM
092	Mobilization by UIC or SSN
100	Internally generated transactions (used only in processing; not stored)
101	Error fix transactions from DEERS Support Office (edit error)
102	Error fix transactions from DEERS Support Office (update error)
103	Sweep processing
104	Repaired or changed by DBSD or DEERS Support Office
255	Sponsor-update record (used only in processing; not stored)

DP Specifications Data Dictionary

Data Element Name	<i>MAILING ADDRESS QUALITY CODE</i>								
Definition	The code that indicates whether the address standardization software was able to assign a ZIP identifier, ZIP identifier extension, and carrier route during processing								
Field Type / Length	Char (1)								
Notes	This attribute has two purposes: to determine whether an address is reliable enough to be stored in DEERS, and to determine whether to send a certain type of letter to this address. Used in DEERS 3.0 and later only. Formerly Finalist Quality Code.								
Valid Values	<table> <tr> <td>0</td> <td>ZIP Code, ZIP Code extension, and carrier route assigned</td> </tr> <tr> <td>1</td> <td>ZIP Code (five-digit only) and carrier route assigned</td> </tr> <tr> <td>2</td> <td>ZIP Code (five-digit only) assigned</td> </tr> <tr> <td>9</td> <td>The address was not verified or standardized by the address software and may not be a valid mailing address.</td> </tr> </table>	0	ZIP Code, ZIP Code extension, and carrier route assigned	1	ZIP Code (five-digit only) and carrier route assigned	2	ZIP Code (five-digit only) assigned	9	The address was not verified or standardized by the address software and may not be a valid mailing address.
0	ZIP Code, ZIP Code extension, and carrier route assigned								
1	ZIP Code (five-digit only) and carrier route assigned								
2	ZIP Code (five-digit only) assigned								
9	The address was not verified or standardized by the address software and may not be a valid mailing address.								

Data Element Name	<i>MAILING ADDRESS US POSTAL REGION STATE CODE</i>
Definition	The code that represents the state of the person's mailing address
Field Type / Length	Char (2)
Notes	The valid values also include the District of Columbia and outlying areas of the United States
Valid Values	See State code

Data Element Name	<i>MAILING ADDRESS US POSTAL REGION ZIP CODE</i>
Definition	The ZIP identifier of the person's mailing address
Field Type / Length	Num (5)
Notes	
Valid Values	

Data Element Name	<i>MAILING ADDRESS US POSTAL REGION ZIP CODE EXTENSION CODE</i>
Definition	The extension to the mailing address postal region ZIP identifier
Field Type / Length	Num (4)
Notes	
Valid Values	

DP Specifications Data Dictionary

<i>Data Element Name</i>	<i>MAJOR SPECIALTY</i>
<i>Definition</i>	Provider Major Specialty Code
<i>Field Type / Length</i>	Char (2)
<i>Notes</i>	
<i>Valid Values</i>	
01	General Practice
02	General Surgery
03	Allergy
04	Otology, Laryngologist, Rhinology
05	Anesthesiology
06	Cardiovascular Disease
07	Dermatology
08	Family Practice
10	Gastroenterology
11	Internal Medicine
12	Neurology
14	Neurological Surgery
16	Obstetrics/Gynecology
18	Ophthalmology
19	Oral Surgery (Dentists only)
20	Orthopedic Surgery
22	Pathology
24	Plastic Surgery
25	Physical Medicine and Rehabilitation
26	Psychiatry
28	Proctology
29	Pulmonary Diseases
30	Radiology
33	Thoracic Surgery
34	Urology
35	Chiropractor, licensed
36	Nuclear Medicine
37	Pediatrics
38	Geriatrics
39	Nephrology
40	Neonatology
42	Nurses (RN)
43	Nurses (LPN)
44	Occupational Therapy (OTR)
45	Speech Pathologist/Speech Therapist

DP Specifications Data Dictionary

47	Endocrinology
48	Podiatry - Surgical Chiropody
50	Proctology and Rectal Surgery
51	Medical Supply Co.
57	Certified Prosthetist - Orthoist
59	Ambulance Service Supplier
60	Public Health or Welfare Agencies
61	Voluntary Health or Charitable Agencies
62	Psychologist (Billing Independently)
63	Audiologists (Billing Independently)
65	Physical Therapist (Independent Practice)
69	Independent Laboratory (Billing Independently)
70	Clinic or Other Group Practice
80	Anesthetist
81	Dietitian
82	Education Specialist
83	Nurse, Private Duty
84	Physician's Assistant
85	Social Worker
86	Christian Science
90	Nurse Practitioner
91	Clinical Psychiatric Nurse Specialist
92	Midwife
93	Mental Health Counselor
94	Marriage and Family Counselor
95	Pastoral Counselors
96	Marriage and Family Therapist (valid only for Connecticut, Massachusetts, New Jersey,
97	M.S.W., A.S.W.
98	Optometrist
99	Facility charges - use for facility charges for outpatient services, (e.g., ambulatory surgery, hospital services)
BC	Birthing Centers/Rooms
BL	Blood Center
DT	Dental
EM	Emergency Medicine
HA	Home Health Care Agency
HH	Home Health Aide/Homemaker
HI	Home Infusion
HM	Hematology
ID	Infectious Disease
NT	Nutrition
OC	Oncology
PH	Pharmacist
RN	Rheumatology

DP Specifications Data Dictionary

TS	Transportation Services (Private-Owned Vehicle)
*1	Pediatric Ophthalmology
*2	Pediatric Medical Genetics
*3	Medical Genetics
*4	Home Health Infusion RN
*5	Cardiothoracic Surgery
*6	Electroencephalography
*7	Electromyography
*8	Immunology
*9	Surgery Critical Care
*A	Reproductive Endocrinology
*B	Sports Medicine
*C	Clinical Cardiac Electrophysiologist
*D	Critical Care Medicine
*F	Interventional Cardiologist
*G	Occupational Health
*H	Clinical Neurophysiologist
*I	Osteopathic Manipulative Medicine
*J	Gynecologic Oncologist
*K	Hand Surgeon
*L	Pediatric Cardiologist
*M	Pediatric Endocrinologist
*N	Pediatric Gastroenterologist
*O	Pediatric Hematologist - Oncologist
*P	Pediatric Nephrologist
*Q	Pediatric Pulmonologist
*R	Pediatric Developmental Specialist
*S	Electro diagnostic Medicine
*T	Vascular Surgeon

DP Specifications Data Dictionary

Data Element Name	MEDICARE FLAG
Definition	Code indicating the eligibility status of the beneficiary for Medicare Service
Field Type / Length	Char (1)
Notes	Legacy Value
Valid Values	D Medicare and CHAMPUS eligible E Eligible over 65 L End stage renal Disease (dual entitled) N Not eligible O Eligible (became eligible after 65) P Purchased Q Eligible (under 65) S Over 65, not eligible

Data Element Name	MEDICARE HEALTH INSURANCE CLAIM IDENTIFIER
Definition	The identifier for the Medicare health insurance claim
Field Type / Length	Char (12)
Notes	
Valid Values	

Data Element Name	MEMBER CATEGORY CODE
Definition	The code that represents how DEERS views the sponsor based on his or her entitlements
Field Type / Length	Char (1)
Notes	
Valid Values	A Active duty B Presidential Appointee C DoD civil service D Disabled American veteran E DoD contractor F Former member (a 20-year active-duty serviceman who was eligible to retire but elected discharge) G National Guard (mobilized or on active duty for 31 days or more) H Medal of Honor I Other Government Agency Employee J Academy student (does not include Officer Candidate School) L Lighthouse service M Non-government Agency Personnel N National Guard (not on active duty or on active duty for 30 days or less) O Other Government Contractor P Transitional Assistance Management Program Q Reserve retiree R Retired S Reserve (mobilized or on active duty for 31 days or more) T Foreign military U Foreign national employee V Reserve (not on active duty or on active duty for 30 days or less)

DP Specifications Data Dictionary

Data Element Name	<i>MEMBER RELATIONSHIP CODE</i>																						
Definition	The code that represents how DoD views relationships between a person and another person in a family																						
Field Type / Length	Char (1)																						
Notes																							
Valid Values	<table> <tr> <td>A</td> <td>Self (i.e., the person and the other person are the same person)</td> </tr> <tr> <td>B</td> <td>Spouse</td> </tr> <tr> <td>C</td> <td>Child or stepchild</td> </tr> <tr> <td>D</td> <td>Ward (not court ordered)</td> </tr> <tr> <td>E</td> <td>Ward (court ordered)</td> </tr> <tr> <td>F</td> <td>Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law</td> </tr> <tr> <td>G</td> <td>Surviving spouse</td> </tr> <tr> <td>H</td> <td>Former spouse (20/20/20)</td> </tr> <tr> <td>I</td> <td>Former spouse (20/20/15)</td> </tr> <tr> <td>J</td> <td>Former spouse (10/20/10)</td> </tr> <tr> <td>K</td> <td>Former spouse (transitional assistance (composite))</td> </tr> </table>	A	Self (i.e., the person and the other person are the same person)	B	Spouse	C	Child or stepchild	D	Ward (not court ordered)	E	Ward (court ordered)	F	Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law	G	Surviving spouse	H	Former spouse (20/20/20)	I	Former spouse (20/20/15)	J	Former spouse (10/20/10)	K	Former spouse (transitional assistance (composite))
A	Self (i.e., the person and the other person are the same person)																						
B	Spouse																						
C	Child or stepchild																						
D	Ward (not court ordered)																						
E	Ward (court ordered)																						
F	Dependent parent, dependent stepparent, dependent parent-in-law, or dependent stepparent-in-law																						
G	Surviving spouse																						
H	Former spouse (20/20/20)																						
I	Former spouse (20/20/15)																						
J	Former spouse (10/20/10)																						
K	Former spouse (transitional assistance (composite))																						

Data Element Name	<i>NATIONAL DRUG CODE NUMBER</i>
Definition	The specific national drug code number assigned for the drug, or the default values for the durable medical equipment and compound drugs
Field Type / Length	Char (11)
Notes	Do not include dashes
Valid Values	Valid National Drug Code or for Durable Medical Equipment use 5555555551, for Compounds use 8888888881

Data Element Name	<i>NUMBER OF DAYS PROVIDED</i>
Definition	Number of days the filled prescription will cover
Field Type / Length	Num (3)
Notes	Required
Valid Values	001 – 999

Data Element Name	<i>NUMBER OF SERVICES</i>
Definition	Number of professional services provided
Field Type / Length	Char (1)
Notes	Required for Inpatient and Outpatient Professional Services
Valid Values	1 – 6

DP Specifications Data Dictionary

Data Element Name *ORDERING PHYSICIAN*

Definition Provider who ordered ancillary services, or who referred patient for specialty or inpatient care

Field Type / Length Char (9)

Notes When reporting Inpatient Professional and Outpatient Professional records, this field should be populated with the unique provider ID number of the provider who ordered the services.
When reporting Hospital services, leave blank.

Valid Values

Data Element Name *ORDERING PHYSICIAN NAME*

Definition The name of the ordering physician

Field Type / Length Char (30)

Notes

Valid Values

Data Element Name *OTHER HEALTH INSURANCE (OHI) BEGIN DATE*

Definition The date the OHI policy became effective

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *OTHER HEALTH INSURANCE (OHI) CARRIER NAME*

Definition The company name of the OHI carrier

Field Type / Length Char (40)

Notes Required, none, unknown, N.A. and NA are not acceptable.

Valid Values

Data Element Name *OTHER HEALTH INSURANCE (OHI) COVERAGE INDICATOR TYPE CODE*

Definition The code that indicates whether the beneficiary has Other Health Insurance (OHI) coverage (derived)

Field Type / Length Char (2)

Notes

Valid Values

NG = Non-group (Private)
GR = Group/Employee
SD = Student
C = CHAMPUS Supplement
M = Medicare/Medicaid Supplement

DP Specifications Data Dictionary

Data Element Name OTHER HEALTH INSURANCE (OHI) DATE RECEIVED

Definition Date the DP received the OHI information

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name OTHER HEALTH INSURANCE (OHI) END DATE

Definition The date the OHI policy ended or will end

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name OTHER HEALTH INSURANCE (OHI) POLICY IDENTIFIER

Definition The OHI policy number

Field Type / Length Char (17)

Notes

Valid Values

Data Element Name OTHER HEALTH INSURANCE (OHI) STATUS CODE

Definition Code to indicate status of OHI policy

Field Type / Length Char (1)

Notes

Valid Values A = Active
B = Inactive

Data Element Name OTHER HEALTH INSURANCE (OHI) SUBSCRIBER NAME

Definition Full name of the OHI subscriber

Field Type / Length Char (40)

Notes Left justify, blank filled. Must begin with last name followed by first name and middle initial each separated with a space.

Valid Values

DP Specifications Data Dictionary

Data Element Name *OTHER HEALTH INSURANCE (OHI) SUBSCRIBERS DATE OF BIRTH*

Definition Date of birth of the OHI subscriber

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *OTHER HEATH INSURANCE (OHI) INDICATOR CODE*

Definition The code that indicates whether or not a beneficiary has Other Health Insurance (OHI) (derived)

Field Type / Length Char (1)

Notes

Valid Values N = No
Y = Yes

Data Element Name *PATIENT AGE*

Definition The calculated age of the patient

Field Type / Length Case (4)

Notes

Valid Values

Data Element Name *PATIENT DIAGNOSIS 2*

Definition ICD-9-CM code identifying a second diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *PATIENT DIAGNOSIS 3*

Definition ICD-9-CM code identifying a third diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point.

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name *PATIENT DIAGNOSIS 4*

Definition ICD-9-CM code identifying a fourth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *PATIENT DIAGNOSIS 5*

Definition ICD-9-CM code identifying a fifth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *PATIENT DIAGNOSIS 6*

Definition ICD-9-CM code identifying a sixth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *PATIENT DIAGNOSIS 7*

Definition ICD-9-CM code identifying a seventh diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name	<i>PATIENT DIAGNOSIS 8</i>
Definition	ICD-9-CM code identifying a eighth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter
Field Type / Length	Char (7)
Notes	Left justify and blank fill. Do not code the decimal point
Valid Values	ICD-9-CM diagnosis code that is valid for the date of service See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name	<i>PATIENT DIAGNOSIS 9</i>
Definition	ICD-9-CM code identifying a ninth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter
Field Type / Length	Char (7)
Notes	Left justify and blank fill. Do not code the decimal point
Valid Values	ICD-9-CM diagnosis code that is valid for the date of service See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name	<i>PATIENT DIAGNOSIS 10</i>
Definition	ICD-9-CM code identifying a tenth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter
Field Type / Length	Char (7)
Notes	Left justify and blank fill. Do not code the decimal point
Valid Values	ICD-9-CM diagnosis code that is valid for the date of service See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name	<i>PATIENT DIAGNOSIS 11</i>
Definition	ICD-9-CM code identifying a eleventh diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter
Field Type / Length	Char (7)
Notes	Left justify and blank fill. Do not code the decimal point
Valid Values	ICD-9-CM diagnosis code that is valid for the date of service See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name *PATIENT DIAGNOSIS 12*

Definition ICD-9-CM code identifying a twelfth diagnosis that affects the care, management, or treatment provided during an inpatient or outpatient encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *PATIENT IDENTIFIER*

Definition The identifier associated with a particular patient

Field Type / Length Char (10)

Notes Required

Valid Values

Data Element Name *PATIENT'S CADENCY NAME*

Definition The cadency name (e.g., Sr, Jr, III) of the beneficiary

Field Type / Length Char (4)

Notes

Valid Values

Data Element Name *PATIENT'S CITY*

Definition The beneficiary's city of residency

Field Type / Length Char (18)

Notes None, unknown, N.A. NA and blank are not acceptable

Valid Values

Data Element Name *PATIENT'S DATE OF BIRTH*

Definition Beneficiary's date of birth

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

DP Specifications Data Dictionary

Data Element Name *PATIENT'S FIRST NAME*

Definition First name of patient

Field Type / Length Char (20)

Notes

Valid Values Left justified, blank filled. Hyphen is acceptable. Commas, periods, and slashes are not acceptable and will cause this field to error.

Data Element Name *PATIENT'S GENDER*

Definition Gender of patient

Field Type / Length Char (1)

Notes Required

Valid Values F - Female
M - Male
Z - Unknown

Data Element Name *PATIENT'S LAST NAME*

Definition Last name of patient

Field Type / Length Char (27)

Notes Left justified, blank filled. Hyphen is acceptable. Commas, periods, and slashes are not acceptable and will cause this field to error

Valid Values

Data Element Name *PATIENT'S MIDDLE NAME*

Definition Middle name of patient

Field Type / Length Char (20)

Notes Left justified, blank filled. Hyphen is acceptable. Commas, periods, and slashes are not acceptable and will cause this field to error

Valid Values

DP Specifications Data Dictionary

Data Element Name *PATIENT'S NAME*

Definition Name of the beneficiary

Field Type / Length Char (27)

Notes Last name, first name, middle initial. left justified, blank filled. Hyphen is acceptable. Commas, periods, and slashes are not acceptable and will cause this field to error

Valid Values

Data Element Name *PATIENT'S PCM NUMBER*

Definition The identifier that uniquely represents a Primary Care Manager

Field Type / Length Char (18)

Notes

Valid Values Use the unique provider Id number as defined in the provider submission

Data Element Name *PATIENT'S PRINCIPAL/PRIMARY DIAGNOSIS*

Definition ICD-9-CM code, in the inpatient setting, identifying the condition established, after study, to be chiefly responsible for the patient to have obtained medical care; or in the outpatient setting, the reason for the encounter

Field Type / Length Char (7)

Notes Left justify and blank fill. Do not code the decimal point.

Valid Values ICD-9-CM diagnosis code that is valid for the date of service
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *PATIENT'S STATE*

Definition The beneficiary's residential US Postal state abbreviation code

Field Type / Length Char (2)

Notes

Valid Values See State Code

DP Specifications Data Dictionary

Data Element Name *PATIENT'S STREET ADDRESS*

Definition Beneficiary's residential street address

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *PATIENT'S ZIP CODE*

Definition US resident zip code

Field Type / Length Char (5)

Notes

Valid Values United States 00601-99950

Data Element Name *PAY GRADE CODE*

Definition The code that represents the level of pay. (The combination of pay plan code and pay grade code represents the sponsor's pay category.)

Field Type / Length Char (2)

Notes

Valid Values

00	Unknown
00 - ZZ (not WW)	Used when pay plan is civil service
01	Used when pay plan is cadet
01 - 05	Used when pay plan is warrant officer
01 - 09	Used when pay plan is enlisted
01 - 11	Used when pay plan is officer
	Other Civilian pay plan

Data Element Name *PAY PLAN CODE*

Definition The code that represents the type of pay category. (The combination of pay plan code and pay grade code represents the sponsor's pay category.)

Field Type / Length Char (5)

Notes

Valid Values

999	Other Civilian Pay Plan
AD	Administratively determined not elsewhere specified.
AF	American Family Members
AJ	Administrative judges, Nuclear Regulatory Commission
AL	Administrative Law judges
BB	Non supervisory negotiated pay employees
BL	Leader negotiated pay employees
BP	Printing and Lithographic negotiated pay employees
BS	Supervisory negotiated pay employees
CA	Board of contract appeals

OP Specifications Data Dictionary

CC	Commissioned Corps of Public Health Service
CE	Contract education
CG	Corporate graded Federal Deposit Insurance Corp.
CP	Compensation program Office of the Comptroller of the currency
CS	Skill Based Pay demonstration employees, DLA
CU	Credit Union employees
CY	Contract education Bureau of Indian Affairs
CZ	Canal Area General Schedule type positions
DA	Demonstration administrative Director of Laboratory Programs (Navy)
DB	Demonstration Engineers and Scientists (entire DoD)
DC	Navy Test Program - Clerical
DE	Demonstration Engineers and Scientists Technicians (entire DoD)
DG	Demonstration general Director of Laboratory Programs (Navy)
DH	Demonstration hourly Air Force logistics command
DJ	Demonstration Administrative (entire DoD)
DK	Demonstration General Support (entire DoD)
DN	Defense Nuclear facilities safety board
DP	Demonstration professional Director of Laboratory Programs (Navy)
DR	Demonstration Air Force Scientist and Engineer
DS	Demonstration specialist Director of Laboratory Programs (Navy)
DT	Demonstration technician Director of Laboratory Programs (Navy)
DW	Demonstration salaried Air Force and DLA
DX	Demonstration Supervisory Air Force and DLA
EA	Administrative schedule (excluded) Tennessee Valley Authority
EB	Clerical schedule (excluded) Tennessee Valley Authority
EC	Engineering and Computing schedule (excluded) Tennessee Valley Authority
ED	Expert
EE	Expert (other)
EF	Consultant
EG	Consultant (other)
EH	Advisory committee member
EI	Advisory committee member (other)
EM	Executive schedule Office of the Comptroller of the currency
EO	FDIC executive pay
EP	Defense Intelligence Senior Executive Service
ES	Senior Executive Service (SES)
ET	General Accounting Office Senior Executive Service
EX	Executive pay
FA	Foreign Service Chiefs of mission
FC	Foreign compensation Agency for International Development
FD	Foreign defense
FE	Senior Foreign Service
FO	Foreign Service Officers
FP	Foreign Service personnel
FZ	Consular Agent Department of State
GD	Skill based pay demonstration project managers (DLA)
GG	Grades similar to General Schedule
GH	GG employees converted to performance and management recognition system
GM	Performance Management and Recognition system
GN	Nurse at Warren G. Magnuson Clinical Center
GS	General Schedule
GW	Employment under schedule A paid at GS rate Stay-In-School program
IE	Senior Intelligence Executive Service (SIES) Program
IP	Senior Intelligence Professional Program
JG	Graded tradesmen and craftsmen United States Courts
JL	Leaders of tradesmen and craftsmen United States Courts

DP Specifications Data Dictionary

JP	Non supervisory lithographers and printers United States Courts
JQ	Lead lithographers and printers United States Courts
JR	Supervisory lithographers and printers United States Courts
JT	Supervisors for tradesmen and craftsmen United States Courts
KA	Kleas Act Government Printing Office
KG	Non-Craft non supervisory Bureau of Engraving and Printing
KL	Non-Craft leader Bureau of Engraving and Printing
KS	Non-Craft supervisory Bureau of Engraving and Printing
LE	United States Secret Service uniformed division Treasury
LG	Liquidation graded FDIC
MA	Milk Marketing Department of Agriculture
MC	Cadet
ME	Enlisted
MO	Officer
MW	Warrant officer
NA	Non appropriated funds, non supervisory, non leader Federal Wage System
NC	Naval Research Lab Administrative Support
ND	Demonstration Scientific and Engineering (Navy Only)
NG	Demonstration General Support (Navy Only)
NH	Business Management and Technical Management Professional, DoD Acquisition Workforce Demonstration Project (entire DoD)
NJ	Technical Management Support, DoD Acquisition Workforce
NK	Administration Support, DoD Acquisition Workforce Demonstration Project (entire DoD)
NO	Naval Research Lab Administrative Specialist/Professional
NP	Naval Research Lab Science and Engineering Professional
NR	Naval Research Lab Science and Engineering Technical
NS	Non appropriated funds, supervisory, Federal Wage System
NT	Demonstration Administrative and Technical (Navy Only)
OC	Office of the Comptroller of the Currency
PA	Attorneys and law clerks General Accounting Office
PE	Evaluator and evaluator related General Accounting Office
PG	Printing Office grades
RS	Senior Biomedical Service
SA	Administrative schedule Tennessee Valley Authority
SB	Clerical schedule (excluded) Tennessee Valley Authority
SC	Engineering and Computing schedule Tennessee Valley Authority
SD	Scientific and Programming schedule Tennessee Valley Authority
SE	Aide and Technician schedule Tennessee Valley Authority
SF	Custodial schedule Tennessee Valley Authority
SG	Public Safety schedule Tennessee Valley Authority
SH	Physicians schedule Tennessee Valley Authority
SJ	Scientific and Programming schedule (excluded) Tennessee Valley Authority
SL	Senior Level Positions
SM	Management Schedule Tennessee Valley Authority
SN	Senior Level System Nuclear Regulatory Commission
SP	Park Police Department of the Interior
SR	Statutory rates not elsewhere specified
SS	Senior Staff positions
ST	Scientific and professional
SZ	Canal Area Special category type positions
TA	Construction schedule
TB	Operating and Maintenance (power facilities) Tennessee Valley Authority
TC	Chemical Operators Tennessee Valley Authority
TD	Plant Operators schedule Tennessee Valley Authority
TE	Operating and Maintenance (nonpower facilities) Tennessee Valley Authority
TM	Federal Housing Finance board Executive level

OP Specifications Data Dictionary

TP	Teaching positions DoD schools only
TR	Police Forces US Mint and Bureau of Engraving and Printing
TS	Step System Federal Housing Finance board
VC	Canteen Service Department of Veterans Affairs
VG	Clerical and Administrative support Farm Credit
VH	Professional, Administrative, and Managerial Farm Credit
VM	Medical and Dental Department of Veterans Affairs
VN	Nurses Department of Veterans Affairs
VP	Clinical Podiatrists and Optometrists Department of Veterans Affairs
WA	Navigation Lock and Dam Operation and maintenance supervisory USACE
WB	Wage positions under Federal Wage System otherwise not designated
WD	Production facilitating non supervisory Federal Wage System
WE	Currency manufacturing Department of the Treasury
WF	Motion Picture Production
WG	Non supervisory pay schedule Federal Wage System
WI	Printing and Lithographic (D.C.)
WJ	Hopper Dredge Schedule Supervisory Federal Wage System Dept of Army
WK	Hopper Dredge Schedule non supervisory Federal Wage System Dept of Army
WL	Leader pay schedules Federal Wage System
WM	Maritime pay schedules
WN	Production facilitating supervisory Federal Wage System
WO	Navigation Lock and Dam Operation and maintenance leader USACE
WP	Printing and Lithographic (other than D.C.)
WQ	Aircraft Electronic Equipment and Optical Inst. repair supervisory
WR	Aircraft Electronic Equipment and Optical Inst. repair leader
WS	Supervisor Federal Wage System
WT	Apprentices and Shop trainees Federal Wage System
WU	Aircraft Electronic Equipment and Optical Inst. repair non supervisory
WW	Wage type excepted Stay-In-School Federal Wage System
WY	Navigation Lock and Dam Operation and maintenance non supervisory USACE
WZ	Canal Area Wage System type positions
XA	Special Overlap Area Rate Schedule non supervisory Dept of the Interior
XB	Special Overlap Area Rate Schedule leader Dept of the Interior
XC	Special Overlap Area Rate Schedule supervisory Dept of the Interior
XD	Non supervisory production facilitating special schedule printing employees
XF	Floating Plant Schedule non supervisory Dept of Army
XG	Floating Plant Schedule leader Dept of Army
XH	Floating Plant Schedule supervisory Dept of Army
XL	Leader special schedule printing employees
XN	Supervisory production facilitating special schedule printing employees
XP	Non supervisory special schedule printing employees
XS	Supervisory special schedule printing employees
YV	Temporary summer aid employment
YW	Student aid employment Stay-In-School
ZA	Administrative National Institute of Standards and Technology
ZP	Scientific and Engineering Professional National Institute of Standards and Technology
ZS	Administrative Support National Institute of Standards and Technology
ZT	Scientific and Engineering Technician National Institute of Standards and Technology
ZZ	Not applicable (use only with pay basis without compensation when others N/A)

HP Specifications Data Dictionary

Data Element Name *PAYMENT IDENTIFIER*

Definition The identifier of the check used for the fee payment for a Health Care Delivery Program

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *PAYMENT TYPE CODE*

Definition The code that indicates the method of payment for a Health Care Delivery Program

Field Type / Length Char (1)

Notes

Valid Values

0	No payment
1	Cash
2	Credit Card
3	Check
4	Money order
5	Allotment
6	Electronic Funds Transfer (EFT)

Data Element Name *PCM IND*

Definition Indicates if the provider is the Primary Care Manager

Field Type / Length Char (1)

Notes

Valid Values Y = Yes
N = No

Data Element Name *PERSON BIRTH CALENDAR DATE*

Definition The date when a person was born

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

DP Specifications Data Dictionary

Data Element Name *PERSON CADENCY NAME*

Definition The cadency name (e.g., Sr, Jr, III) of the person

Field Type / Length Char (4)

Notes

Valid Values

Data Element Name *PERSON FIRST NAME*

Definition The first name of the person

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *PERSON GENDER CODE*

Definition The code that represents the gender of a person

Field Type / Length Char (1)

Notes

Valid Values M = Male
 F = Female
 Z = Unknown (For the purpose of cap unknown gender will be paid as male)

Data Element Name *PERSON ID*

Definition The identifier that represents a person. This attribute will usually contain the person's social security number.

Field Type / Length Char (9)

Notes

Valid Values

Data Element Name *PERSON LAST NAME*

Definition The last name of the person

Field Type / Length Char (20)

Notes

Valid Values

JP Specifications Data Dictionary

Data Element Name *PERSON MAILING ADDRESS CHANGE INDICATOR CODE*

Definition The code that represents whether or not a person's mailing address changed on the EIT

Field Type / Length Char (1)

Notes

Valid Values

Data Element Name *PERSON MIDDLE NAME*

Definition The middle name of the person

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *PHARMACY NABP NUMBER*

Definition NABP (National Association of Board of Pharmacy) number assigned to the pharmacy

Field Type / Length Char (9)

Notes

Valid Values

Data Element Name **POLICY PRIORITY CODE**

Definition Code indicating the priority of the policy in payment of claims or services

Field Type / Length Char (1)

Notes Legacy Values Required, cannot be blank

Valid Values 1 Primary
2 Secondary
3 Tertiary

Data Element Name *PRIMARY CARE MANAGER ASSIGNMENT REMARKS TEXT*

Definition Remarks about the assignment of the primary care manager

Field Type / Length Char (80)

Notes Information only

Valid Values

DP Specifications Data Dictionary

Data Element Name *PRIMARY CARE MANAGER ENROLLING DIVISION DMIS IDENTIFIER*

Definition DMIS identifier of the enrolling division with whom the Primary Care Manager is affiliated

Field Type / Length Char (4)

Notes

Valid Values See DMIS ID

Data Element Name *PRIMARY CARE MANAGER IDENTIFIER*

Definition The identifier that uniquely represents a Primary Care Manager

Field Type / Length Char (18)

Notes A corresponding entry must be submitted on the monthly provider submission

Valid Values

Data Element Name *PRIMARY CARE MANAGER NETWORK PROVIDER TYPE CODE*

Definition The code identifying the type of network provider

Field Type / Length Char (1)

Notes

Valid Values D Direct Care Network
 N None
 U US Family Health Plan
 C Civilian network
 Z Not applicable

DP Specifications Data Dictionary

Data Element Name	<i>PRIMARY CARE MANAGER REGION CODE</i>
Definition	The code that represents the geographic region of a medical care provider in the Military Health System
Field Type / Length	Char (2)
Notes	
Valid Values	01 Prime Northeast 02 Prime Mid-Atlantic 03 Prime Southeast 04 Prime Gulf South 05 Prime Heartland 06 Prime Southwest 07 Prime Central 08 Prime Central 09 Prime Southern California 10 Prime Golden Gate 11 Prime Northwest 12 Prime Hawaii 13 Prime Europe 14 Prime Pacific 15 Prime Latin America/Canada 01 No region

Data Element Name	<i>PRIMARY CARE MANAGER SELECTION BEGIN CALENDAR DATE</i>
Definition	The date when a beneficiary begins with a Primary Care Manager
Field Type / Length	Char (8)
Notes	CCYYMMDD format
Valid Values	

Data Element Name	<i>PRIMARY CARE MANAGER SELECTION END CALENDAR DATE</i>
Definition	The ending date [projected or actual] for the insured with a particular Primary Care Manager
Field Type / Length	Char (8)
Notes	CCYYMMDD format
Valid Values	

DP Specifications Data Dictionary

Data Element Name PRIMARY CARE MANAGER SELECTION END REASON CODE

Definition The code that represents the reason the selection of a Primary Care Manager ended or will end

Field Type / Length Char (1)

Notes

Valid Values

4	Cancellation—record retained
C	Disenrollment
E	Cancellation—record removed
F	Invalid entry
H	Permanent change of station (PCS)
I	Relocation
M	Loss of eligibility for health care delivery program (HCDP)
P	Dissatisfied with primary care manager
Q	The date is certain (Projected end of eligibility)
S	Loss of eligibility
T	Transfer of enrollment
U	No date can be predicted

Data Element Name PRIMARY CARE MANAGER SELECTION PREFERENCE TEXT

Definition The textual information that indicates a beneficiary's preference for a Primary Care Manager selection

Field Type / Length Char (80)

Notes Informational only

Valid Values

Data Element Name PRIMARY CARE MANAGER SELECTION UPDATE CODE

Definition The code that indicates the type of change that occurred in the Primary Care Manager selection section of the transfer record

Field Type / Length Char (1)

Notes

Valid Values

N	No action
U	Updating existing information
A	Add new data

DP Specifications Data Dictionary

Data Element Name PRIOR ENROLLMENT MANAGER CONTRACTOR ENROLLMENT END REASON CODE

Definition The code that represents the reason an enrollment with an enrollment management contractor, in a prior segment, ended or will end

Field Type / Length Char (1)

Notes

Valid Values

4	Cancellation—record retained
C	Disenrollment
E	Cancellation—record removed
F	Invalid entry
H	Permanent change of station (PCS)
I	Relocation
M	Loss of eligibility for health care delivery program (HCDP)
P	Dissatisfied with primary care manager
Q	The date is certain (Projected end of eligibility)
S	Loss of eligibility
T	Transfer of enrollment
U	No date can be predicted

Data Element Name PROVIDER ACCREDITATION INDICATOR

Definition Code to indicate the type of accreditation for the institution

Field Type / Length Char (1)

Notes

Valid Values Y=Yes
N=No

Data Element Name PROVIDER AFFILIATION CODE

Definition Affiliation of provider/pharmacy to DP entity

Field Type / Length Char (1)

Notes Legacy value – Required on all provider submissions from the Designated Provider

Valid Values C = Contracted
S = Staff
O = Other

P Specifications Data Dictionary

Data Element Name *PROVIDER CITY*

Definition City where provider/pharmacy is located

Field Type / Length Char (18)

Notes

Valid Values

Data Element Name *PROVIDER FULL NAME*

Definition Full name of provider/pharmacy

Field Type / Length Char (40)

Notes Do not include professional titles as part of the provider's name

Valid Values

Data Element Name *PROVIDER GENDER CODE*

Definition Gender of provider

Field Type / Length Char (1)

Notes

Valid Values M = Male
F = Female
Z = Unknown

Data Element Name *PROVIDER GROUP NAME*

Definition Group name of the provider

Field Type / Length Char (40)

Notes

Valid Values

Data Element Name *PROVIDER LICENSE IDENTIFIER*

Definition The provider's license number

Field Type / Length Char (24)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name *PROVIDER LOCATION BEGIN DATE*

Definition The date the provider began providing services for the DP

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *PROVIDER LOCATION END DATE*

Definition The date the provider terminated providing services for the DP

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *PROVIDER PRESCRIBING MEDICATION*

Definition The unique provider identifier number of the physician prescribing the medication

Field Type / Length Char (18)

Notes

Valid Values Must have a corresponding entry in the monthly provider submission

Data Element Name *PROVIDER STATE*

Definition State where provider/pharmacy is located

Field Type / Length Char (2)

Notes

Valid Values See State codes

Data Element Name *PROVIDER STREET ADDRESS*

Definition Street address where provider/pharmacy is located

Field Type / Length Char (30)

Notes

Valid Values

OP Specifications Data Dictionary

Data Element Name *PROVIDER TELEPHONE NUMBER*

Definition Telephone number of the provider

Field Type / Length Char (14)

Notes

Valid Values

Data Element Name *PROVIDER TYPE CODE*

Definition Code to indicate whether the provider is a network or non-network provider

Field Type / Length Char (1)

Notes

Valid Values

C	Civilian network
D	Direct Care network
N	None
U	Uniformed Services Family Health Plan (USFHP)

Data Element Name *PROVIDER ZIP CODE*

Definition Zip code of provider/pharmacy providing service

Field Type / Length Char (9)

Notes Left justify. Include the zip code extension if known.

Valid Values United States: 006010000-999509999; Outside United States or Unknown: 123456789

Data Element Name *QUANTITY DISPENSED*

Definition Drug quantity the patient physically received, not the amount as prescribed by the physician

Field Type / Length Char (6)

Notes A decimal point is an acceptable character

Valid Values

DP Specifications Data Dictionary

Data Element Name *REASON FOR DISENROLLMENT*

Definition The code that represents the reason an enrollment with an enrollment management contractor in a prior segment ended or will end

Field Type / Length Char (1)

Notes Legacy value

Valid Values

1	Loss of eligibility
2	Moved out of the DP service area
3	Voluntary disenrollment
4	Death
5	Other
6	Rolled-back
Blank	Currently enrolled

Data Element Name *RELATIONSHIP TO THE SUBSCRIBER*

Definition The relationship between the beneficiary and the subscriber of the OHI policy

Field Type / Length Char (15)

Notes Legacy value

Valid Values

Self	Plaintiff
Spouse	Organ Donor
Child	Ward of Court
Step-Child	Minor Dependent/Minor
Foster Child	Grandparent
Employee	Sponsored Dependent
Unknown	Dependent niece/nephew
Cerand Child	Handicapped

Data Element Name *REMOTE ENROLLEE ASSIGNMENT INDICATOR CODE*

Definition The code that represents whether a primary care manager can be assigned to a beneficiary enrolled in a TRICARE remote coverage plan

Field Type / Length Char (1)

Notes

Valid Values Y = Yes

N = No

DP Specifications Data Dictionary

Data Element Name *REPORT END DATE*

Definition The end date the enrollee is eligible for capitation

Field Type / Length Date (8)

Notes

Valid Value

Data Element Name *REPORT START DATE*

Definition The beginning date the enrollee is eligible for capitation

Field Type / Length Date (8)

Notes

Valid Values

Data Element Name *REVENUE CENTER CODES*

Definition Valid Revenue Center codes used to report Home Health Care

Field Type / Length Char (5)

Notes For the Designated Provider Revenue Center codes can only be used to report Home Health Care and must be included in the following list: These codes must be prefixed with RC; e.g., RC570.

Valid Values

RC570	Home Health Aide general classification - Charges for personnel that are primary responsible for the personal care of the patient
RC572	Home Health Aide Hourly Charge - Charges for personnel that are primary responsible for the personal care of the patient
RC579	Home Health Aide Other Charge - Charges for personnel that are primary responsible for the personal care of the patient
RC580	Home Health General visit Charge - Charges for personnel visits other than therapy. For physician charges use the appropriate E & M code
RC581	Home Health Visit Charge - Charges for personnel visits other than therapy. For physician charges use the appropriate E & M code
RC582	Home Health Visit hourly Charge - Charges for personnel visits other than therapy. For physician charges use the appropriate E & M code
RC589	Home Health Visit other unit charge - Charges for personnel visits other than therapy. For physician charges use the appropriate E & M code
RC590	Home Health Unit Service general - Code used by a home health agency that bills on the basis of units of service
RC591	Home Health Unit Service other - Code used by a home health agency that bills on the basis of units of service
RC560	Home Health Oxygen general - Charges for oxygen equipment supplies or contents excluding purchased equipment
RC562	Home Health Oxygen - Charges for oxygen equipment supplies or contents excluding purchased equipment
RC571	Home Health Aide Visit Charge - Charges for personnel that are primary responsible for the personal care of the patient

DP Specifications Data Dictionary

Data Element Name *SEQUENCE*

Definition The sequence number of the information

Field Type / Length Char (1)

Notes

Valid Values

Data Element Name *SERVICE BRANCH CLASSIFICATION CODE*

Definition The code that represents the branch of service classification with which the sponsor is affiliated

Field Type / Length Char (1)

Notes

Valid Values

- A Army
- N Navy
- M Marine Corps
- F Air Force
- C Coast Guard
- H The Commissioned Corps of the Public Health Service
- O The Commissioned Corps of the National Oceanic and Atmospheric Administration
- D Office of the Secretary of Defense
- 1 Foreign Army
- 4 Foreign Air Force
- 3 Foreign Marine Corps
- 2 Foreign Navy
- X Not applicable

Data Element Name *SERVICE 1 END DATE*

Definition Last date the provider provided service procedure

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for both inpatient and outpatient professional services.

Valid Values

DP Specifications Data Dictionary

Data Element Name	<i>SERVICE 1 PLACE OF SERVICE</i>
Definition	Type of setting in which provider performed the encounter
Field Type / Length	Char (2)
Notes	Required for both inpatient and outpatient professional services
Valid Values	<ul style="list-style-type: none"> 00 Unassigned 03 School 04 Homeless Shelter 05 Indian Health Services FS 06 Indian Health Services PB 07 Tribal – Free Standing 08 Tribal Provider Based 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility Partial Hospitalization 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Center 72 Rural Health Clinic 81 Independent Laboratory 90 Pharmacy 1 Other Unlisted Facility

Data Element Name	<i>SERVICE 1 PROCEDURE CODE</i>
Definition	CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed
Field Type / Length	Char (13)
Notes	Left justify and blank fill. Use ZZZZ's when no procedures have been performed for this encounter. Required for both inpatient and outpatient professional services.
Valid Values	<p>See Revenue Center codes for valid codes for Home Health Services</p> <p>See Data Reporting Specifications Section II (1) c for details on code "grace period."</p>

OP Specifications Data Dictionary

Data Element Name	<i>SERVICE 1 QUANTITY</i>
Definition	Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume
Field Type / Length	Char (3)
Notes	Required for both inpatient and outpatient professional services
Valid Values	Standard guidelines for CMS 1500 Form

Data Element Name	<i>SERVICE 1 RELATED DIAGNOSIS CODE</i>
Definition	ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided
Field Type / Length	Char (7)
Notes	Required for both inpatient and outpatient professional services
Valid Values	ICD-9-CM diagnosis code that is valid for the date of service. Left justify and blank fill. Do not code the decimal point. See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name	<i>SERVICE 1 START DATE</i>
Definition	Start date the provider provided service for this encounter
Field Type / Length	Date (8)
Notes	CCYYMMDD format. Required for both inpatient and outpatient professional services
Valid Values	

Data Element Name	<i>SERVICE 2 END DATE</i>
Definition	Last date the provider provided service procedure
Field Type / Length	Date (8)
Notes	CCYYMMDD format. Required for both inpatient and outpatient professional services.
Valid Values	

NP Specifications Data Dictionary

Data Element Name	<i>SERVICE 2 PLACE OF SERVICE</i>
Definition	Type of setting in which provider performed the encounter
Field Type / Length	Char (2)
Notes	Required for both inpatient and outpatient professional services
Valid Values	00 Unassigned 03 School 04 Homeless Shelter 05 Indian Health Services FS 06 Indian Health Services PB 07 Tribal - Free Standing 08 Tribal Provider Based 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 1 Federally Qualified Health Center 51 Inpatient Psychiatric Facility Partial Hospitalization 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Center 72 Rural Health Clinic 81 Independent Laboratory 90 Pharmacy 99 Other Unlisted Facility

Data Element Name	<i>SERVICE 2 PROCEDURE CODE</i>
Definition	CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed
Field Type / Length	Char (13)
Notes	Left justify and blank fill. Required for both inpatient and outpatient professional services
Valid Value	See Revenue Center codes for valid codes for Home Health Services See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name *SERVICE 2 QUANTITY*

Definition Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

Field Type / Length Char (3)

Notes Required for both inpatient and outpatient professional services

Valid Values Standard guidelines for CMS 1500 Form
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *SERVICE 2 RELATED DIAGNOSIS CODE*

Definition ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided

Field Type / Length Char (7)

Notes Required for both inpatient and outpatient professional services

Valid Values ICD-9-CM diagnosis code that is valid for the date of service. Left justify and blank fill. Do not code the decimal point.
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *SERVICE 2 START DATE*

Definition Start date the provider provided service for this encounter

Field Type / Length Date (8)

Notes CCYYMMDD format, Required for both inpatient and outpatient professional services

Valid Values

Data Element Name *SERVICE 3 END DATE*

Definition Last date the provider provided service procedure

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for both inpatient and outpatient professional services

Valid Values

DP Specifications Data Dictionary

Data Element Name	SERVICE 3 PLACE OF SERVICE
Definition	Type of setting in which provider performed the encounter
Field Type / Length	Char (2)
Notes	Required for both inpatient and outpatient professional services
Valid Values	00 Unassigned 03 School 04 Homeless Shelter 05 Indian Health Services FS 06 Indian Health Services PB 07 Tribal – Free Standing 08 Tribal Provider Based 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 1 Federally Qualified Health Center 51 Inpatient Psychiatric Facility Partial Hospitalization 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Center 72 Rural Health Clinic 81 Independent Laboratory 90 Pharmacy 99 Other Unlisted Facility

Data Element Name	SERVICE 3 PROCEDURE CODE
Definition	CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed
Field Type / Length	Char (13)
Notes	Left justify and blank fill. Required for both inpatient and outpatient professional services
Valid Values	See Revenue Center Codes for valid codes for Home Health Services See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name	<i>SERVICE 3 QUANTITY</i>
Definition	Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume
Field Type / Length	Char (3)
Notes	Required for both inpatient and outpatient professional services
Valid Values	Standard guidelines for CMS 1500 Form

Data Element Name	<i>SERVICE 3 RELATED DIAGNOSIS CODE</i>
Definition	ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided
Field Type / Length	Char (7)
Notes	Required for both inpatient and outpatient professional services
Valid Values	ICD-9-CM diagnosis code that is valid for the date of service. Left justify and blank fill. Do not code the decimal point. See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name	<i>SERVICE 3 START DATE</i>
Definition	Start date the provider provided service for this encounter
Field Type / Length	Date (8)
Notes	CCYYMMDD format, Required for both inpatient and outpatient professional services
Valid Values	

Data Element Name	<i>SERVICE 4 END DATE</i>
Definition	Last date the provider provided service for this encounter
Field Type / Length	Date (8)
Notes	CCYYMMDD format. Required for both inpatient and outpatient professional services
Valid Values	

DP Specifications Data Dictionary

Data Element Name	<i>SERVICE 4 PLACE OF SERVICE</i>
Definition	Type of setting in which provider performed the encounter
Field Type / Length	Char (2)
Notes	Required for both inpatient and outpatient professional services
Valid Values	00 Unassigned 03 School 04 Homeless Shelter 05 Indian Health Services FS 06 Indian Health Services PB 07 Tribal – Free Standing 08 Tribal Provider Based 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility Partial Hospitalization 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Center 72 Rural Health Clinic 81 Independent Laboratory 90 Pharmacy 99 Other Unlisted Facility

Data Element Name	<i>SERVICE 4 PROCEDURE CODE</i>
Definition	CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed
Field Type / Length	Char (13)
Notes	Left justify and blank fill. Required for both inpatient and outpatient professional services
Valid Values	See Revenue Center codes for valid Home Health Services See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name SERVICE 4 QUANTITY

Definition Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

Field Type / Length Char (3)

Notes Required for both inpatient and outpatient professional services

Valid Values Standard guidelines for CMS 1500 Form

Data Element Name SERVICE 4 RELATED DIAGNOSIS CODE

Definition ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided

Field Type / Length Char (7)

Notes Required for both inpatient and outpatient professional services

Valid Values ICD-9-CM diagnosis code that is valid for the date of service. Left justify and blank fill. Do not code the decimal point. See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name SERVICE 4 START DATE

Definition Start date the provider provided service for this encounter

Field Type / Length Date (8)

Notes CCYYMMDD format, Required for both inpatient and outpatient professional services

Valid Values

Data Element Name SERVICE 5 END DATE

Definition Last date the provider provided service for this encounter

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for both inpatient and outpatient professional services

Valid Values

DP Specifications Data Dictionary

Data Element Name	<i>SERVICE 5 PLACE OF SERVICE</i>
Definition	Type of setting in which provider performed the encounter
Field Type / Length	Char (2)
Notes	Required for both inpatient and outpatient professional services
Valid Values	00 Unassigned 03 School 04 Homeless Shelter 05 Indian Health Services FS 06 Indian Health Services PB 07 Tribal – Free Standing 08 Tribal Provider Based 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility Partial Hospitalization 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Center 72 Rural Health Clinic 81 Independent Laboratory 90 Pharmacy 99 Other Unlisted Facility

Data Element Name	<i>SERVICE 5 PROCEDURE CODE</i>
Definition	CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed
Field Type / Length	Char (13)
Notes	Left justify and blank fill. Required for both inpatient and outpatient professional services
Valid Values	See Revenue Center codes for valid Home Health Services See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name SERVICE 5 QUANTITY

Definition Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

Field Type / Length Char (3)

Notes Required for both inpatient and outpatient professional services

Valid Values Standard guidelines for CMS 1500 Form

Data Element Name SERVICE 5 RELATED DIAGNOSIS CODE

Definition ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided

Field Type / Length Char (7)

Notes Required for both inpatient and outpatient professional services

Valid Values ICD-9-CM diagnosis code that is valid for the date of service. Left justify and blank fill. Do not code the decimal point
See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name SERVICE 5 START DATE

Definition Start date the provider provided service for this encounter

Field Type / Length Date (8)

Notes CCYYMMDD format, Required for both inpatient and outpatient professional services

Valid Values

Data Element Name SERVICE 6 END DATE

Definition Last date the provider provided service for this encounter

Field Type / Length Date (8)

Notes CCYYMMDD format. Required for both inpatient and outpatient professional services

Valid Values

DP Specifications Data Dictionary

Data Element Name	<i>SERVICE 6 PLACE OF SERVICE</i>
Definition	Type of setting in which provider performed the encounter
Field Type / Length	Char (2)
Notes	Required for both inpatient and outpatient professional services
Valid Values	00 Unassigned 03 School 04 Homeless Shelter 05 Indian Health Services FS 06 Indian Health Services PB 07 Tribal – Free Standing 08 Tribal Provider Based 11 Office 12 Home 15 Mobile Unit 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility Partial Hospitalization 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Center 72 Rural Health Clinic 81 Independent Laboratory 90 Pharmacy 99 Other Unlisted Facility

Data Element Name	<i>SERVICE 6 PROCEDURE CODE</i>
Definition	CPT, HCPCS or approved Revenue Center codes describing the service and/or procedure performed
Field Type / Length	Char (13)
Notes	Left justify and blank fill. Required for both inpatient and outpatient professional services
Valid Values	See Revenue Center codes for valid Home Health Services See Data Reporting Specifications Section II (1) c for details on code "grace period."

DP Specifications Data Dictionary

Data Element Name *SERVICE 6 QUANTITY*

Definition Number of days or units, most commonly used for multiple visits, units of supplies, anesthesia units, or oxygen volume

Field Type / Length Char (3)

Notes Required for both inpatient and outpatient professional services

Valid Values Standard guidelines for CMS 1500 Form

Data Element Name *SERVICE 6 RELATED DIAGNOSIS CODE*

Definition ICD-9-CM code for the diagnosis or related sign, symptom, or finding responsible for the service provided

Field Type / Length Char (7)

Notes Required for both inpatient and outpatient professional services

Valid Values ICD-9-CM diagnosis code that is valid for the date of service. Left justify and blank fill. Do not code the decimal point. See Data Reporting Specifications Section II (1) c for details on code "grace period."

Data Element Name *SERVICE 6 START DATE*

Definition Start date the provider provided service for this encounter

Field Type / Length Date (8)

Notes CCYYMMDD format, Required for both inpatient and outpatient professional services

Valid Values

Data Element Name *SOCIAL SECURITY NUMBER*

Definition Social Security Number of the patient/provider

Field Type / Length Char (9)

Notes

Valid Values

Data Element Name *SPONSOR DUPLICATE IDENTIFIER*

Definition The identifier created as a result of a duplication of a Sponsor Person Identifier and Sponsor Person Identifier Type Code pairing. The Sponsor Duplicate Identifier will help create a unique record.

Field Type / Length Char (1)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name SPONSOR ENROLLMENT MANAGEMENT CONTRACTOR ENROLLMENT RESIDENCE MAILING US POSTAL REGION ZIP CODE

Definition The zip code of the work mailing address for the enrollee

Field Type / Length Num (5)

Notes

Valid Values Sponsor Enrollment Management Contractor Enrollment Residence Mailing US Postal Region Zip Code

Data Element Name SPONSOR MARTIAL STATUS

Definition Code indicating the marital status of the sponsor

Field Type / Length Char (1)

Notes Legacy value

Valid Values

- A Annulled
- D Divorced
- I Interlocutory
- J Joint Services Marriage
- L Legally Separated
- M Married
- S Single
- W Widow or Widower
- X Other
- Z Unknown

Data Element Name SPONSOR NAME

Definition The full name of the beneficiary's sponsor

Field Type / Length Char (27)

Notes Last Name, first name, middle initial

Valid Values

Data Element Name SPONSOR PERSON BIRTH CALENDAR DATE

Definition The sponsor's date of birth

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

DP Specifications Data Dictionary

Data Element Name *SPONSOR PERSON CADENCY NAME*

Definition The cadency name (e.g., Sr, Jr, III) of the person who is the sponsor

Field Type / Length Char (4)

Notes

Valid Values

Data Element Name *SPONSOR PERSON DEATH CALENDAR DATE*

Definition The date of the sponsor's death

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

Data Element Name *SPONSOR PERSON FIRST NAME*

Definition The sponsor's first name

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name *SPONSOR PERSON IDENTIFIER*

Definition The identifier that represents a person who is a sponsor. This attribute will usually contain the Sponsor's Social Security number.

Field Type / Length Char (9)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name SPONSOR PERSON IDENTIFIER TYPE CODE

Definition The code that represents the type of sponsor person identifier

Field Type / Length Char (1)

Notes

Valid Values

- F Special 9-digit code created by foreign military and nationals
- P Special 9-digit code created for U.S. military personnel form Services Numbers before the switch to Social Security Numbers
- R Special 9-digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS. The associated PN_ID will begin with 99
- S Social Security Number
- T Test (858 series)
- D Special 9 digit code created for the individuals (i.e. babies) who do not have or have not provided an SSN when the record was added to DEERS (dependents only)

Data Element Name SPONSOR PERSON LAST NAME

Definition The sponsor's last name

Field Type / Length Char (26)

Notes

Valid Values

Data Element Name SPONSOR PERSON MIDDLE NAME

Definition The sponsor's middle name

Field Type / Length Char (20)

Notes

Valid Values

Data Element Name SPONSOR SERVICE

Definition The code that represents the branch classification of Service with which the sponsor is affiliated

Field Type / Length Char (1)

Notes

Valid Values

Legacy Value

A = Army	L = Lighthouse Keeper
F = Air Force	N = Navy
P = Coast Guard	E = Public Health
M = Marine	W = National Ocean Service
I = NOAH	Z = Other

DP Specifications Data Dictionary

Data Element Name *SPONSOR SOCIAL SECURITY NUMBER (SSN)*

Definition Social Security Number of beneficiary's sponsor

Field Type / Length Char (9)

Notes

Valid Values

Data Element Name *SPONSOR STATUS*

Definition Status of beneficiary's sponsor

Field Type / Length Char (1)

Notes Legacy value

Valid Values

- A Active Duty
- B Recalled to active duty
- J Academic Student Navy/OCS
- N National Guard
- V Reserve
- R Retired
- I Permanently disabled
- O Temporarily disabled
- S Unremarried widow
- W Title III future reserve retiree
- K Deceased
- X Other

Data Element Name *STATE CODE*

Definition The code that represents the state of the person's mailing address

Field Type / Length Char (2)

Notes

Valid Values

- AA APO/FPO
- AE APO/FPO (New York)
- AK Alaska
- AL Alabama
- AP APO/FPO (San Francisco)
- AR Arkansas
- AS American Samoa
- AZ Arizona
- CA California
- CO Colorado
- CT Connecticut
- DC District of Columbia
- DE Delaware
- FL Florida
- FM Federated State of Micronesia
- GA Georgia
- GU Guam
- HI Hawaii
- IA Iowa
- ID Idaho
- IL Illinois
- IN Indiana
- KS Kansas
- KY Kentucky
- LA Louisiana

DP Specifications Data Dictionary

MA Massachusetts
 MD Maryland
 ME Maine
 MH Marshall Islands
 MI Michigan
 MN Minnesota
 MO Missouri
 MP North Mariana Islands
 MS Mississippi
 MT Montana
 NC North Carolina
 ND North Dakota
 NE Nebraska
 NH New Hampshire
 NJ New Jersey
 NM New Mexico
 NV Nevada
 NY New York
 OH Ohio
 OK Oklahoma
 OR Oregon
 PA Pennsylvania
 PR Puerto Rico
 PW Palau
 RI Rhode Island
 SC South Carolina
 SD South Dakota
 TN Tennessee
 TX Texas
 UM US minor outlying islands, (Baker Island, Howland Island, Jarvis Island, Johnston Atoll, Kingdom Reef, Midway Island, Navassa Island, Palmyra Atoll, and Wake Island)
 UT Utah
 VA Virginia
 VT Vermont
 VI Virgin Islands
 WA Washington
 WI Wisconsin
 WV West Virginia

Data Element Name *SUBMISSION PERIOD*

Definition The month and year the data is submitted

Field Type / Length Char (6)

Notes MMCCYY format, Required

Valid Values

Data Element Name *SUBSCRIBER'S DATE OF BIRTH*

Definition Date of birth of the subscriber of the policy

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

DP Specifications Data Dictionary

Data Element Name *SUBSCRIBER'S NAME*

Definition Full name of the policy's sponsor

Field Type / Length Char (18)

Notes

Valid Values

Data Element Name *SUBSCRIBER'S LEGACY DEERS DEPENDENT SUFFIX*

Definition Suffix assigned and maintained by Legacy DEERS for the sponsor

Field Type / Length Num (2)

Notes

Valid Values See Legacy DEERS Dependent Suffix

Data Element Name *TAX ID OF PROVIDER ENTITY*

Definition Provider's tax ID number for the individual/group responsible for the service provided. Use clinic's tax ID when care is provided in a clinic setting, physician's tax ID if care is provided in a non-clinic setting, or pharmacy's tax ID for pharmacies.

Field Type / Length Char (9)

Notes

Valid Values

Data Element Name *TRANSACTION TYPE*

Definition Code to indicate the transaction type of the record on Clinical and Pharmacy submission

Field Type / Length Char (1)

Notes

Valid Values I = Initial submission
F = Further episode submissions
C = Correction submission
D = Delete submission

Data Element Name *TRANSFER EFFECTIVE CALENDAR DATE*

Definition The date the transfer was sent from DEERS

Field Type / Length Date (8)

Notes CCYYMMDD format

Valid Values

DP Specifications Data Dictionary

Data Element Name *TRANSFER EFFECTIVE TIME*

Definition The time the transfer was sent from DEERS

Field Type / Length Time (6)

Notes HHMMSS format

Valid Values

Data Element Name *TRANSFER RETURN CODE*

Definition The code that is returned from the transfer

Field Type / Length Char (3)

Notes

Valid Values 000 No error occurred
001 - 999 An error occurred as defined by this value for this particular transfer

Data Element Name *TRANSFER TYPE CODE*

Definition The code that represents the name of a transfer.

Field Type / Length Char (3)

Notes

Valid Values PBA Primary Care Manager Batch Change Acknowledgement
PBC Primary Care Manager Batch Change
PCA Patient Identifier Change Notification Acknowledgement
PCM Civilian Primary Care Manager File
PCN Patient Identifier Change Notification
PIT Primary Care Manager Information
EAT Enrollment Information Acknowledgement
EIT Enrollment Information
FPA Fee Payment Acknowledgement
FPT Fee Payment
PAT Primary Care Manager Information Acknowledgement

Data Element Name *TRANSFER VERSION IDENTIFIER*

Definition The identifier that represents the version of the transfer record

Field Type / Length Char (1)

Notes

Valid Values

DP Specifications Data Dictionary

Data Element Name *TRICARE SERVICE CENTER HEALTH CARE DELIVERY PROGRAM APPLICATION RECEIVE CALENDAR DATE*

Definition The calendar date that a Health Care Delivery Program enrollment application was received at a TRICARE Service Center

Field Type / Length Date (8)

Notes CCYYMMDD

Valid Values

Data Element Name *UNIQUE PATIENT REFERENCE ID NUMBER*

Definition Unique claim or episode of care number

Field Type / Length Char (12)

Notes

Valid Values Valid claim, invoice encounter, or reference number that uniquely identifies the encounter. Every transaction type "I" record will have a separate unique number. On transactions "D" and "C", the record will have the originally submitted unique patient reference number.

Data Element Name *UNIQUE PROVIDER ID NUMBER /PHARMACY NABP NUMBER*

Definition Facility created unique provider ID number or each pharmacy's National Association of Pharmaceutical Doctors (NAPD) number

Field Type / Length Char (18)

Notes

Valid Values Facility generated provider ID number unique to the provider and must match the number submitted on the Provider file

Data Element Name *USFHP AGE GROUP*

Definition The gender and age group used for capitation.

Field Type / Length Char (1)

Notes

Valid Values

Age Group	Ages
A	0 - 1
B	2 - 14
C	15 - 24
D	25 - 34
E	35 - 44
F	45 - 54
G	55 - 64
H	65 - 69
I	70 - 74
J	75 - 79
K	80 - 84
L	85 and over

DP Specifications Data Dictionary

Data Element Name *WARNING ERROR FLAG*

Definition Indicates the presence of errors submitted to IFMC

Field Type / Length Date (8)

Notes Y = Yes
N = No

Valid Values

Data Element Name *WORK MAILING ADDRESS U.S. POSTAL REGION ZIP CODE*

Definition The zip identifier of the person's work mailing address

Field Type / Length Char (5)

Notes

Valid Values

Data Element Name *WORK TELEPHONE NUMBER CODE*

Definition Work telephone number

Field Type / Length Char (14)

Notes

Valid Values

ATTACHMENT 13

***Department of Defense (DoD)
Information Assurance Vulnerability
Alert (IAVA)***



DEPUTY SECRETARY OF DEFENSE

1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

30 DEC 1999



MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
DIRECTOR, DEFENSE RESEARCH AND ENGINEERING
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
ASSISTANTS TO THE SECRETARY OF DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Department of Defense (DoD) Information Assurance Vulnerability Alert (IAVA)

Recent events continue to demonstrate that widely known vulnerabilities exist throughout DoD networks, with the potential to severely degrade mission performance. Our increasing reliance on the accurate and timely exchange of information mandates that information assurance no longer be relegated to a secondary concern. Information assurance is an essential element of operational readiness.

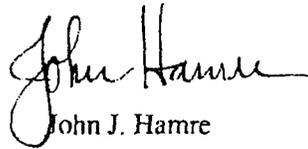
To protect DoD networks against potential vulnerabilities, we must increase emphasis on the Information Assurance Vulnerability Alert (IAVA) process, instituted in 1998 to provide positive control of vulnerability notification and corresponding corrective action within DoD. The Defense Information Systems Agency (DISA) shall manage the IAVA process and distribute alerts to all Commander-in-Chief (CINC), Military Service and Defense Agency (C/S/A) points of contact. All C/S/As shall comply with the IAVA process and with the guidance provided in the attachment, IAVA Requirements and Responsibilities.

Mitigation of information assurance vulnerabilities is a concern at the highest levels and the status of compliance with IAVA notifications shall be reported periodically to the Secretary of Defense. The DoD Inspector General shall make compliance with IAVA notifications a priority review area. Additionally, a DoD Instruction will be promulgated to formalize the IAVA process and the full information assurance vulnerability reporting and mitigation program.

Implementation of this policy will ensure that DoD components take the required mitigating actions against new system vulnerabilities so that a serious compromise of DoD assets is avoided. I have given the Assistant Secretary of Defense for Command, Control, Communications, and Intelligence (ASD(C3I)) overall responsibility for the implementation of

U19377 /99

the IAVA policy and procedures across all DoD CINCs, Services, and Agencies. My point of contact is Mr. Richard Schaeffer, Director, Infrastructure and Information Assurance, at (703) 695-8705.


John J. Hamre

Attachment

Information Assurance Vulnerability Alert (IAVA) Requirements and Responsibilities

1. Information Assurance Vulnerability Alerts (IAVAs) are generated whenever a critical vulnerability exists that poses an immediate threat to the DoD and where acknowledgment and corrective action compliance must be tracked. Not all identified vulnerabilities and threats will warrant an IAVA.

a. IAVAs are issued by the Defense Information Systems Agency (DISA), in coordination with the Joint Task Force – Computer Network Defense (JTF-CND), and are pre-coordinated with the Service/Agency Computer Emergency Response Teams (CERTs).

b. IAVAs are promulgated via organizational messaging. The message is for notification only and directs recipients to check the DoD CERT web site (<http://www.cert.mil>) for technical specifics and corrective action.

c. IAVAs will expire after three years unless otherwise specified and may be modified or superseded as more technical information becomes available.

2. Each Commander-in-Chief (CINC), Military Service and Defense Agency (C/S/A) shall:

a. Designate a primary and secondary point of contact (POC) responsible for IAVA acknowledgment and reporting.

b. Acknowledge receipt of the IAVA notification within five days of the date of the AUTODIN message or within the timeframe specified in the message itself.

c. Disseminate the IAVA via command channels to all program managers (joint and/or C/S/A specific), system administrators, and/or other personnel responsible for implementing and managing technical responses to IAVAs.

d. Report compliance with an IAVA notification via the appropriate IAVA web site within 30 days of the date of the message, or as specified in the individual message. C/S/A-specific program manager reports will be included in the C/S/A overall report. Compliance information shall include at a minimum: number of assets affected, number of assets in compliance and number of assets with waivers. For reporting purposes, assets include all components (i.e., hardware and software) of information systems comprising or accessing a networked environment.

e. Maintain positive configuration control of all information systems/assets under their purview.

f. Maintain configuration documentation that identifies specific system/asset owners and system administrator(s), including applicable electronic addresses.

Attachment

g. Manage and administer networked assets in a manner allowing for both chain-of-command and authorized independent verification of corrective actions.

h. Modify all DoD asset management contracts to reflect the above requirements. This includes contracts in development that are information technology (IT)-related and/or affect Defense Information Infrastructure (DII) assets (utilizes, administers, or integrates IT and/or communication assets into the DII).

i. Establish a process to periodically review any waivers prior to their expiration date.

3. Designated POCs shall:

a. Register with DISA for assignment of user-ID and password.

b. Enter their organization's acknowledgment and compliance data into the IAVA database.

4. Waivers. Designated Approval Authorities (DAAs) have the authority to waive compliance with a specific IAVA notification, if appropriate, following a risk assessment and determination of other risk mitigating actions. Waivers shall be for the minimum length of time required to achieve compliance with the IAVA notification.

5. Specific technical questions regarding individual IAVAs should be addressed to the DoD CERT via email at cert@cert.mil.

ATTACHMENT 14

***DISA IAVA PROCESS
HANDBOOK***

Version 2.1 - June 11, 2002



DISA IAVA PROCESS HANDBOOK

Version 2.1

11 June 2002

1.0 Introduction

The Department of Defense (DOD) is concerned with threats, both potential and real, to their information systems and networks. We live in an era where dependencies on information systems supporting the warfighter are more critical than ever before and the assets that comprise these information systems must be protected through risk management. To provide the proper framework to accommodate any deliberate or unintentional attempt at exploiting DOD information the Assistant Secretary of Defense for Command, Control, Communications, and Intelligence (ASD/C3I) tasked a process to be developed that will fulfill the following requirements:

- 1) Establish positive control of the Department's vulnerability alert system.
- 2) Provide Commanders-in-Chief (CINC), Services, and Agencies (C/S/As) access to vulnerability notifications that require action.
- 3) Require acknowledgement of action messages.
- 4) Require compliance and report status to DOD (DISA).
- 5) Track compliance and report to OSD.
- 6) Conduct random compliance checks.

The process identified to fulfill these requirements is titled the Information Assurance Vulnerability Alert (IAVA) process. This process is designed to provide a measure of risk avoidance within the overall risk management framework.

DISA has two distinct IAVA responsibilities. The first responsibility is as the DOD agent in charge of managing vulnerability notices. The second responsibility is as an agency implementing and managing vulnerability notices and reporting statistics to the IAVA Web site. This document relates to the responsibilities associated with DISA/National Communications System (NCS) acting as an agency in managing vulnerability notices. The DISA IAVA process is a part of the DISA overall vulnerability management (VM).

To be successful within DISA, the process must incorporate or be incorporated into configuration management processes. The IAVA process is intended to provide a means of obtaining positive control down to the system asset level. The information to be reported via the IAVA process consists of the numbers of systems on which the vulnerability exists, when compliance has been achieved, when an extension has been requested, and when an extension has been granted.

1.1 Purpose of the IAVA Process Handbook

This handbook, developed by the DISA Chief Information Officer (CIO), provides a single point of reference on how DISA will implement and maintain a proactive IAVA process. The handbook will also provide guidance on what DISA activities and major programs need to know to implement and manage the IAVA process in support of their missions. The process relies on two distinct tools: 1) the IAVA system, and 2) the Vulnerability Compliance Tracking System (VCTS). The IAVA system is a database used to track compliance statistics at the C/S/A level. The VCTS is a database system that is used to track the status of vulnerabilities at the asset level. The VCTS statistics are rolled up to the IAVA system for a compliance view within the agency. Further information on both of these tools is provided throughout this document.

1.2 Handbook Applicability

This handbook is applicable to the most current version of VCTS. As updates occur with the process and tools, this handbook will be updated accordingly.

1.3 Handbook Organization

Revisions made from v.2.0 to v.2.1 highlighted on pages: 4, 5, 6, 9, and Annex E.

This handbook is organized to help the reader understand various pieces of the DISA IAVA process. The following summarizes the content of each section within the handbook.

Section 1 – Introduces the handbook and describes the overall purpose of the handbook.

Section 2 – Provides an overview of the actual IAVA process. This includes information on how vulnerability notices are generated, the responsibilities of C/S/A in managing vulnerability notices, as well as the methodology DISA uses in managing vulnerability notices.

Section 3 – Outlines the applicable references associated with the IAVA and VCTS processes.

Section 4 – Provides a high-level overview of the VCTS process and introduces key terms such as assets and compliance status.

Section 5 – Contains the detailed information on the processes within VCTS. The information is organized from the perspective of the user category (e.g.; Systems Administrators (SA), Information Systems Security Manager (ISSM)).

Section 6 – Outlines the compliance validation process and how it currently works within DISA.

Section 7 – Contains information on other uses for VCTS.

Section 8 – Documents the points of contact for the various elements of the process.

Annex A – Provides a glossary of terms used throughout the handbook.

Annex B – Contains the table of contents for VCTS online Users Guide.

Annex C – Contains a sample VCTS IAVA Alert message.

Annex D – Addresses general questions and answers.

Annex E – Fix Action Plan format.

2.0 IAVA process Overview

This section provides an overview of the IAVA process and discusses the development of a vulnerability notice, along with the responsibilities for each C/S/A in managing vulnerability notices. The information in this section is applicable to every C/S/A.

2.1 IAVA Development

The IAVA process begins with vulnerabilities being identified by or reported to DISA. The DISA DOD-Computer Emergency Response Team (DOD-CERT) researches the vulnerability to determine the impact, severity, and means of correcting or mitigating the risk associated with the vulnerability. If the results of this analysis indicate a need for action, the DOD-CERT will perform one of the following actions:

- 1) Issue an Information Assurance Vulnerability Alert (IAVA) - requires acknowledgement and compliance,
- 2) Issue an Information Assurance Vulnerability Bulletin (IAVB) - requires acknowledgment only, or
- 3) Issue a Technical Advisory (TA) - notification only.

Once the VULNERABILITY NOTICE has been developed, the DOD-CERT notifies each C/S/A's point of contact, via approved communication channels, that an alert, bulletin, or technical advisory has been issued and that the details can be accessed at the DOD-CERT NIPRNET Web page (WWW.CERT.MIL) or on the SIPRNET (WWW.CERT.SMIL.MIL).

2.2 IAVA - CINC/Service/Agency (C/S/A) Responsibilities

Each C/S/A, upon receipt of an official notification of a vulnerability notice, has several responsibilities. DISA, as a defense agency, must take the appropriate actions for the vulnerability notice. A high-level view of the responsibilities is outlined below.

First, access the DOD-CERT Web Page and retrieve the entire vulnerability notice message.

Second, notify SA, ISSO, and all appropriate staff of the vulnerability notice and inform the staff to access the DOD-CERT Web Page and retrieve the vulnerability notice message.

Third, acknowledge receipt of the vulnerability notice notification to the DOD IAVA Web site. Acknowledgement must be completed within 5 days unless otherwise specified in the vulnerability notification.

Fourth, assess the impact of the vulnerability, apply the fix or obtain an extension if corrective actions cannot be implemented within the specified timeframe. Report the status for each vulnerability notice as it applies to every applicable asset within its area of responsibility.

Each C/S/A's official response is via the DOD IAVA Web site within 30 days from issuance of the vulnerability notice unless otherwise specified in the vulnerability notice. If an extension is granted by a C/S/A designated Approving Authority (DAA), the following considerations must be documented:

- The assessment of risk (e.g.; how vulnerable the environment is to the exploit)
- How the system(s) will be monitored for exploitation (e.g.; use of mitigating controls)
- A Fix Action Plan with a completion date

Fifth, conduct random compliance checks on assets to validate the information being reported through the command channels.

2.3 DISA's IAVA Implementation

DISA, as a DOD agency, is responsible for implementing the guidance internally, as well as having overall responsibility for the IAVA process throughout DOD. To support DISA's internal implementation of the IAVA process, DISA has developed a tool called the Vulnerability Compliance Tracking System (VCTS). The VCTS is used to track compliance information for each DISA organization at the asset level.

DISA can opt to make a vulnerability notice requirement more stringent than those required by the DOD CERT. DISA requires this for compliance with IAVBs or acknowledgement for technical advisories (TA). This is accomplished through the VCTS notice process.

3.0 References

Several references have been published on IAVA and VCTS tools and processes. This section lists all of the applicable references.

- 1) DoD CERT references available at DoD CERT website at URL http://www.cert.mil/iava/iava_index.htm.
Mandates the implementation of the IAVA process throughout the DOD community.
- 2) Vulnerability Compliance Tracking System User's Guide.
Provides additional information on the actual usage of VCTS.
- 3) DISA I 630-230-19, Information Systems Security Program, 09 July 1996.
Documents DISA policy in regard to general IA issues.

4.0 VCTS Overview

The Vulnerability Compliance Tracking System (VCTS) is a Web-based DoD application used to assist DISA in managing its internal implementation of the IAVA process. The VCTS currently allows vulnerability compliance information for individual system assets to be managed by the SA, and monitored by the ISSM and/or Executive Officer (XO) or appropriate PM's (i.e. Defense Message System (DMS), Global Command and Control System (GCCS), etc.).

The compliance information for the assets within VCTS are then summarized and uploaded to the IAVA Web-based application. This ensures that the DISA statistics reported to the ASD/C3I or the Joint Staff are current and that progress can be monitored on a regular basis. See *paragraph 4.3* for the VCTS process flow.

4.1 VCTS Systems

DISA maintains two VCTS systems: one for unclassified assets and one for classified assets. All DISA information technology (IT) assets that are susceptible to vulnerabilities shall be registered in the VCTS.

All DISA IAVA information for **unclassified** assets is stored on the **unclassified** VCTS database. All information entered and stored into this database is considered Sensitive But Unclassified (SBU) and is protected accordingly.

All DISA IAVA information for **classified** assets is stored on the **classified** VCTS database. All information entered and stored into this database is considered no higher than Secret and is protected accordingly.

4.2 VCTS Tracked Assets

All IT assets (sometimes called system assets) that are susceptible to vulnerabilities must be registered in the VCTS. In general, individual workstations will not be registered in VCTS. Instead, the server(s) will be registered and the appropriate field completed showing the number of workstations it supports. However, individual machines not managed by a server environment must be registered to ensure proper tracking of vulnerability alerts.

Each asset, to include mirrored assets, must be registered. It is acknowledged there are mirrored installations. However, due to phased implementations and tendencies to change, it is required that each asset be registered accordingly.

There may be instances where systems do not need to be registered in VCTS. An example could be a GOTS developed product that does not rely on functions typically available in commercial products. If it is felt that the asset does not require VCTS registration, a letter must be submitted by the Principal Director, Director, or Commander for the organization to the DAA requesting an exemption of VCTS registration. The DAA will then evaluate the request and inform the site of the decision.

Laptop computers, network printers, facsimiles, and all personal electronic devices (PED's) are not required to be registered in the VCTS at this time. However, DISA activities are encouraged to register the operating system (OS) of like laptops. Each activity will then monitor the assets for vulnerabilities associated with the laptops OS.

Assets within VCTS are generally defined in four categories: organizational assets, program level assets, mainframe assets and laboratory assets. Additional information on these assets is covered in the following paragraphs.

4.2.1 Organizational Assets

Organizational assets are those that a site is responsible for and does not rely on a program management office for guidance and support. The site operating the system registers these assets and the site makes decisions regarding vulnerability notices.

4.2.2 Program Managed Assets

Program level assets are those that a program office provides guidance. The process for registering and maintaining compliance status for these systems depends upon the program. In some cases, such as DISANet, the DISANet program office registers the systems and manages the implementation of corrective actions. In other programs, the site is responsible for registering these assets, but the program office analyzes the vulnerability notice and provides details regarding corrective actions to be taken. Information must be obtained through each program office to determine how these assets are to be managed. All DISA PMs are encouraged to use the capabilities developed for them within the VCTS. (Contact cioiase@ncr.disa.mil for details.)

4.2.3 Mainframe Assets

Since the mainframe systems (e.g. MVS, UNISYS, TANDEM) run services such as TCP/IP and the UNIX kernel, mainframe systems must be registered in VCTS. Each logical domain/image must be registered. The system ID field should be populated with an IP address.

Because a mainframe system typically has a staff of systems programmers responsible for the software configuration, registration of mainframe assets will be managed by the ISSO. Throughout this document, the term system administrator will include the ISSO as it relates to asset management in VCTS.

4.2.4 Laboratory Assets

All assets permanent, temporary or transitional that are attached to a network outside of the laboratory will be registered in the VCTS.

In some cases within DISA, devices/assets are acquired from a vendor to perform testing in a laboratory environment. Laboratory assets are acknowledged as unique because of each laboratory's mission. Laboratory assets will be identified and tracked using the following guidance:

1) **Permanent laboratory asset** is any IT asset residing in a laboratory without any major configuration change within 120 consecutive calendar days. These assets will be registered in the VCTS. These assets will maintain IAVA compliance.

2) **Temporary or Transitional laboratory asset** is any IT asset residing in a laboratory with major configuration changes within 120 consecutive calendar days. Recommend these assets be registered in the VCTS, but it's not mandatory. It is recommended that these assets maintain IAVA compliance. However, the laboratory lead SA is responsible for using good judgment in applying corrections as issued in the alerts.

A lead SA will be appointed for each laboratory and the lead SA will receive all vulnerability notices issued. Each lead SA must have at least one backup SA. It is the lead SAs responsibility to:

- 1) Identify each type of laboratory asset (permanent or temporary/transitional),
- 2) Determine what assets will be registered in the VCTS,
- 3) Oversee IAVA compliance for the assets residing in the laboratory,
- 4) Ensure all assets leaving the laboratory for operational purposes are in IAVA compliance.

4.3 VCTS Process Flow

Once a vulnerability notice has been issued by the DOD-CERT, VCTS will send notices, via email, to the responsible SA(s) and ISSOs associated with the applicable assets. Notices also will be sent to all ISSMs and all XOs, for all vulnerability notices issued. The VCTS notice will direct the user to access the DOD-CERT Web site to obtain the detailed information for the specific vulnerability notice. An example of the emailed VCTS IAVA Notification message is shown in [Annex C](#).

At least one SA for each asset must acknowledge receipt. That individual is then responsible for initiating the process of evaluating and correcting the vulnerability. As the status of the vulnerability changes, each asset in VCTS must be updated with the current status. For example, the status may be that a fix was applied, an extension was requested, or that the vulnerability notice was not applicable to the component.

Further information regarding the IAVA Process flow can be found in the VCTS Users Guide.

4.4 Compliance Status

Every asset potentially affected by a vulnerability notice will be labeled with one of the following "Compliance Status" identifiers:

Open: As soon as an asset is entered into the VCTS, this asset is assigned an "open" status, until a decision is made otherwise by the individual who has custody for the asset. "Open" means the asset is impacted by a specific alert; however, no protective actions have been put in place. As a result, the vulnerability still exists. Most alerts are issued with a period of 30 days for compliance. An "open" status is acceptable during this 30-60 day period. However, if an asset becomes operational and is registered in the VCTS 30 days after the initial release of the alert, an "open" status is **not acceptable**.

Not Applicable: "Not applicable" means the SA, ISSO, ISSM or PM has determined a recently released alert does not apply to the operational configuration of a registered asset in the VCTS. The responsible user who made this decision is required to maintain all documentation to justify the "Not Applicable" status. The management hierarchy or the DAA may request the documentation. Also, the documentation may be reviewed during the IAVA compliance validation process.

Fixed/In Compliance: This status means the SA or ISSO has determined a registered asset is applicable to a recently released alert and is in compliance with the official patch or fix.

Extension Requested: "Extension Requested" indicates that an extension request has been submitted for this asset and is in the process of being reviewed. There are two types of extension requests. First, the extension can be used in the traditional sense where the DAA accepts the mitigated risk associated with nonstandard official corrective action. Second, the extension can be employed by the user to request additional time to allow for corrective action to occur. This would be used for situations where corrective actions cannot be implemented within the specified timeframe due to other factors (e.g.; equipment delivery, financial limitations, resource shortage, PMO actions, and other prerequisite tasks). Information regarding extension responsibilities for SAs can be found in Section 5.4 and for DAAs in Section 5.7.

Extension Approved: This status indicates that an extension request has been approved for a specified timeframe. Management is responsible for continuing to address the problem and ensure that mitigating controls are in place. An extension may be granted for extended periods with management involvement. See list below.

	Number of Days	Management	Fix Action Plan Requirement
Original IAVA Compliance Period	30 < original time period	ISSM	<ul style="list-style-type: none"> - Email tickler sent 15 days prior to compliance date polling activity fix status. - If asset will be in compliance – No action required. - If asset will not be in compliance – Each activity ISSM must submit a consolidated activity Fix Action Plan* to CIO 7 days prior to IAVA compliance date.
1st Extension	Not to exceed 30 days	ISSM, DAA	<ul style="list-style-type: none"> - Email tickler sent 15 days prior to compliance date polling activity fix status. - If asset will be in compliance – No action required. - If asset will not be in compliance – Each activity ISSM must submit a consolidated activity Fix Action Plan* to CIO 7 days prior to extension expiration.
2nd Extension	Not to exceed 60 days	ISSM, DD, DAA	<ul style="list-style-type: none"> - Email tickler sent at 15-day intervals for compliance status check.
Additional Extensions (if required)	Based on circumstances	DD, DAA, D, JCS	TBD

* Fix Action Plan format is included under [Annex E](#).

Extension Denied: This status indicates that the Designated Approval Authority evaluated and denied an extension request. The SA/ISSO is responsible for immediately implementing corrective actions.

Extension Expired: This status indicates that an approved extension has expired for the asset and that corrective actions must be implemented or that another extension request must be submitted.

5.0 VCTS Process Details

This section contains the information on how to access and use the VCTS system from a process point of view. Detailed information on the fields and values within VCTS can be found in the VCTS User's Guide (accessible online through the VCTS Web page at <https://vcts.disa.mil> or email weblog@chamb.disa.mil).

5.1 Obtaining/Changing/Deleting Access to VCTS

To obtain access to VCTS, each individual user must have a unique userid and password. All initial, change, and delete requests for access to the VCTS must be requested by completing DISA Form 41, System Authorization Access Request (SAAR) which can be accessed using the DISA Standard FormFlow application. The following information is required:

Block 16 - Indication of VCTS System to be accessed (unclassified, classified, or both)

Block 18:

- IP Address of the Users workstation
- Subnet Mask Specified for the workstation
- Whether Dynamic Host Configuration Protocol (DHCP) is being used
- Internet Email address
- United States Postal Service (USPS) mailing address

Once the SAAR is completed, it should be forwarded to:

DECC-D Chambersburg
ATTN: Security
Letterkenny Army Depot, Building 3
Chambersburg, PA 17201-4186

FAX (717) 267-8264, DSN 570-8264.

Once RSA Chambersburg receives the SAAR, processing will occur within 5 working days. A userid and password will be mailed to the requester under separate cover letter. Included will be a password receipt form that must be signed and faxed back to RSA Chambersburg. Once the signed form has been received, the userid will be activated.

The process for changing or deleting a users access to VCTS is also accomplished through the use of Form 41. To ensure the integrity of the system and the data, it is required that users who no longer require access to VCTS be removed from the system. A user's access can be suspended by the ISSM through the RSA Chambersburg Help Desk. However, the ISSM is responsible for ensuring that Form 41s requesting removal of access are processed for users no longer requiring access. It is recommended that this procedure be incorporated into the checklist used for personnel actions such as transfers, resignations, or even Temporary Duty Assignments (TDY).

If the userid or password is forgotten, the RSA Chambersburg Help Desk can provide assistance in restoring access. If the password becomes compromised, the Helpdesk should be notified immediately to facilitate the appropriate actions.

DISA will perform an annual reconciliation of users to ensure accuracy of the users defined to VCTS.

5.2 Accessing VCTS

VCTS can be accessed using DISANet's standard browser requirements. However, the application does use SSL 128 bit key encryption. As a result, ensure that the product to be used has the correct encryption module installed. Further details can be obtained through either the VCTS Users Guide or through the RSA Chambersburg Help Desk.

The unclassified VCTS system can be accessed on the NIPRNET at <https://vcts.disa.mil>. The classified VCTS systems can be accessed on the SIPRNET at <https://vcts.disa.smil.mil>. Procedures for accessing VCTS can be found in the information mailed as part of the registration process and in the VCTS Users Guide.

5.3 VCTS Users Guide Table of Contents

Specific details on the use of VCTS can be found in the VCTS online Users Guide. A table of contents for VCTS can be found in Annex B.

5.4 SA/PM Extension Processing

The SA/PM is responsible for the generation of an extension request. This is accomplished by changing the status to "extension requested" and providing the supporting information in the Comment Text field. The information provided as part of the extension request must include the reason for the extension, the estimated completion date for fixing the vulnerability, documentation supporting a risk assessment, and a description of the mitigating controls being implemented to manage the vulnerability until the actual documented fix is implemented.

SAs need to follow these steps to assure that an extension is needed;

1. Once a vulnerability notice is issued, check if the vulnerability is applicable to the asset.
2. Check if any fixes/solutions are available.
3. Check if the asset is PM controlled or related.
4. Contact the activity ISSM for verification.
5. Develop a fix action plan.
6. Write a supporting paragraph to be placed in the "comments" field inside VCTS.

Once an extension request has been initiated, the responsibility for the request is forwarded to the DAA representative. Once the DAA has acted upon the request, the status of the asset is changed appropriately. The assets that have had the extension granted will have their status changed to "extension granted". At this point, the SA/PM has until the estimated completion date associated with the vulnerability notice/asset to *come into compliance*.

When an extension expires, the status of the vulnerability will change to "extension expired". This is considered as an open status. As a result, the SA/PM or ISSO must take immediate action to either fix and close the vulnerability, or request an additional extension. Any extension beyond the first must be approved by the DD or XO.

Those assets that have had the extension denied will have their status changed to "extension denied". At this point, it becomes the responsibility of the SA/PM to comply with the corrective actions immediately.

5.5 Information Systems Security Managers (ISSMs)

Information Systems Security Managers (ISSMs) are responsible for ensuring that the vulnerabilities for systems within their area of responsibility are being addressed by the SAs or ISSOs. An ISSM may be given "update" authority to a system but must follow the procedure outlined in the VCTS Users Guide.

An ISSM is responsible for:

1. Validate current user accounts and permissions and remove accounts not required (VM03 report) in the classified and unclassified VCTS databases.
 - a. Run the VM03 report.
 - b. Determine if there are active users who should no longer have access.
 - c. Contact the assets primary SA for removal of unnecessary permissions.
 - d. Request the user account be inactivated by sending an email to weblog@chamb.disa.mil with a list of users that should be deactivated or using a DISA Form 41 and checking the delete account block and faxing it to DSN 570-8264 or commercial (717) 267-8264.
2. Validation of current asset information (VM04 report) in the classified and unclassified VCTS databases.
 - a. Run the VM04 report.
 - b. Determine if the asset description information is accurate and current. Contact the assets primary SA for action.
 - c. Asset SA should correct asset information as needed. (The SA who makes a change to an assets record in the VCTS will become the "NEW" Primary SA of record for that asset).
3. Ensure all ISSOs and Sac's are familiar with the registration process.
4. Ensure each asset has at least two (2) users with update permissions.
5. Properly validate extension requests for the activities assets when needed.

Further information regarding the report capabilities can be found in the *VCTS Users Guide*.

5.6 Executive Officers (XOs)

Executive Officers (XOs) are responsible for ensuring that the vulnerabilities are being managed by the ISSMs. The XOs have overall responsibility to ensure that the information recorded within VCTS is accurate for their organizations. The XOs generally are not given authority to update systems, but rather, have browse authority to monitor the progress in complying with vulnerability notices. The authority to browse systems is implicit for their organization. An XO does not have to be given "browse" authority by the SA or ISSM for an asset.

Further information regarding the report capabilities can be found in the VCTS Users Guide.

5.7 Designated Approval Authority (DAA) Representative

DAA representatives have responsibility for the acceptance of risk for all assets within the agency and must approve or deny any requests for extension. The DAA can view all assets within the agency since they are ultimately responsible for the certification and accreditation of these assets. Today, DISA has divided the responsibility for accreditation between two organizations: Operations (OPS) for DISA managed DOD systems and CIO for DISA internal mission systems. The CIO Information Assurance Division (IAD) provides DISA accreditation support to both the OPS and CIO DAA's. Thus, the CIO IAD administers the VCTS approval process and coordinates with OPS as appropriate.

5.8 Extension Technical Analysis

When an SA initiates an extension request through the System Status screen, an extension number is assigned and the DAA representative is notified that an extension request needs to be analyzed.

The technical analysis of an extension consists of reviewing the risks associated with the vulnerability. Several pieces of information are reviewed in assessing an extension request. Examples of such information include, but are not limited to, the following:

- Reason for the extension request
- Input from the applicable PMO
- Mitigating controls being implemented
- Sensitivity of the information processed in the environment
- Severity of the vulnerability
- Likelihood of the vulnerability being exploited
- Estimated date of compliance with the fix

Once the DAA representative has reviewed the information, a decision is made and the result recorded within VCTS.

5.9 Extension Acceptance and Denial

Once a decision has been made regarding an extension request, the CIO updates the status in VCTS. The Estimated Completion Date Field is updated if necessary by the CIO to indicate the date that full compliance is expected to be achieved by. The CIO may also provide text that needs to be reviewed by the SA.

The assets that have had the extension granted will have their status changed to "extension granted". Those assets that have had the extension denied will have their status changed to "extension denied". At this point, it becomes the responsibility of the SA to correct the vulnerability associated with the asset and to comply with any comments provided by the CIO.

6.0 Vulnerability Notice Compliance Validation Process within DISA.

The IAVA process as directed by the Secretary of Defense requires a vulnerability notice Compliance Validation (CV) Process for each C/S/A (reference section 3.0; reference 1). DISA's IAVA CV Process is currently under development. In the interim, to ensure awareness and visibility throughout the agency, the CIO provides a weekly e-mail notices to each organization's ISSM and their Deputy Director to review and validate all their vulnerability notice entries in the VCTS. Each organization is responsible to ensure that all data in VCTS is accurate and current.

7.0 VCTS – Other Uses Within DISA

Periodically DISA management has a requirement for either collecting or disseminating information agency wide; i.e. identifying firewalls, intrusion detection systems, routers, etc. DOD may also task C/S/As to follow specific guidance and report back; i.e. Joint Task Force Tasking Orders. Management uses the VCTS as a tool to assist them in the collecting and disseminating for this type of information. The naming convention for this type effort is called the "DDIR" vice 'vulnerability notice'. The format for the DDIR is similar to the vulnerability notice in it uses a similar numbering convention; i.e. DDIR-yyyy-nnnn.

8.0 Points of Contact within DISA.

8.1 VCTS.

VCTS USERID and Password – DECC-D Chambersburg Helpdesk. VCTS help can be received at the DECC-D Chambersburg helpdesk or by sending an email to weblog. Application specific questions or suggestions can be sent to vms@chamb.disa.mil. The telephone number is (717) 267-5690, DSN 570-5690, 1-800-582-4764, or via the NIPRNET email at weblog@chamb.disa.mil.

VCTS System Developers – APPS. The systems development group can be reached via NIPRNET email at vms@chamb.disa.mil

VCTS Process Assistance – CIO. The telephone number is (703) 681-2558, DSN 761-2558, or via the NIPRNET email at cioiase@ncr.disa.mil.

Annex A – Acronyms and Abbreviations

ASD/C3I	Assistant Secretary of Defense – Command, Control, and Communications.
Asset	See “System Asset”
CIO	Chief Information Officer
Command Staff	Leaders of an organization responsible for ensuring compliance with the IAVA process
Compliance	Correcting the vulnerability in a vulnerability notice using the processes documented in the alert.
C/S/A	Commanders-in-Chief (CINC), Services, and Agencies
DAA	Designated Approving Authority
DISA	Defense Information Systems Agency
DOD-CERT	Department of Defense – Computer Emergency Response Team.
IAVA	Information Assurance Vulnerability Alert – A formal notice issued by the DOD-CERT requiring acknowledgment and compliance within a specified timeframe
IAVB	Information Assurance Vulnerability Bulletin – A formal notice issued by the DOD-CERT requiring acknowledgment only within a specified timeframe
ISSM	Information Systems Security Manager
ISSO	Information Systems Security Officer
SA	System Administrator
SSAA	System Security Authorization Agreement
System Assets	Any software, hardware, data, administrative, physical, communications, or personnel resources within an Information System (i.e. file servers, firewalls, routers, etc.) NSTISSI No. 4009 (Sep 2000)
TA	A formal notice issued by the DOD-CERT that does not require acknowledgment and compliance.
XO	Executive Officer.
Vulnerability	Weakness in an Information System, system security procedures, internal controls, or implementation that could be exploited. NSTISSI No. 4009 (Sep 2000)
VCTS	Vulnerability Compliance Tracking System. This is a DISA developed management tool used in tracking vulnerability notice compliance.

Annex B – Table of contents for VCTS online Users Guide.

1. INTRODUCTION
 - 1.1. Purpose and Scope
 - 1.2. Document Organization
 - 1.3. Background
 - 1.4. Process Overview with Flowchart
 - 1.5. VCTS Help Desk
2. VCTS REQUIREMENTS
 - 2.1. User Registration and Obtaining a System Userid
 - 2.2. Web Browser Requirement
 - 2.3. Email Requirement
3. VCTS GENERAL INFORMATION
 - 3.1. Logon Procedures
 - 3.2. VCTS NIPRNET Access (Unclassified)
 - 3.3. VCTS SIPRNET Access (Classified)
 - 3.4. VCTS Warning Page
4. VCTS HOME AND LINKS
 - 4.1. Summary of the VCTS Home and Links
 - 4.2. Screen Details of the VCTS Home and Links
 - 4.3. Conditions of the VCTS Home and Links
5. REPORTS
 - 5.1. Summary of Reports
 - 5.2. Screen Details of Reports
 - 5.3. IA06 - Receipt Acknowledgement by Program
 - 5.4. IA07 - Program Action Plan Report
 - 5.5. VS01 - Detailed Compliance Report by Status Categories
 - 5.6. VS02 - Detailed Compliance Report by Actual Status
 - 5.7. VS03 – Acknowledgement Status Report
 - 5.8. VS04 - Extension Expiration Report
 - 5.9. VS05 - Asset Permissions Report
 - 5.10. VS06 – Organizational Structure Summary Report
 - 5.11. VS07 - Extension History Report
 - 5.12. VS08 – OS Vulnerability Summary Report
 - 5.13. VS09 - Extension Status Report
 - 5.14. VM01 - Compliance Summary Report by Organization
 - 5.15. VM02 - Compliance Summary Report by Vulnerability
 - 5.16. VM03 - Registered Users by Organization
 - 5.16.1. Summary of Registered Users by Organization
 - 5.17. VM04 - Registered Systems by Organization
 - 5.18. VM07 - Compliance and Asset Information Extract
 - 5.19. VM08 - Waiver Summary Report By Vulnerability
6. ASSET REGISTRATION
 - 6.1. Summary of Asset Registration
 - 6.2. VCTS Requests
7. ASSET PERMISSIONS

- 7.1. Summary of Asset Permissions
- 7.2. Screen Details of Asset Permissions
- 7.3. Conditions of Asset Permissions
- 8. ASSET STATUS
 - 8.1. Summary of Asset Status
 - 8.2. Screen Details of Asset Status
 - 8.3. Conditions of Asset Status
- 9. RECEIPT ACKNOWLEDGEMENT
 - 9.1. Summary of Receipt Acknowledgement
 - 9.2. Screen Details of Receipt Acknowledgement
 - 9.3. Conditions of Receipt Acknowledgement
- 10. PM RECEIPT ACKNOWLEDGEMENT
 - 10.1. Summary of PM Receipt Acknowledgement
 - 10.2. Screen Details of PM Receipt Acknowledgement
 - 10.3. Conditions of Receipt Acknowledgement - Program Manager
- 11. C/S/A RECEIPT ACKNOWLEDGEMENT
 - 11.1. Summary of C/S/A Receipt Acknowledgement
 - 11.2. Screen Details of Receipt Acknowledgement - C/S/A POC / DOD Oversight
 - 11.3. Conditions of Receipt Acknowledgement - C/S/A POC / DOD Oversight
- 12. PM ACTION PLAN
 - 12.1. PM Extension Process
 - 12.2. Summary of PM Action Plan
 - 12.3. Screen Details of PM Action Plan
 - 12.4. Conditions of PM Action Plan
- 13. EXTENSION ANALYSIS
 - 13.1. Extension Analysis Process
 - 13.2. Summary of Extension Analysis
 - 13.3. Screen Details of Extension Analysis
 - 13.4. Conditions of Extension Analysis
- 14. AUTOMATED STATUS UPDATE
 - 14.1. Summary of Automated Status Update
 - 14.2. Screen Details of Automated Status Update
 - 14.3. Conditions of Automated Status Update
- 15. USER PERMISSIONS
 - 15.1. Summary of User Permissions
 - 15.2. Screen Details of User Permissions
 - 15.3. Conditions of User Permissions
- 16. ORGANIZATIONAL CHART
 - 16.1. Summary of Organizational Chart
 - 16.2. ORGANIZATION DETAILS
 - 16.3. Conditions of Organizational Chart and Details
- 17. UPDATE YOUR USER AND EMAIL INFO
 - 17.1. Summary of Update Your User and Email Info
 - 17.2. Screen Details of Update Your User and Email Info
 - 17.3. Conditions of Update Your User and Email Info
- 18. CHANGE PASSWORD
 - 18.1. Summary of Change Password

19. VCTS HELP

19.1. Summary of VCTS Help

20. APPENDIX A

20.1. Glossary

21. APPENDIX B

21.1. System Authorization Access Request (SAAR) - DISA Form 41

22. APPENDIX C

22.1. Points of Contact

Annex C – Sample VCTS IAVA Alert Message

The following is a sample notification message sent out as part of VCTS informing a user of a vulnerability notice.

Subject: Information Assurance Vulnerability Alert (IAVA) 1999-0003

1. The Defense Information Systems Agency (DISA) is releasing VULNERABILITY NOTICE 1999-0003 in accordance with the DISA IAVA Handbook located at URL <https://datahouse.disa.mil/cio/IAVA/IAVAhandbook.html>.
2. At least one SA for each registered system potentially affected by this bulletin is required to acknowledge receipt with 5 days through the Vulnerability Compliance Tracking System (VCTS). In addition, all SAs are required to bring into compliance, request an extension, or indicate the bulletin is not applicable to the system. This status must be reported to the VCTS within 30 days. For unclassified systems, the URL is <https://vcts.disa.mil>. For classified systems (Secret and Confidential), the URL is <https://vcts.disa.smil.mil>.
3. If you are having difficulty accessing or using the application, please contact the RSA Chambersburg Helpdesk by telephone, 717-267-5690, DSN 570-5690 or 1-800-582-4764 or via NIPRNet email at weblog@chamb.disa.mil. If you have questions about the VCTS application, please email them to vms@chamb.disa.mil.
4. If you have questions regarding the IAVA process, please contact the CIO's office at 703-681-2558 or DSN 761-2558.
5. For further information about the IAVA bulletin itself, please contact the DOD-CERT Hotline at 703-607-4700, DSN 327-4700, or 1-800-357-4231; or via NIPRNet email at cert@cert.mil. Information pertaining directly to this vulnerability will be posted on the ASSIST web site at <http://www.cert.mil>. A link to the DOD-CERT web site from the VCTS is also available.

Annex D – General Questions and Answers

What's defined in the VCTS? The VCTS was developed to track all information technology assets that can be affected by any issued alert. This includes systems, both developmental and operational, which are to be certified and accredited by each DAA. Assets that comprise each system will be populated and maintained by each SA or process identified by the activity ISSM. Assets that comprise each network will be populated and maintained by each SA or ISSM. The type of entries in the VCTS may increase as the IAVA process matures.

Extension – How is it used? An extension in the IAVA process has two uses. First, the extension can be used in the traditional sense where the DAA accepts the mitigated risk associated with nonstandard official corrective action. Second, the extension can be employed by the user to request additional time to allow for corrective action to occur.

Extension Request - Who requests an extension? The SA or ISSO submits an extension request. In the current version, the extension request is sent directly to the DAA for analysis and decision.

Extension Adjudication - Who decides if an extension is granted? The DAA, makes extension decisions for the IAVA process.

Open Status – What does it mean? When is “open” acceptable but not recommended? As soon as an asset is entered into the VCTS it has an “open” status, until a decision is made otherwise by the individual who has custody for the asset or by a program manager. “Open” means the asset is impacted by a specific alert, however, no protective actions have been put in place – so the vulnerability still exists. Most alerts are issued with a period of 30 days for compliance. An “open” status is acceptable during this 30-day period. However, if an asset becomes operational and is registered in the VCTS 30 days after the initial release of the alert, an “open” status is not acceptable.

Annex E – Fix Action Plan Format

Activity / Program	Status	# of Assets	Reason For Not Being Fixed	Action Plan	Estimated Fix Date
IAVA 2002-A-00#	Awaiting DAA approval	56	Testing and evaluation patch.	Assuming patch passes testing, will implement 6/11 – 7/10.	7/10/03
Managed Programs					
DISA Activity (i.e. CD, OPS, NS, etc.)					

Note:

Each activity ISSM must submit a consolidated activity Fix Action Plan to CIO the 7 days prior to IAVA compliance date or extension expiration.

All Fix Action Plans must be approved by the activity Deputy Director (DD).

ATTACHMENT 15

***Military Health System (MHS)
DITSCAP Checklist***

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance Service
1) Security, Reliability, and Continuity		
1.1 Procedural Review	An annual IA review is conducted that comprehensively evaluates existing policies and processes to ensure procedural consistency and to ensure that they fully support the goal of uninterrupted operations. (Ref: DoDI 8500.2, February 6, 2003)	Availability
1.2 Best Security Practices	The DoD information system security design incorporates best security practices such as single sign-on, PKE, smart card, and biometrics. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.3 Control Board	All DoD Information systems are under the control of a chartered configuration control board that meets regularly. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.4 Configuration Specifications	A DoD reference document, such as a security technical implementation guide or security recommendation guide constitutes the primary source for security configuration or implementation guidance for the deployment of newly acquired IA- and IA-enabled IT products that require use of the product's IA capabilities. If a DoD reference document is not available, the following are acceptable in descending order as available: (1) Commercially accepted practices (e.g., SANS); (2) Independent testing results (e.g., ICSA); or (3) Vendor literature. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.5 Compliance Testing	A comprehensive set of procedures is implemented that tests all patches, upgrades, and new AIS applications prior to deployment. (Ref: DoDI 8500.2, February 6, 2003)	Availability
1.6 Dedicated IA Services	Acquisition or outsourcing of dedicated IA services, such as incident monitoring, analysis and response; operation of IA devices, such as firewalls; or key management services are supported by a formal risk analysis and approved by the DoD Component CIO. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.7 Functional Architecture for AIS Applications	For AIS applications, a functional architecture that identifies the following has been developed and is maintained: - all external interfaces, the information being exchanged, and the protection mechanisms associated with each interface; - user roles required for access control and the access privileges assigned to each role; - unique security requirements (e.g., encryption of key data elements at rest); categories of sensitive information processed or stored by the AIS application, and their specific protection plans (e.g., Privacy Act, HIPAA); - restoration priority of subsystems, processes, or information. (Ref: DoDI 8500.2, February 6, 2003)	Integrity

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance
1.8 Hardware (HW) Baseline	A current and comprehensive baseline inventory of all hardware (HW) (to include manufacturer, type, model, physical location and network topology or architecture) required to support enclave operations is maintained by the Configuration Control Board (CCB) and as part of the SSAA. A backup copy of the inventory is stored in a fire-rated container or otherwise not collocated with the original. (Ref: DoDI 8500.2, February 6, 2003)	Availability
1.9 Interconnection Documentation	For AIS applications, a list of all [potential] hosting enclaves is developed and maintained along with evidence of deployment planning and coordination and the exchange of connection rules and requirements. For enclaves, a list of all hosted AIS applications, interconnected outsourced IT-based processes, and interconnected IT platforms is developed and maintained along with evidence of deployment planning and coordination and the exchange of connection rules and requirements. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.10 IA Impact Assessment	Changes to the DoD information system are assessed for IA and accreditation impact prior to implementation. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.11 IA for IT Services	Acquisition or outsourcing of IT services explicitly addresses Government, service provider, and end user IA roles and responsibilities. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.12 Mobile Code	The acquisition, development, and/or use of mobile code to be deployed in DoD systems meets the following requirements (1 - 7 below): (Ref: DODI 8500.2, February 6, 2003)	Integrity
	(1) Emerging mobile code technologies that have not undergone a risk assessment by NSA and been assigned to a Risk Category by the DoD CIO is not used. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
	(2) Category 1 mobile code is signed with a DoD-approved PKI code signing certificate; use of unsigned Category 1 mobile code is prohibited; use of Category 1 mobile code technologies that cannot block or disable unsigned mobile code (e.g., Windows Scripting Host) is prohibited. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
	(3) Category 2 mobile code which executes in a constrained environment without access to system resources (e.g., Windows registry, file system, system parameters, network connections to other than the originating host) may be used. (Ref: DoDI 8500.2, February 6, 2003)	Integrity

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Impact/Assurance
	(4) Category 2 mobile code that does not execute in a constrained environment may be used when obtained from a trusted source over an assured channel (e.g., SIPRNET, SSL connection, S/MIME, code is signed with a DoD-approved code signing certificate). (Ref: DoDI 8500.2, February 6, 2003)	Integrity
	(5) Category 3 mobile code may be used (Ref: DoDI 8500.2, February 6, 2003)	Integrity
	(6) All DoD workstation and host software are configured, to the extent possible, to prevent the download and execution of mobile code that is prohibited. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
	(7) The automatic execution of all mobile code in email is prohibited; email software is configured to prompt the user prior to executing mobile code in attachments. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.13 Non-repudiation	NIST FIPS 140-2 validated cryptography (e.g., DoD PKI class 3 or 4 token) is used to implement encryption (e.g., AES, 3DES, DES, Skipjack), key exchange (e.g., FIPS 171), digital signature (e.g., DSA, RSA, ECDSA), and hash (e.g., SHA-1, SHA-256, SHA-384, SHA-512). Newer standards should be applied as they become available. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.14 Public Domain Software Controls	Binary or machine executable public domain software products and other software products with limited or no warranty such as those commonly known as freeware or shareware are not used in DoD information systems unless they are necessary for mission accomplishment and there are no alternative IT solutions available. Such products are assessed for information assurance impacts, and approved for use by the DAA. The assessment addresses the fact that such software products are difficult or impossible to review, repair, or extend, given that the Government does not have access to the original source code and there is no owner who could make such repairs on behalf of the Government (Ref: DoDI 8500.2, February 6, 2003)	Availability
1.15 Ports, Protocols, and Services	DoD information systems comply with DoD ports, protocols, and services guidance. AIS applications, outsourced IT-based processes and platform IT identify the network ports, protocols, and services they plan to use as early in the life cycle as possible and notify hosting enclaves. Enclaves register all active ports, protocols, and services in accordance with DoD and DoD Component guidance. (Ref: DoDI 8500.2, February 6, 2003)	Availability

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance
1.16 Configuration Management Process	A configuration management (CM) process is implemented that includes requirements for: (1) Formally documented CM roles, responsibilities, and procedures to include the management of IA information and documentation; (2) A configuration control board that implements procedures to ensure a security review and approval of all proposed DoD information system changes, to include interconnections to other DoD information systems; (3) a testing process to verify proposed configuration changes prior to implementation in the operational environment; and (4) A verification process to provide additional assurance that the CM process is working effectively and that changes outside the CM process are technically or procedurally not permitted. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.17 Information Assurance Documentation	All appointments to required IA roles (e.g., DAA and Information Assurance Manager/Information Assurance Officer) are established in writing, to include assigned duties and appointment criteria such as training, security clearance, and IT-designation. A System Security Plan is established that describes the technical, administrative, and procedural IA program and policies that govern the DoD information system, and identifies all IA personnel and specific IA requirements and objectives (e.g., requirements for data handling or dissemination, system redundancy and backup, or emergency response). (Ref: DoDI 8500.2, February 6, 2003)	Availability
1.18 System Library Management Controls	System libraries are managed and maintained to protect privileged programs and to prevent or minimize the introduction of unauthorized code. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.19 Software Quality	Software quality requirements and validation methods that are focused on the minimization of flawed or malformed software that can negatively impact integrity or availability (e.g., buffer overruns) are specified for all software development initiatives. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.20 System State Changes	System initialization, shutdown, and aborts are configured to ensure that the system remains in a secure state. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
1.21 Software (SW) Baseline	A current and comprehensive baseline inventory of all software (SW) (to include manufacturer, type, and version and installation manuals and procedures) required to support DoD information system operations is maintained by the CCB and as part of the C&A documentation. A backup copy of the inventory is stored in a fire-rated container or otherwise not collocated with the original. (Ref: DoDI 8500.2, February 6, 2003)	Availability

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance Service
1.22 Acquisition Standards	The acquisition of all IA- and IA-enabled GOTS IT products is limited to products that have been evaluated by the NSA or in accordance with NSA-approved processes. The acquisition of all IA- and IA-enabled COTS IT products is limited to products that have been evaluated or validated through one of the following sources - the International Common Criteria (CC) for Information Security Technology Evaluation Mutual Recognition Arrangement, the NIAP Evaluation and Validation Program, or the FIPS validation program. Robustness requirements, the mission, and customer needs will enable an experienced information systems security engineer to recommend a Protection Profile, a particular evaluated product or a security target with the appropriate assurance requirements for a product to be submitted for evaluation (See also DCSR-1). (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
1.23 Specified Robustness - Medium	At a minimum, medium-robustness COTS IA and IA-enabled products are used to protect sensitive information when the information transits public networks or the system handling the information is accessible by individuals who are not authorized to access the information on the system. The medium-robustness requirements for products are defined in the Protection Profile Consistency Guidance for Medium Robustness published under the IATF. COTS IA and IA-enabled IT products used for access control, data separation, or privacy on sensitive systems already protected by approved medium-robustness products, at a minimum, satisfy the requirements for basic robustness. If these COTS IA and IA-enabled IT products are used to protect National Security Information by cryptographic means, NSA-approved key management may be required. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
2. Identification and Authentication		
2.1 Key Management	Symmetric Keys are produced, controlled, and distributed using NIST-approved key management technology and processes. Asymmetric Keys are produced, controlled, and distributed using DoD PKI Class 3 certificates or pre-placed keying material. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
2.2 Token and Certificate Standards	Identification and authentication is accomplished using the DoD PKI Class 3 certificate and hardware security token (when available) (Ref: DoDI 8500.2, February 6, 2003)	Integrity

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance Service
2.3 Group Identification and Authentication	Group authenticators for application or network access may be used only in conjunction with an individual authenticator. Any use of group authenticators not based on the DoD PKI has been explicitly approved by the Designated Approving Authority (DAA). (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
2.4 Individual Identification and Authentication	DoD information system access is gained through the presentation of an individual identifier (e.g., a unique token or user login ID) and password. For systems utilizing a logon ID as the individual identifier, passwords are, at a minimum, a case sensitive 8-character mix of upper case letters, lower case letters, numbers, and special characters, including at least one of each (e.g., emPagd21). At least four characters must be changed when a new password is created. Deployed/tactical systems with limited data input capabilities implement the password to the extent possible. Registration to receive a user ID and password includes authorization by a supervisor, and is done in person before a designated registration authority. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
	Additionally, to the extent system capabilities permit, system mechanisms are implemented to enforce automatic expiration of passwords and to prevent password reuse. All factory set, default or standard-user IDs and passwords are removed or changed. Authenticators are protected commensurate with the classification or sensitivity of the information accessed; they are not shared; and they are not embedded in access scripts or stored on function keys. Passwords are encrypted both for storage and for transmission. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.1 Audit Trail, Monitoring, Analysis and Reporting	Audit trail records from all available sources are regularly reviewed for indications of inappropriate or unusual activity. Suspected violations of IA policies are analyzed and reported in accordance with DoD information system IA procedures. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.2 Changes to Data	Access control mechanisms exist to ensure that data is accessed and changed only by authorized personnel. (Ref: DoDI 8500.2, February 6, 2003)	Integrity

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance Service
3.3 Instant Messaging	Instant messaging traffic to and from instant messaging clients that are independently configured by end users and that interact with a public service provider is prohibited within DoD information systems. Both inbound and outbound public service instant messaging traffic is blocked at the enclave boundary. Note: This does not include IM services that are configured by a DoD AIS application or enclave to perform an authorized and official function. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.4 Network Device Controls	An effective network device (e.g., routers, switches, firewalls) control program is implemented and includes: instructions for restart and recovery procedures; restrictions on source code access, system utility access, and system documentation; protection from deletion of system and application files, and a structured process for implementation of directed solutions (e.g., IAVA). (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.5 Privileged Account Control	All privileged user accounts are established and administered in accordance with a role-based access scheme that organizes all system and network privileges into roles (e.g., key management, network, system administration, database administration, web administration). The IAM tracks privileged role assignments. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.6 Production Code Change Controls	Application programmer privileges to change production code and data are limited and are periodically reviewed. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.7 Audit Reduction and Report Generation	Tools are available for the review of audit records and for report generation from audit records. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.8 Security Configuration Compliance	For Enclaves and AIS applications, all DoD security configuration or implementation guides have been applied. (Ref: DoDI 8500.2, February 6, 2003)	Availability
3.9 Software Development Change Controls	Change controls for software development are in place to prevent unauthorized programs or modifications to programs from being implemented. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.10 Transmission Integrity Controls	Good engineering practices with regards to the integrity mechanisms of COTS, GOTS and custom developed solutions are implemented for incoming and outgoing files, such as parity checks and cyclic redundancy checks (CRCs). (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.11 Audit Trail Protection	The contents of audit trails are protected against unauthorized access, modification, or deletion. (Ref: DoDI 8500.2, February 6, 2003)	Integrity

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance
3.12 Voice over Internet Protocol	Voice over Internet Protocol (VoIP) traffic to and from workstation IP telephony clients that are independently configured by end users for personal use is prohibited within DoD information systems. Both inbound and outbound individually configured voice over IP traffic is blocked at the enclave boundary. Note: This does not include VoIP services that are configured by a DoD AIS application or enclave to perform an authorized and official function. (Ref: DoDI 8500.2, February 6, 2003)	Availability
3.13 Virus Protection	All servers, workstations, and mobile computing devices implement virus protection that includes a capability for automatic updates. (Ref: DoDI 8500.2, February 6, 2003)	Availability
3.14 Wireless Computing and Networking	Wireless computing and networking capabilities from workstations, laptops, personal digital assistants (PDAs), handheld computers, cellular phones, or other portable electronic devices are implemented in accordance with DoD wireless policy, as issued. Unused wireless computing capabilities internally embedded in interconnected DoD IT assets are normally disabled by changing factory defaults, settings or configurations prior to issue to end users. Wireless computing and networking capabilities are not independently configured by end users. (Ref: DoDI 8500.2, February 6, 2003)	Availability
3.15 Affiliation Display	To help prevent inadvertent disclosure of controlled information, all contractors are identified by the inclusion of the abbreviation "ctr" and all foreign nationals are identified by the inclusion of their two-character country code in. <ul style="list-style-type: none"> - DoD user e-mail addresses (e.g., john.smith.ctr@army.mil or john.smith.uk@army.mil); - DoD user e-mail display names (e.g., John Smith, Contractor<john.smith.ctr@army.mil> or John Smith, United Kingdom <john.smith.uk@army.mil>); and - automated signature blocks (e.g., John Smith, Contractor, J-6K, Joint Staff or John Doe, Australia, LNO, Combatant Command). Contractors who are also foreign nationals are identified as both (e.g., john.smith.ctr.uk@army.mil). Country codes and guidance regarding their use are in FIPS 10-4. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance
3.16 Access for Need-to-Know	<p>Access to all DoD information is determined by both its classification and user need-to-know. Need-to-know is established by the Information Owner and enforced by discretionary or role-based access controls. Access controls are established and enforced for all shared or networked file systems and internal websites, whether classified, sensitive, or unclassified. All internal classified, sensitive, and unclassified websites are organized to provide at least three distinct levels of access:</p> <p>(1) Open access to general information that is made available to all DoD authorized users with network access. Access does not require an audit transaction. (Ref: DoDI 8500.2, February 6, 2003)</p>	Confidentiality
	<p>(2) Controlled access to information that is made available to all DoD authorized users upon the presentation of an individual authenticator. Access is recorded in an audit transaction.</p> <p>(3) Restricted access to need-to-know information that is made available only to an authorized community of interest. Authorized users must present an individual authenticator and have either a demonstrated or validated need-to-know. All access to need-to-know information and all failed access attempts are recorded in audit transactions. (Ref: DoDI 8500.2, February 6, 2003)</p>	Confidentiality
3.17 Audit Record Content	<p>Audit records include:</p> <ul style="list-style-type: none"> - User ID. - Successful and unsuccessful attempts to access security files. - Date and time of the event. - Type of event. - Success or failure of event. - Successful and unsuccessful logons. - Denial of access resulting from excessive number of logon attempts. - Blocking or blacklisting a user ID, terminal or access port and the reason for the action. - Activities that might modify, bypass, or negate safeguards controlled by the system. (Ref: DoDI 8500.2, February 6, 2003) 	Confidentiality
3.18 Encryption for Confidentiality (Data at Rest)	<p>If required by the information owner, NIST-certified cryptography is used to encrypt stored sensitive information. (Ref: DoDI 8500.2, February 6, 2003)</p>	Confidentiality
3.19 Encryption for Confidentiality (Data In Transit)	<p>Unclassified, sensitive data transmitted through a commercial or wireless network are encrypted using NIST-certified cryptography (See also DCSR-2). (Ref: DoDI 8500.2, February 6, 2003)</p>	Confidentiality

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance
3.20 Interconnections among DoD Systems and Enclaves	Discretionary access controls are a sufficient IA mechanism for connecting DoD information systems operating at the same classification, but with different need-to-know access rules. A controlled interface is required for interconnections among DoD information systems operating at different classifications levels or between DoD and non-DoD systems or networks. Controlled interfaces are addressed in separate guidance. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.21 Logon	Successive logon attempts are controlled using one or more of the following: <ul style="list-style-type: none"> - access is denied after multiple unsuccessful logon attempts. - the number of access attempts in a given period is limited. - a time-delay control system is employed. If the system allows for multiple-logon sessions for each user ID, the system provides a capability to control the number of logon sessions. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.22 Least Privilege	Access procedures enforce the principles of separation of duties and "least privilege." Access to privileged accounts is limited to privileged users Use of privileged accounts is limited to privileged functions; that is, privileged users use non-privileged accounts for all non-privileged functions. This control is in addition to an appropriate security clearance and need-to-know authorization. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.23 Marking and Labeling	Information and DoD information systems that store, process, transit, or display data in any form or format that is not approved for public release comply with all requirements for marking and labeling contained in policy and guidance documents, such as DOD 5200.1R. Markings and labels clearly reflect the classification or sensitivity level, if applicable, and any special dissemination, handling, or distribution instructions. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.24 Conformance Monitoring and Testing	Conformance testing that includes periodic, unannounced, in-depth monitoring and provides for specific penetration testing to ensure compliance with all vulnerability mitigation procedures such as the DoD IAVA or other DoD IA practices is planned, scheduled, and conducted. Testing is intended to ensure that the system's IA capabilities continue to provide adequate assurance against constantly evolving threats and vulnerabilities. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.25 Encryption for Need-To-Know	Information in transit through a network at the same classification level, but which must be separated for need-to-know reasons, is encrypted, at a minimum, with NIST-certified cryptography. This is in addition to ECCT (encryption for confidentiality). (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance
3.26 Resource Control	All authorizations to the information contained within an object are revoked prior to initial assignment, allocation, or reallocation to a subject from the system's pool of unused objects. No information, including encrypted representations of information, produced by a prior subject's actions is available to any subject that obtains access to an object that has been released back to the system. There is absolutely no residual data from the former object. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.27 Audit Record Retention	If the DoD information system contains sources and methods intelligence (SAMI), then audit records are retained for 5 years. Otherwise, audit records are retained for at least 1 year. (Ref: DoDI 8500.2, February 6, 2003)	Integrity
3.28 Tempest Controls	Measures to protect against compromising emanations have been implemented according to DoD Directive S-5200.19. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.29 Warning Message	All users are warned that they are entering a Government information system, and are provided with appropriate privacy and security notices to include statements informing them that they are subject to monitoring, recording and auditing. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
3.30 Account Control	A comprehensive account management process is implemented to ensure that only authorized users can gain access to workstations, applications, and networks and that individual accounts designated as inactive, suspended, or terminated are promptly deactivated. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
4.0 Physical Security		
4.1 Boundary Defense	Boundary defense mechanisms to include firewalls and network intrusion detection systems (IDS) are deployed at the enclave boundary to the wide area network, at layered or internal enclave boundaries and at key points in the network, as required. All Internet access is proxied through Internet access points that are under the management and control of the enclave and are isolated from other DoD information systems by physical or technical means. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
4.2 Connection Rules	The DoD information system is compliant with established DoD connection rules and approval processes. (Ref: DoDI 8500.2, February 6, 2003)	Availability
4.3 Virtual Private Network Controls (VPN)	All VPN traffic is visible to network intrusion detection systems (IDS). (Ref: DoDI 8500.2, February 6, 2003)	Availability

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Category
4.4 Intrusion Detection	Certify and evaluate the availability and effectiveness of tools and procedures to ensure real-time monitoring and alerts, intrusion detection, network analysis, audit analysis, user management, risk analysis, and network configuration management tools. (Ref: DoD 8510.1-M, July 2000).	Availability
4.5 Public WAN Connection	Connections between DoD enclaves and the Internet or other public or commercial wide area networks require a demilitarized zone (DMZ). (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
4.6 Remote Access for Privileged Functions	Remote access for privileged functions is discouraged, is permitted only for compelling operational needs, and is strictly controlled. In addition to EBRU-1, sessions employ security measures, such as a VPN with blocking mode enabled. A complete audit trail of each remote session is recorded, and the IAM/O reviews the log for every remote session. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
4.7 Remote Access for User Functions	All remote access to DoD information systems, to include telework access, is mediated through a managed access control point, such as a remote access server in a DMZ. Remote access always uses encryption to protect the confidentiality of the session. The session level encryption equals or exceeds the robustness established in ECCT. Authenticators are restricted to those that offer strong protection against spoofing. Information regarding remote access mechanisms (e.g., Internet address, dial-up connection telephone number) is protected. (Ref: DoDI 8500.2, February 6, 2003)	Confidentiality
5.0 Availability		
5.1 Alternate Site Designation	An alternate site is identified that permits the partial restoration of mission or business essential functions. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.2 Protection of Backup and Restoration Assets	Procedures are in place assure the appropriate physical and technical protection of the backup and restoration hardware, firmware, and software, such as router tables, compilers, and other security-related system software. (Ref: DoDI 8500 2, February 6, 2003)	Availability
5.3 Data Backup Procedures	Data backup is performed at least weekly. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.3.1 Data Continuity	Certify that each file or data collection in the system has an identifiable source throughout its life cycle. (Ref: OMB A-130, Appx III, Transmittal No. 4)	Availability

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Acceptance Criteria	Information Assurance Service
5.4 Disaster and Recovery Planning	A disaster plan exists that provides for the partial resumption of mission or business essential functions within 5 days of activation. (Disaster recovery procedures include business recovery plans, system contingency plans, facility disaster recovery plans, and plan acceptance.) (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.5 Enclave Boundary Defense	Enclave boundary defense at the alternate site provides security measures equivalent to the primary site. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.6 Scheduled Exercises and Drills	The continuity of operations or disaster recovery plans are exercised annually. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.7 Identification of Essential Functions	Mission and business essential functions are identified for priority restoration planning. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.8 Maintenance Support	Maintenance support for key IT assets is available to respond within 24 hours of failure. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.9 Power Supply	Electrical power is restored to key IT assets by manually activated power generators upon loss of electrical power from the primary source. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.10 Spares and Parts	Maintenance spares and spare parts for key IT assets can be obtained within 24 hours of failure. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.11 Backup Copies of Critical SW	Back-up copies of the operating system and other critical software are stored in a fire rated container or otherwise not collocated with the operational software. (Ref: DoDI 8500.2, February 6, 2003)	Availability
5.12 Trusted Recovery	Recovery procedures and technical system features exist to ensure that recovery is done in a secure and verifiable manner. Circumstances that can inhibit a trusted recovery are documented and appropriate mitigating procedures have been put in place. (Ref: DoDI 8500.2, February 6, 2003)	Availability
6.1 Incident Response Planning		
6.1 Incident Response Planning	An incident response plan exists that identifies the responsible Computer Network Defense Service Provider in accordance with DoD Instruction O-8530.2, defines reportable incidents, outlines a standard operating procedure for incident response to include INFOCON, provides for user training, and establishes an incident response team. The plan is exercised at least annually. (Ref: DoDI 8500.2, February 6, 2003)	Availability

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance Service
6.2 Vulnerability Management	A comprehensive vulnerability management process that includes the systematic identification and mitigation of software and hardware vulnerabilities is in place. Wherever system capabilities permit, mitigation is independently validated through inspection and automated vulnerability assessment or state management tools. Vulnerability assessment tools have been acquired, personnel have been appropriately trained, procedures have been developed, and regular internal and external assessments are conducted. For improved interoperability, preference is given to tools that express vulnerabilities in the Common Vulnerabilities and Exposures (CVE) naming convention and use the Open Vulnerability Assessment Language (OVAL) to test for the presence of vulnerabilities. (Ref: DoD 8500.2, February 6, 2003)	Availability
6.3 Assurance	Each information system shall be accredited to operated in accordance with a DAA-approved set of security safeguards. Accreditation will provide the DAA with a measure of confidence that the security features and architecture of an information system accurately mediates and enforces the security policy. (Ref: DoD Information Technology Security Certification and Accreditation Process (DITSCAP) Directive & Instruction, 5200.40, December 1997 and DoD 8510.1-M, July 2000)	Availability
6.4 Interim Approval To Operate (IATO)	Information system may be granted and Interim Approval To Operate (IATO) in accordance with a DAA-approved set of security safeguards. The IATO will allow the information system to deploy while enhancement to the security posture of the information system are being implemented. (Ref: DoD Information Technology Security Certification and Accreditation Process (DITSCAP) Directive & Instruction, 5200.40, December 1997 and DoD 8510.1-M, July 2000)	Availability
6.5 Approval to Operate (ATO)	Each information system shall be accredited to operated in accordance with a DAA-approved set of security safeguards. Accreditation will provide the DAA with a measure of confidence that the security features and architecture of an information system accurately mediates and enforces the security policy. (Ref: DoD Information Technology Security Certification and Accreditation Process (DITSCAP) Directive & Instruction, 5200.40, December 1997 and DoD 8510.1-M, July 2000)	Availability
6.6 System Security Periodic Reviews	Information system shall be subject to system security periodic reviews to ensure no new security risk to the information system has been introduced since the receipt of an ATO for the information system. The periodic reviews will also validate that any changes to the information system since the receipt of an ATO are properly documented. (Ref: DoD Information Technology Security Certification and Accreditation Process (DITSCAP) Directive & Instruction, 5200.40, December 1997 and DoD 8510.1-M, July 2000)	Availability

**Military Health System (MHS)
DITSCAP Checklist**

Requirement	Description	Information Assurance Service
6.7 Re-Accreditation	Each information system shall be accredited to operated in accordance with a DAA-approved set of security safeguards. Accreditation will provide the DAA with a measure of confidence that the security features and architecture of an information system accurately mediates and enforces the security policy. (Ref: DoD Information Technology Security Certification and Accreditation Process (DITSCAP) Directive & Instruction, 5200.40, December 1997 and DoD 8510.1-M, July 2000)	Availability

ATTACHMENT 16

Physical Security Audit Matrix

PHYSICAL SECURITY AUDIT MATRIX

Review Location:
 Reviewer:
 Date of Review:

NR.	ITEM	Y	N	NA	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
	1.1 Documentation (InfoSec Dept)							
1.1	Security Policy						X	X
1.2	Incidence Response Plan						X	X
1.3	Disaster Recovery Plan (DRP) including natural disasters (flood, hurricane, earthquake, fire, etc)						X	X
1.4	Access Control Documentation						X	X
1.5	Backup Plan						X	X
1.6	Key control is logged, maintained, and reviewed						X	X
	1.8 Safety							
2.1	Emergency exits are present and clearly marked						X	X
2.2	Emergency lights with backup power						X	X
2.3	Safety inspection sticker is current						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	IFPM	Y	N	N/A	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
3.1	Picture identification is present and visible						X	X
3.2	Badge is present and visible						X	X
3.3	Visitors Sign In/Out Log						X	X
3.4	Badge control policies in place						X	X
3.5	Smart Card logs Badge logs are maintained and audited						X	X
3.6	Access card or token swiped or presented at automated reader for building/secure area entry or presentation of access card to security personnel required for building/secure area entry						X	X
3.7	Key control is logged, maintained, and reviewed						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	Y	N	N/A	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
3.8	Authorized personnel access list is displayed inside the Data Center (DC) door						X	X
3.9	Data backup tapes are securely stored on-site until moved to off-site facility						X	X
3.10	Data backup tapes are securely stored off-site						X	X
3.11	Deposits and withdrawals of tapes and other storage media from the data backup library is authorized and logged						X	X
3.12	Unattended terminals are password protected						X	X
3.13	Password protected screen saver is set to turn on automatically after 15 minutes of inactivity						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	Y	N	NA	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
4.1	Windows protected by Intrusion Detection Systems (IDS) if less than 18 feet from ground or roof level						X	X
4.2	Openings over 96 square inches covered by material the same as the wall or by iron bars, or 18 gauge wire mesh						X	X
4.3	Individual personnel must have access to restricted areas (must not allow piggybacking or entry to unauthorized individuals)						X	X
4.4	Entrance doors must be constructed of solid wood, metal, or metal clad						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	Y	N	N/A	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
4.5	Emergency doors will be void of all devices on the outside thereby allowing exit but no entry						X	X
4.6	Emergency doors will be equipped with emergency bar openers on the inside with a deadbolt throw of at least ½ inch						X	X
4.7	Doors have hinges on the inside. If door hinges are on the outside, the hinges must be peened, welded or equipped with setscrew fastener						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	Y	N	NA	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
4.8	Simple magnetic alarm switch should be placed on the protected side of doors, windows, or other moveable openings greater than 96 square inches to protect against movement						X	X
4.9	Walls, solid and contained from true floor to next floor or roof						X	X
4.10	True floor to ceiling walls constructed of a material that would provide detections of surreptitious entry						X	X
4.11	Building and secure areas are protected with true ceilings and true floors						X	X
4.12	Roving guard						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	Y	N	NA	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
4.13	Security lighting for all exterior doors						X	X
All Environmental								
5.1	Appropriate fire extinguishers (levels A, B, C) are present with current inspection information						X	X
5.2	Heat Ventilation Air Conditioning (HVAC) is present and working						X	X
5.3	Water sprinklers are present and in working condition						X	X
5.4	Heat and smoke sensors are present and in working condition						X	X
5.5	Uninterrupted Power Supply (UPS) is present and in working condition						X	X
5.6	24 hour temperature monitor/alarm is present and working						X	X
All Physical Threat								

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	Y	N	N/A	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
6.1	Internal threat policies/procedures in place						X	X
6.2	External threat policies/procedures in place						X	X
6.3	Sabotage policies/procedures in place						X	X
6.4	Power Outage policies/procedures in place						X	X
	7.0 Mobile Computing Devices							
7.1	Unattended portable and wireless devices are secured and locked						X	X
7.2	Unattended removable media containing sensitive information is secured and locked						X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

NR.	ITEM	FINDING			RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
		Y	N	NA			
8.0 Sensitive Data							
8.1	Sensitive data should be erased from whiteboards, removed from unsecured areas, and be properly disposed of					X	X
9.0 Hard Copy Output Areas							
9.1	Hard copy sensitive information that is no longer required is shredded or destroyed					X	X
9.2	All sensitive hard copy output is immediately picked up from output devices					X	X
9.3	All sensitive hard copy output is secured and locked					X	X
10.0 Marking							
10.1	Sensitive data is marked with the appropriate security label					X	X

ATTACHMENT 16 DASW01-03-C-0052

PHYSICAL SECURITY AUDIT MATRIX

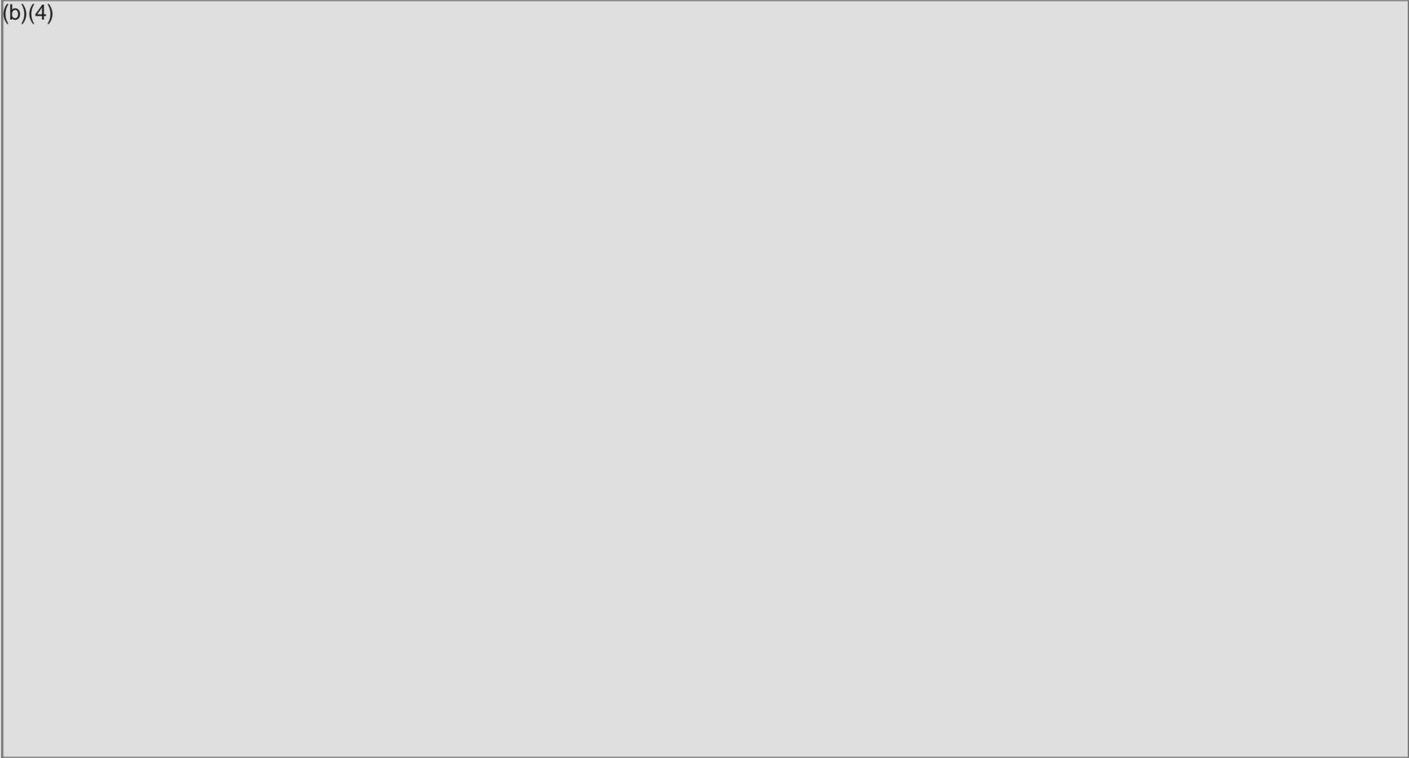
NR.	ITEM	Y	N	NA	FINDING	RECOMMENDATIONS	DISA/NIST MINIMUM SECURITY STANDARD FOR RESTRICTED AREAS	BEST PRACTICE
	11.0 Incident Response							
11.1	Incident Response Plan/Procedure						X	X
11.2	Computer Emergency Response Team (CERT)						X	X

Exhibit 17

***Final John Hopkins Capitation
Rates Used for the Base Period***

Exhibit 1

(b)(4)



(b)(4)

E

ATTACHMENT 17 DASW01-03-C-0052

Exhibit 3

(b)(4)



Exhibit 4

(b)(4)

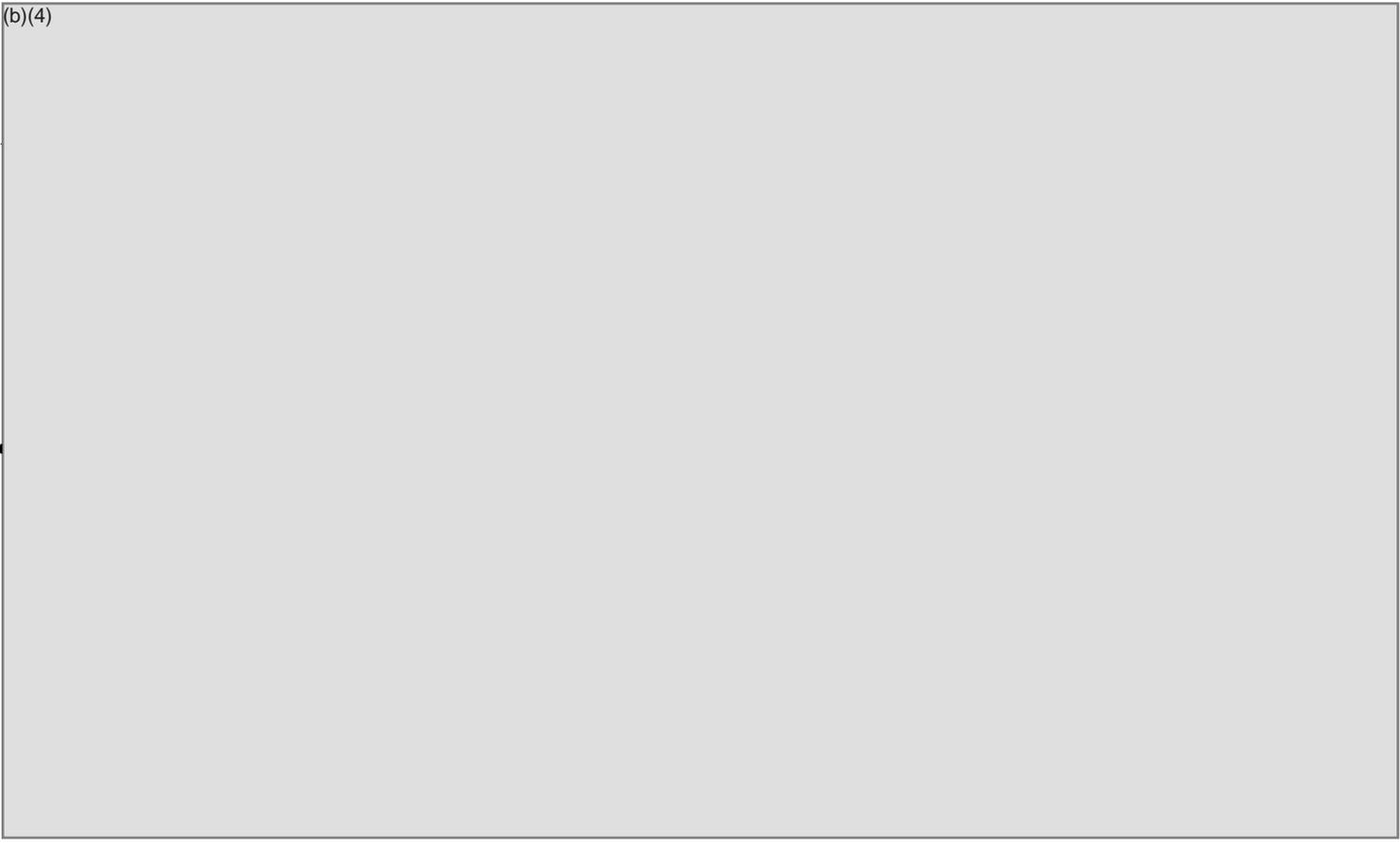


Exhibit 5

(b)(4)

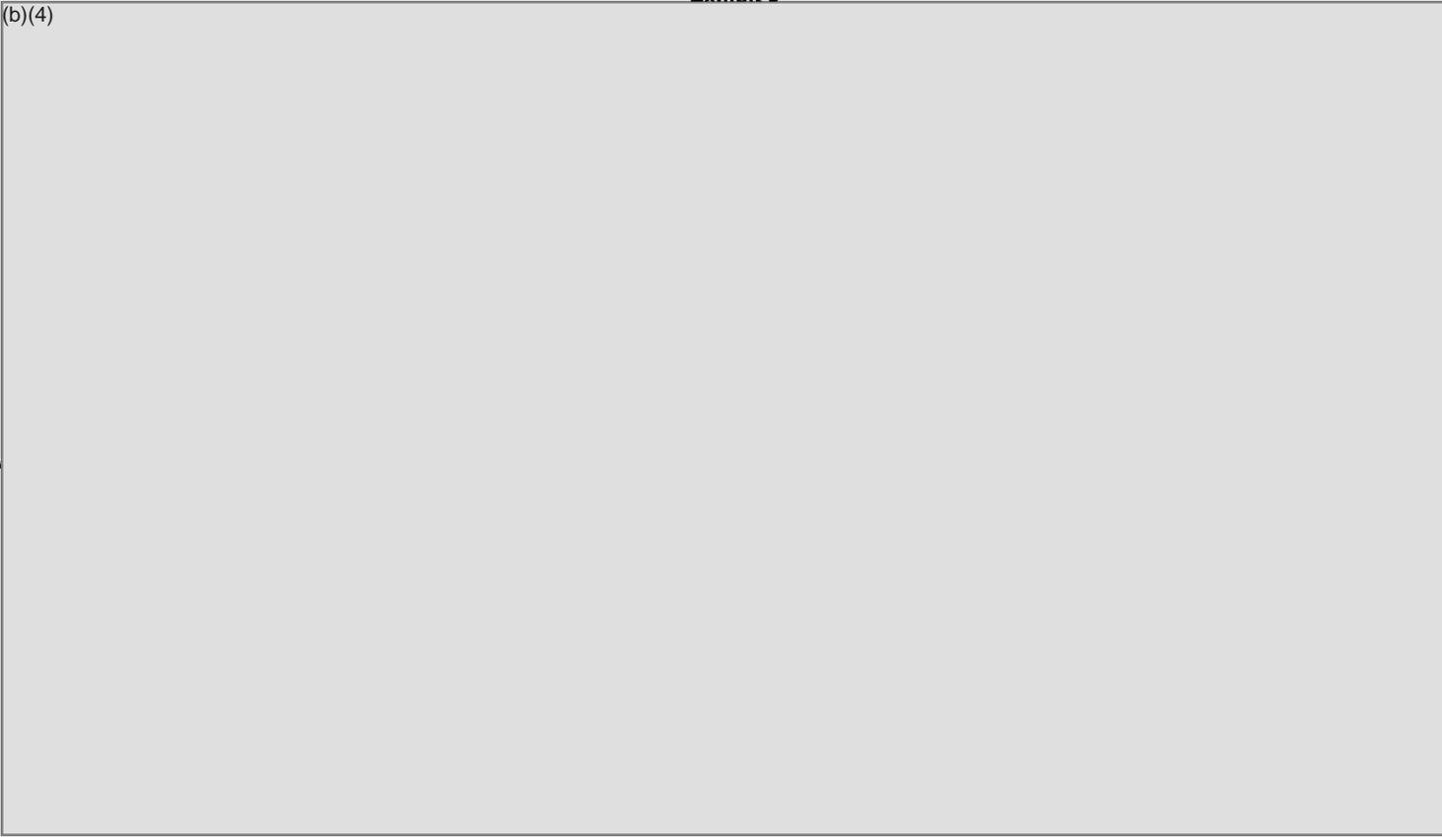


Exhibit 6

(b)(4)

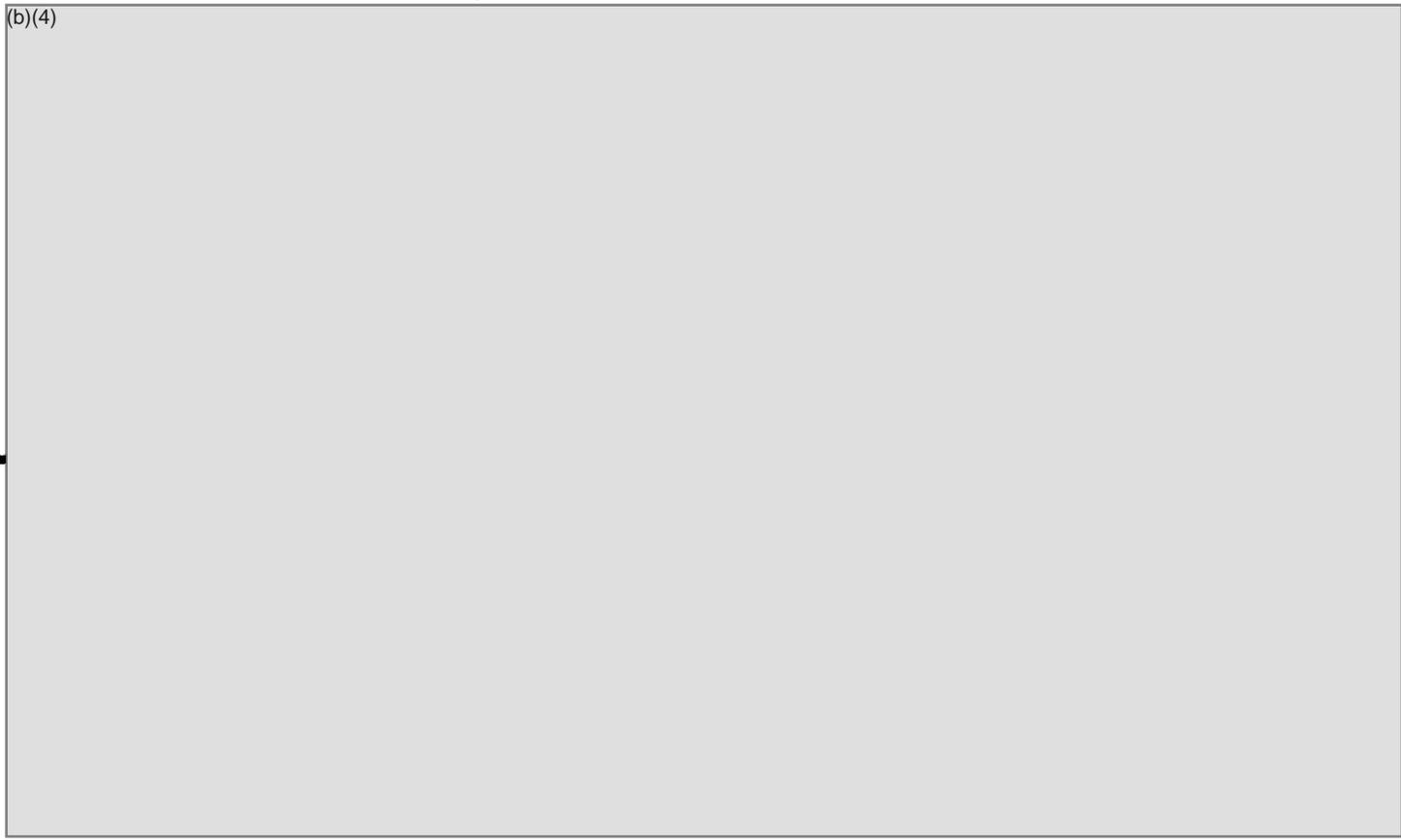


Exhibit 7

(b)(4)

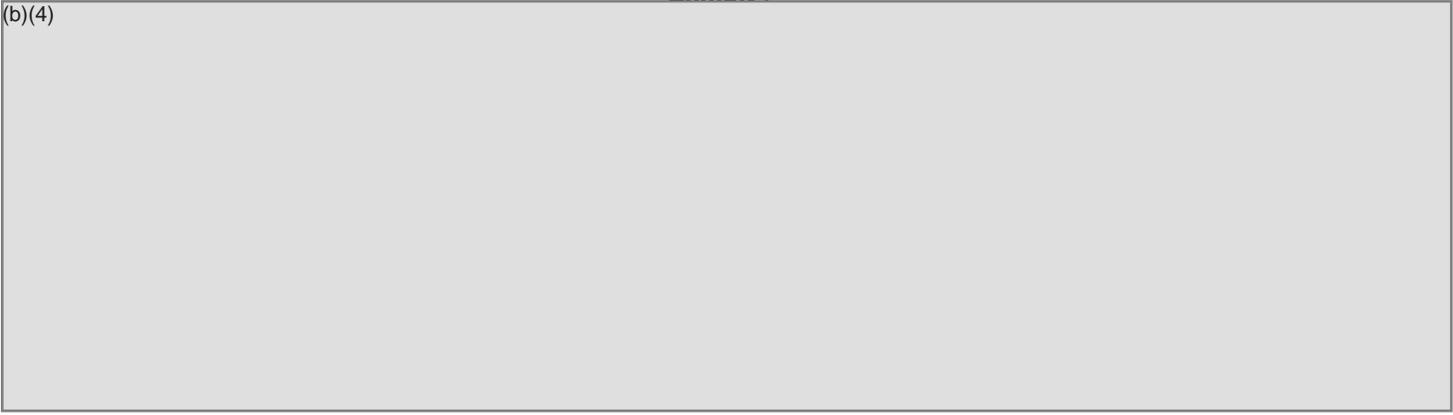


Exhibit 8

(b)(4)

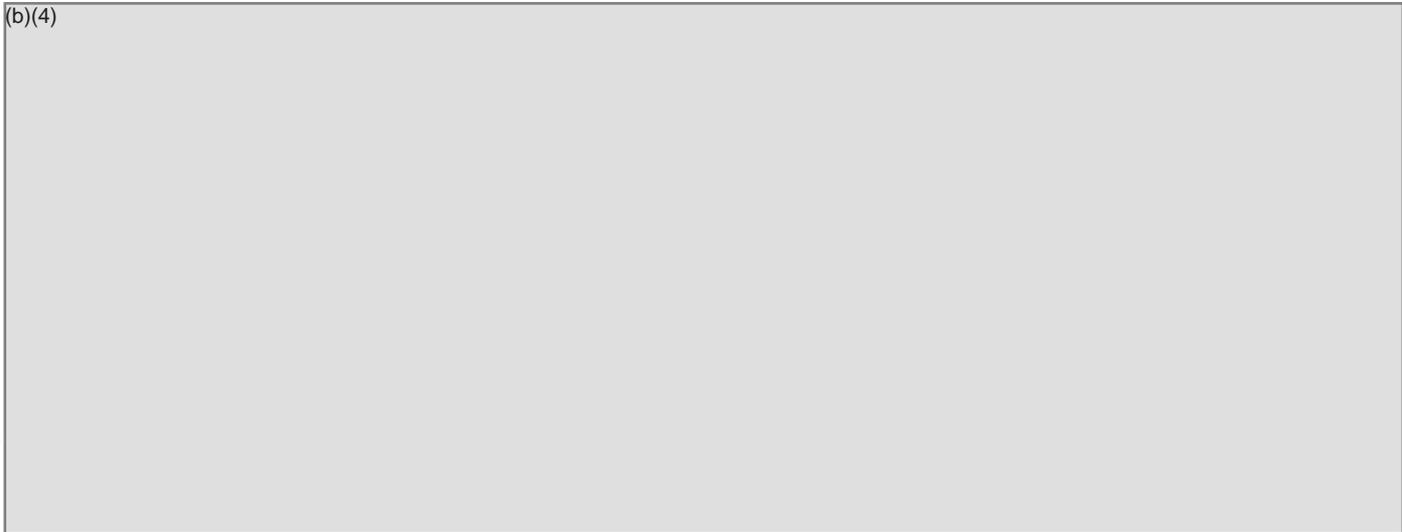


Exhibit 9

(b)(4)

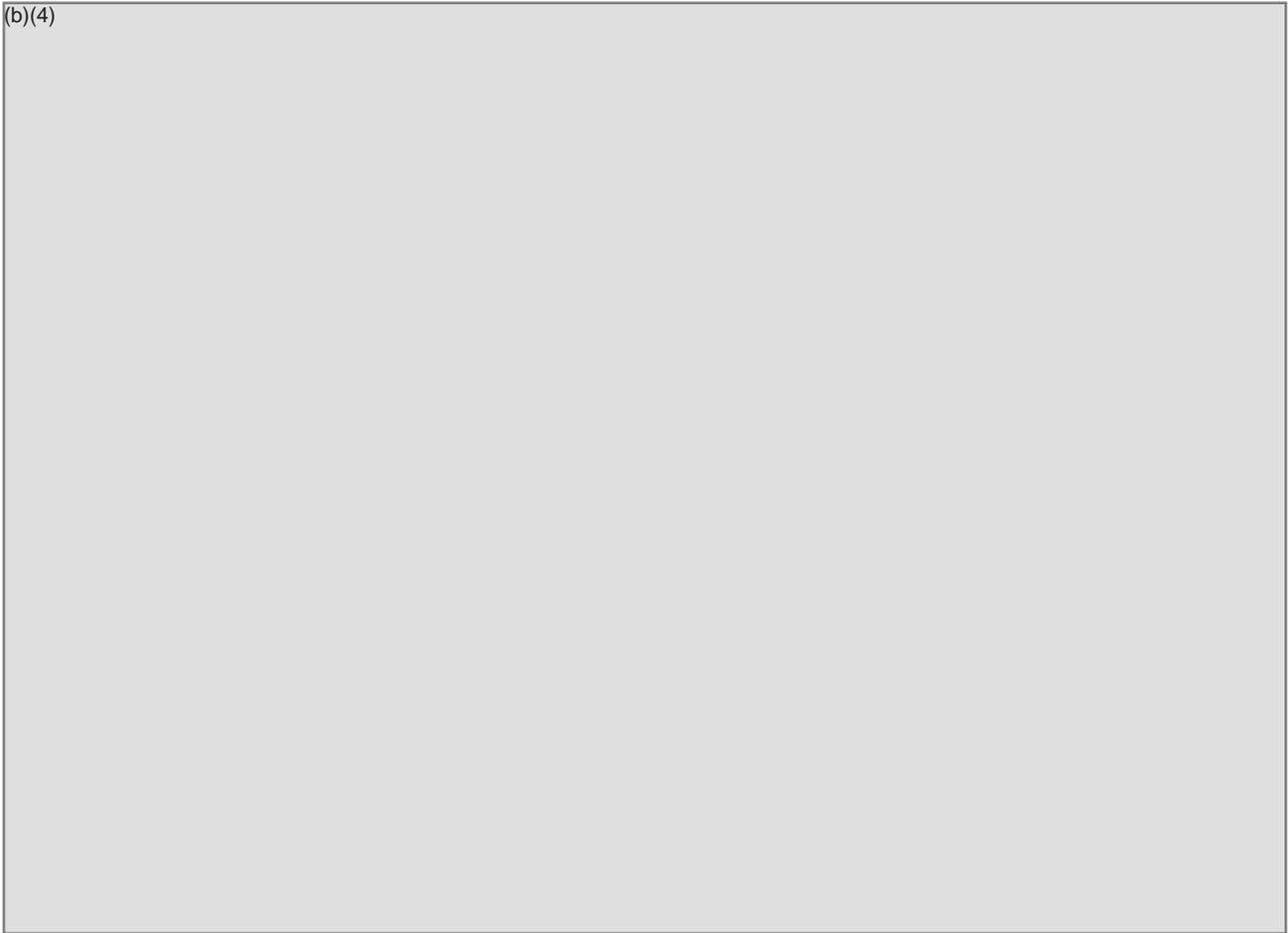


Exhibit 10

(b)(4)

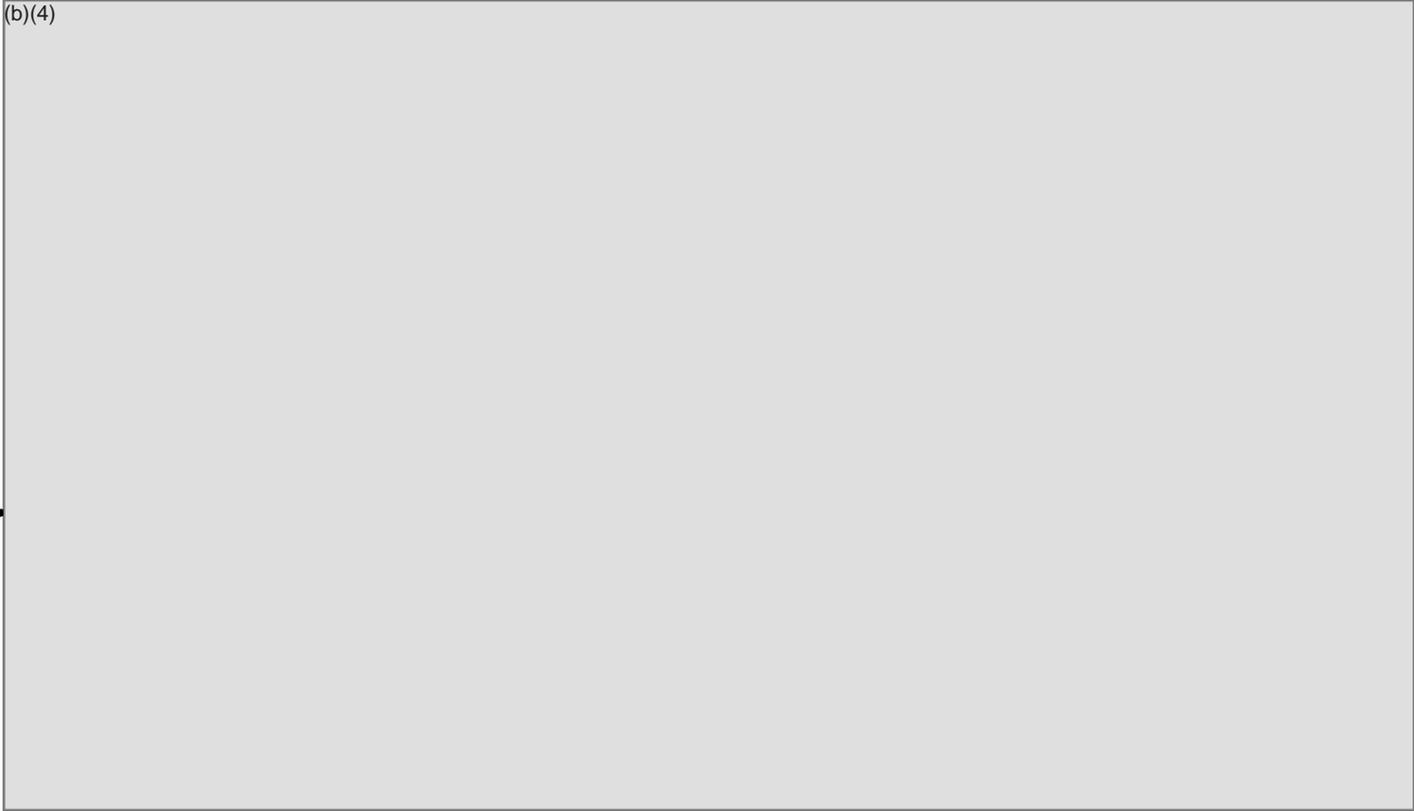


Exhibit 11

(b)(4)



Exhibit 12

(b)(4)



Exhibit 13



(b)(4)

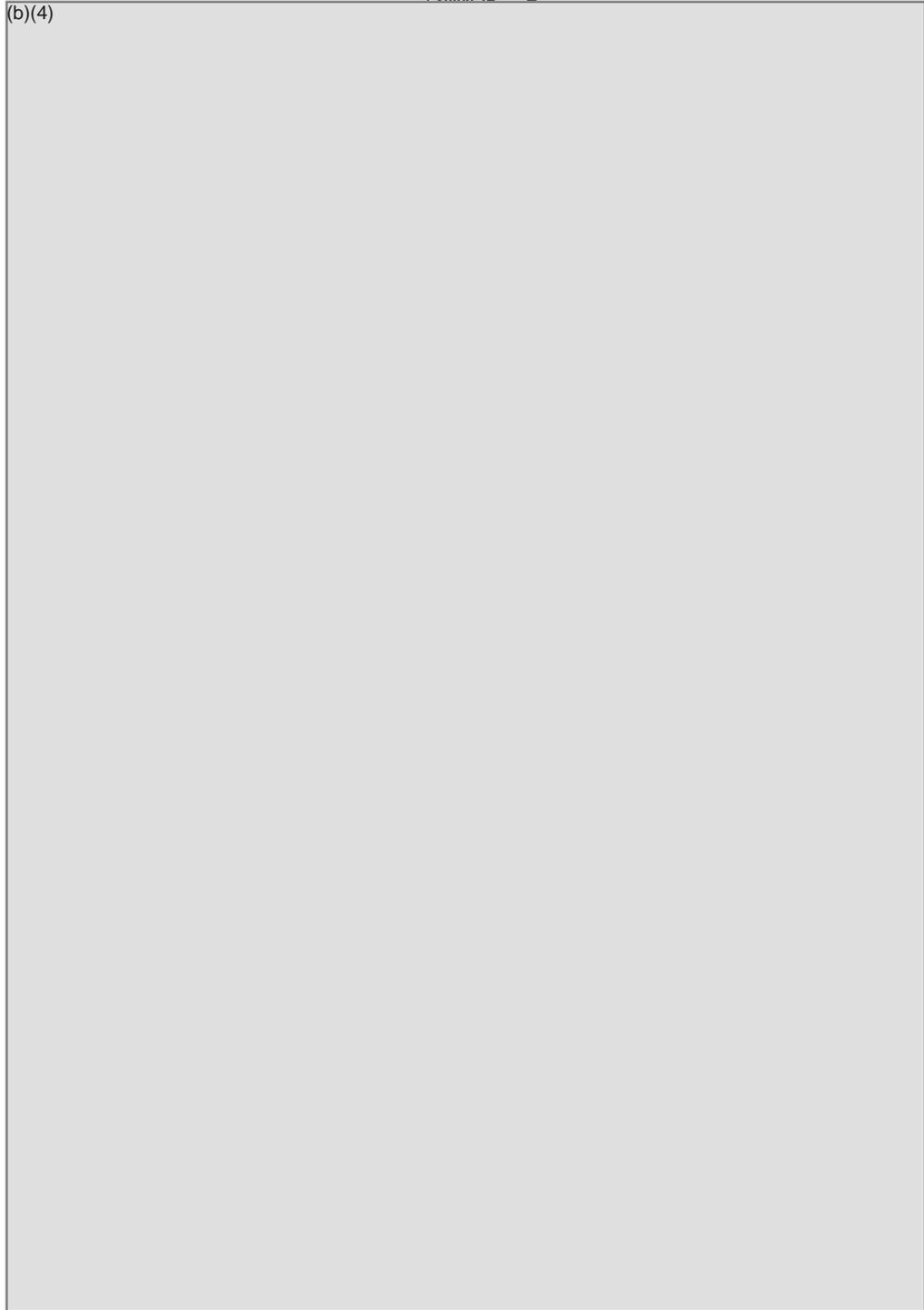
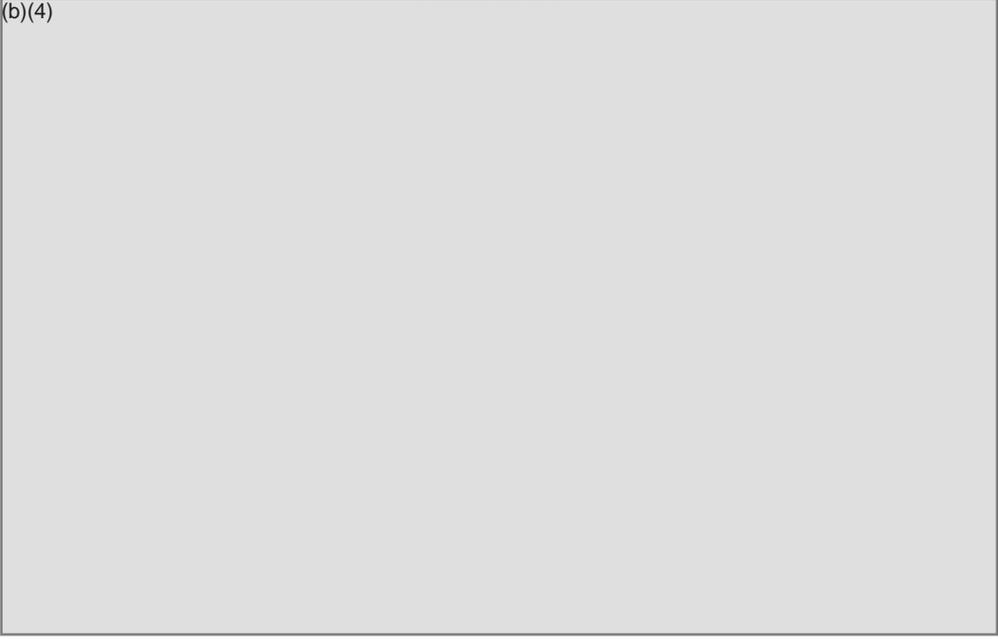


Exhibit 15

(b)(4)



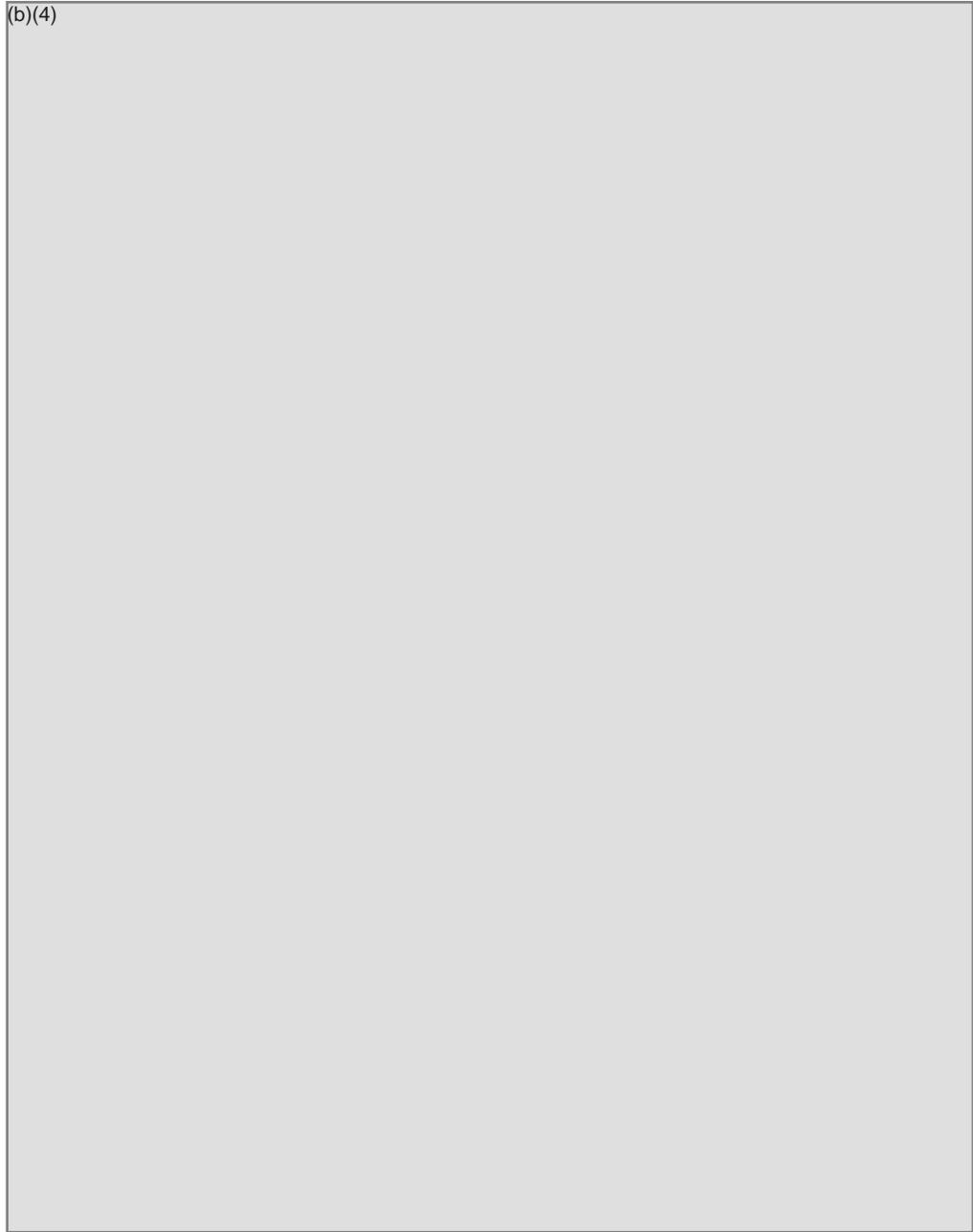


Exhibit 17

(b)(4)

