EIDS Program Management

Interface Control Document  
Describing the Dental Data  
Exchange from MMSO  
BASELINE  
  
  
Approved Version  
  
December 19, 2006



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ICD Describing the Dental Data Exchange from MMSO

Approved Version  
  
December 19, 2006

Approval Page

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Preface

This document describes the interface that provides the dental claims data collected by Military Medical Support Office (MMSO). These files sent to EIDS are loaded into the Military Health System (MHS) Data Repository (MDR).

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

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

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Abstract

The Executive Information/Decision Support (EIDS) Program Office’s MHS Data Repository (MDR) is the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the dental data exchange from the Military Medical Support Office (MMSO) to the MDR. It provides information and meta data regarding the dental claim and provider transaction data feed from MMSO.

**Keywords:** Decision Support, Executive Information, Interface Control Document, MHS Data Repository, Military Medical Support Office, DS, EI, ICD, MDR, MMSO

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| **BASELINE, CHANGE AND REVISION HISTORY PAGE** | | | |
| **ISSUE** | **DATE** | **PAGES AFFECTED** | **DESCRIPTION** |
| Baseline | Dec 19, 2006 | All | Baseline |
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# Introduction

## Document Identification

This document describes the interface that provides the dental claims and provider data files to the MHS Data Repository (MDR).

## Scope

This document describes and identifies the parameters and specifies the file layout of the dental files that the EIDS Program Office receives from the Military Medical Support Office (MMSO). MMSO receives the files from the Department of Veterans Affairs (VA), Service members, or civilian dentists. MMSO compiles the data and sends it to EIDS.

## System Overview

This particular ICD describes the specific interface between EIDS Program Office and MMSO providing dental data to the MDR. The MDR receives direct data feeds at the central host, an IBM RS/6000SP multi-node processor, through the Feed Nodes. MMSO dental data files are sent to EIDS monthly. EIDS operations personnel manage the file archive that stores the dental files. Figure 1‑1 diagrams the interface.

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

## Reference Documents

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

Dental data flow from VA and Civilian dentists to MMSO to feed nodes to the TSM and MDR.

Figure 1‑1 Dental Data Interface Flow

## Operational Agreement

This ICD provides the technical specification for an interface between MMSO and the EIDS Program Office regarding claim and provider dental data. It is the responsibility of the source system Program Office (i.e., MMSO) to notify EIDS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on EIDS receiving systems. When required, the ICD will be modified by the data receiver (i.e., EIDS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., MMSO).

Appendix A delineates the MMSO data elements that will be sent to the EIDS Program Office.

Should problems occur with the interface, EIDS data production support personnel will immediately contact MMSO managers. Should there be systemic data problems recognized during MDR processing, EIDS members will coordinate with their counterparts in MMSO.

# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data feed from MMSO to EIDS:

* Claim and Provider dental data files.

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

## Precedence and Criticality of Requirements

Dental data is necessary for the MHS to make knowledge-based decisions about programs, policies, and health care delivery effectiveness. A minimum of monthly updates are required for effective performance of the business. An inability to obtain this data for a period of 2 months or greater could have adverse consequences to the business.

## Communications Methods

MMSO will send dental data files monthly via Secure File Transfer Protocol (SFTP). The records obtained during the previous month will be transmitted as specified in Appendix A.

## Performance Requirements

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

## Security and Integrity

The data exchanged in this interface contains protected patient level identifiable information. The data within MDR does contain sensitive data and it will be protected in accordance with the C2-level protection standards mandated for all "Sensitive Unclassified Systems" by the requirements of DoD Directive 5200.28. These standards help ensure compliance with the following Federal laws:

* Privacy Act of 1974
* U.S. Code, Title 10, Section 1102, Medical Quality Assurance Records
* U.S. Code, Title 10, Section 1030, Fraud and Related Activity in Connection with Computers
* Computer Security Act of 1987
* Health Insurance Portability and Accountability Act (HIPAA)

## Data Integrity and Quality

Validation checks such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred to MDR as defined in the design documentation. When errors are discovered in the data exchange, MMSO will be notified immediately by EIDS operations personnel. If there are systemic problems, Interface Working Group (IWG) counterparts in MMSO will be contacted to work issues.

**Appendix A: Dental Data File Layout**

**A.1 File Format**

The dental data file from the Military Medical Support Office (MMSO) contains two file types: Claim records and Provider records. Each Claim Record represents one line item on a claim. These are sent to the MDR Feed Nodes monthly.

**A.2 Record Layout**

Tables A-1 and A-2 provide the layout and meta data for each record within the file. Table A-1 provides the Claim record layout and Table A-2 provides the Provider record layout. All fields are fixed length in the flat file. Character fields are left justified with any unused positions left blank. Number fields are right justified and are not zero-filled to the left. Decimal numbers have a decimal point included.

**A.3 File Operational Context**

The files represent completed claim records that have completed processing as approved or denied. The Provider file is cumulative across time, while the Claim file is cumulative, but separated by fiscal year. Only providers who have filed a claim for dental services will appear in the Provider file.

Both Claim and Provider files are sent monthly and are full-table refreshes. Files are transmitted to EIDS normally around the 18th of the month.

Once a fiscal year is completed (approximately 6 months past), the Claim record from a previous fiscal year is refreshed semi-annually. When the file is more than 3 years old, data refreshing is no longer required. The earliest year to be sent is FY02.

Table A‑1 MMSO Dental Claim File Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Claim ID | 9 | 1-9 | Character | N/A | None | Coverage Request Sequence Identifier. Claim identifier. |
| Claim Type | 1 | 10 | Character | N/A | D, P, U, blank | The type of claim. Coded as follows:  D Dental  P Pharmacy  U Unavailable  Blank Medical |
| VA Claim Flag | 1 | 11 | Character | N/A | None | Indicates that the claim is a Veteran’s Administration (VA) claim. |
| Claim Begin Date of Treatment | 8 | 12-19 | Date | N/A | None | The first date of treatment. Format: YYYYMMDD. |
| Claim End Date of Treatment | 8 | 20-27 | Date | N/A | None | The last date of treatment. Format: YYYYMMDD. |
| Claim Number of Visits | 2 | 28-29 | Integer | N/A | None | Workload - The number of outpatient visits. |
| Claim Treatment Facility Zip Code | 10 | 30-39 | Character | N/A | None | The Zip Code of the treatment facility. |
| Claim Disbursement or Reimbursement Code | 1 | 40 | Character | N/A | D, R, V, Null | Code indicating the claims disbursement or reimbursement. Coded as follows:  D Disbursement (payment to provider)  R Reimbursement (payment to service member)  V VA  Null Does not apply |
| DTF Referral Flag | 1 | 41 | Character | N/A | None | Flags whether the claim resulted from a Dental Treatment Facility (DTF) referral. |
| Provider Identifier | 9 | 42-50 | Character | N/A | None | The Taxpayer Identification Number (TIN) of the provider. |
| Provider ID Suffix | 3 | 51-53 | Character | N/A | None | The identifier suffix of the provider’s ID. |
| Coverage Request Status Date | 8 | 54-61 | Date | N/A | None | The status date of the coverage request. Format: YYYYMMDD. |
| Coverage Request Status Code | 1 | 62 | Character | N/A | None | The status of coverage request code. |
| Line Item Number | 3 | 63-65 | Character | N/A | None | The line number of the charge on the bill. |
| Line Item Place of Service | 10 | 66-75 | Character | N/A | None | Place of service for the line item. |
| Line Item Procedure Code | 10 | 76-85 | Character | N/A | None | Current Procedural Terminology Code (CPT-4) for the line item. |
| Line Item Diagnosis Code | 7 | 86-92 | Character | N/A | None | International Classification of Diseases (ICD-9) diagnosis code for the line item. |
| Line Item Charges | 11 (11,2) | 93-103 | Number | N/A | None | Charges for the line item. Format: DDDDDDDD.CC |
| Line Item Amount Approved | 11 (11,2) | 104-114 | Number | N/A | None | The amount approved for this line item. Format: DDDDDDDD.CC |
| Tooth Number | 2 | 115-116 | Character | N/A | None | The tooth entered on the pricing grid on the Claim Adjudication screen. |
| Care Type | 4 | 117-120 | Character | N/A | None | The type of care and threshold amount for an ADA code on a particular line item. |
| Person SSN | 9 | 121-129 | Character | N/A | None | Social Security Number (SSN) of the service member. |
| Person Birth Date | 8 | 130-137 | Date | N/A | None | Service member’s birth date. Format YYYYMMDD. |
| UIC (Employer ID) | 9 | 138-146 | Character | N/A | None | Unit Identification Code (UIC). Employer identifier of service member’s current duty station. |
| Person Status Code | 1 | 147 | Character | N/A | A, B, C, D, E, F, H, I, J, L, M, N, O, Q, R, T, U, V | The code that represents how the DoD personnel and/or finance center views the sponsor based on accountability and reporting strengths. (This attribute is similar to member category code.)  A Active Duty  B Presidential Appointee  C DoD Civil Service  D Disabled American Veteran  E DoD Contractor  F Former Member  H Medal of Honor  I Other Government Agency Employee  J Academy Student  L Lighthouse service  M Non-government agency personnel  N National Guard  O Other Government Agency Contractor  Q Reserve Retiree  R Retired  T Foreign Military  U Foreign National Employee  V Reserve |
| Person Sex Code | 1 | 148 | Character | N/A | F, M, X | Service member’s sex code. Coded as follows:  F Female  M Male  X Unknown |
| Person Pay Grade | 4 | 149-152 | Character | N/A | 0O;CD,E1 thru E9,EX,W1 thru W5,WX,01 thru 09,0X,10,11,19,G1 thruG9, GA thru GI, GX,UN,XX,ZZ | Code that represents the Service Member’s pay grade.  00 Not in military  CD Cadet/Midshipman  E1 thru E9 Enlisted  EX Unknown enlisted  W1 thru W5 Warrant Officer  O1 thru O9 Officer  OX Unknown Officer  10-11 Officer  19 Academy  G1 thru G9 Civil servant  GA Civil servant  GB Civil servant  GC Civil servant  GD Civil servant  GE Civil servant  GF Civil servant  GG Civil servant  GH Civil servant  GI Civil servant  GX Unknown civil servant  UN Other  XX Unknown  ZZ Unknown military |
| Person Residence Zip Code | 9 | 153-161 | Character | N/A | None | Service member’s residence zip code. |
| Person Duty Zip Code | 9 | 162-170 | Character | N/A | None | Service member’s duty zip code. |
| Service Code | 1 | 171 | Character | N/A | A, C, D, F, H, M, N, O, X, | The code that represents the branch classification of Service with which the service member is affiliated.  A Army  C Coast Guard  D Office of Secretary of Defense  F Air Force  H Commissioned Corps of the Public Health Service  M Marine Corps  N Navy  O Commissioned Corps of the National Oceanographic and Atmospheric Administration (NOAA)  X Not applicable |
| Line Item Status | 1 | 172 | Character | N/A | 1, 2, 5 | Line item status. Coded as follows:  1 Denied  2 Null  5 Approved |
| Person ID | 10 | 173-182 | Character | N/A | None | The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (DoD EDI\_PN). |
| Line Item Tooth Surfaces | 9 | 183-191 | Character | N/A | None | Tooth surface code. Up to five surfaces, each a single character code with a comma between them. |
| Line Item Oral Cavity | 14 | 192-205 | Character | N/A | None | Oral cavity code. Multiple codes possible, 2-character code with commas between them. |
| Referral DMIS ID | 4 | 206-209 | Character | N/A | None | DTF/MTF that referred the care. |
| Person State | 2 | 210-211 | Character | N/A | Standard state codes | Service member’s state of residence. |
| Job Order Number (JON) | 5 | 212-216 | Character | N/A | None | The last 5-digits of the Job Order Number (JON) for this line of accounting. The first digit is coded as follows:  4 GSU  5 DTF Referred  6 Dental Outpatient  7 VA unspecified  7/8 VA – charged to service  The last digit is coded as follows:  0 Army  1 Air Force  2 Navy  3 Marine Corps  4 Coast Guard  5 Army National Guard  6 Air Force National Guard  7 Public Health Service (PHS)  8 National Oceanographic and Atmospheric Administration (NOAA) |
| National Provider Identifier (NPI) | 10 | 217-226 | Character | N/A | None | The National Provider Identifier (NPI) unique to the treating provider. |
| NPI Type | 1 | 227 | Character | N/A | 1, 2 | The NPI entity type. Coded as follows:  1 Individual providers  2 Organizational providers |

Table A‑2 MMSO Dental Provider File Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Provider Location Zip Code | 5 | 1-5 | Character | N/A | None | The physical location of the provider given as a Zip Code. |
| Treatment Facility Name | 45 | 6-50 | Character | N/A | None | The name of the treatment facility. |
| Treatment Facility Street Address Line 1 | 35 | 51-85 | Character | N/A | None | The first line of the street address for the treatment facility. |
| Treatment Facility Street Address Line 2 | 35 | 86-120 | Character | N/A | None | The second line of the street address for the treatment facility. |
| Treatment Facility City | 25 | 121-145 | Character | N/A | None | The city for the treatment facility. |
| Treatment Facility State | 2 | 146-147 | Character | N/A | None | The state for the treatment facility. |
| Treatment Facility Zip Code | 10 | 148-157 | Character | N/A | None | The zip code for the treatment facility. |
| Provider ID | 9 | 158-166 | Character | N/A | None | The Taxpayer Identification Number (TIN) of the provider. |
| Provider ID Suffix | 3 | 167-169 | Character | N/A | None | The provider‘s identification suffix. |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **ADA** | American Dental Association |
| **CCB** | Configuration Control Board |
| **CEIS** | Corporate Executive Information System |
| **CPT-4** | Current Procedural Terminology Code (4th edition) |
| **DCN** | Document Change Notice |
| **DECC** | DISA Enterprise Computing Center |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **DTF** | Dental Treatment Facility |
| **EDI\_PN** | Electronic Data Interchange Person Number |
| **EIDS** | Executive Information Decision Support |
| **GSU** | Geographically Separated Unit |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **ICD** | Interface Control Document |
| **ICD-9** | International Classification of Diseases (9th edition) |
| **IWG** | Interface Working Group |
| **JON** | Job Order Number |
| **MDR** | MHS Data Repository |
| **MHS** | Military Health System |
| **MMSO** | Military Medical Support Office |
| **MTF** | Medical Treatment Facility |
| **NOAA** | National Oceanographic and Atmospheric Administration |
| **NPI** | National Provider Identifier |
| **ORD** | Operational Requirements Document |
| **PHS** | Public Health Service |
| **SFTP** | Secure File Transfer Protocol |
| **SSN** | Social Security Number |
| **TIN** | Taxpayer Identification Number |
| **TSM** | Tivoli Storage Manager |
| **UIC** | Unit Identification Code |
| **VA** | Department of Veterans Affairs |