REQUEST FOR RECORDS DISPOSITION AUTHORITY

(See Instructions on reverse)

LEAVE BLANK (NARA use only)
JOB NUMBER N1-330-11-1
DATE RECEIVED 10/22/10

TO NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR)
WASHINGTON, DC 20408

1 FROM (Agency or establishment)
Office of the Secretary of Defense

2 MAJOR SUBDIVISION
Washington Headquarters Services

3 MINOR SUBDIVISION
Records and Declassification Division

4 NAME OF PERSON WITH WHOM TO CONFER	5 TELEPHONE
Mrs Luz D Ortiz	(703) 588-6838

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U S C 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10

DATE	ARCHIVIST OF THE UNITED STATES
Oct 12	

6 AGENCY CERTIFICATION

I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached 3 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified, and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,

[x] is not required, [ ] is attached, or [ ] has been requested

DATE	SIGNATURE OF AGENCY REPRESENTATIVE	TITLE
10/14/2010	Robert Storer	OSD Records Administrator

7 ITEM NO	8 DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9 GRS OR SUPERSEDED JOB CITATION	10 ACTION TAKEN (NARA USE ONLY)
	OFFICE OF THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL & READINESS (OUSD)(P&R), ASSISTANT SECRETARY OF DEFENSE (ASD) HEALTH AFFAIRS (HA), TRICARE MANAGEMENT ACTIVITY (TMA) The TRICARE Medical Care Systems contain records that make up the health record of all categories of patients receiving treatment at Military Treatment Facilities See attached pages		

SF 115 Submission for scheduling with National Archives and Records Administration (NARA):

OFFICE OF THE UNDER SECRETARY OF DEFENSE FOR PERSONNEL & READINESS (OUSD)(P&R), ASSISTANT SECRETARY OF DEFENSE (ASD) HEALTH AFFAIRS (HA), TRICARE MANAGEMENT ACTIVITY (TMA)

TRICARE MEDICAL CARE SYSTEMS
BACKGROUND:

The TRICARE Medical Care Systems contain records that make up the health record of all categories of patients receiving treatment at Military Treatment Facilities (MTFs) (i e Active Duty service members, retirees, reservists, and beneficiaries). All system documentation is covered under GRS 20, Item 11a (1)

ITEM 1: Armed Forces Health Longitudinal Technology Application (AHLTA)
Background: The AHLTA is comprised of multiple legacy information systems, to include the Composite Health Care System (CHCS) The CHCS, which was formerly DoD's primary health information system, is still in use to capture pharmacy, radiology, and laboratory order management for AHLTA AHLTA receives its information from multiple feeder systems from the Military Services, TMA, and DoD (Defense Enrollment Eligibility Reporting System). Data in AHLTA is the Computer-based Patient Records (CPR) or Electronic Health Record (EHR) for TMA beneficiaries. The records in AHLTA are maintained by TMA only in electronic formats on a central data repository

This schedule applies only to AHLTA, CHCS, or subsequent system data maintained centrally at Defense Information System Agency (DISA) facilities for the TMA (or other facilities maintaining data on behalf of TMA) is authorized under AHLTA, CHCS, or subsequent system data maintained at MTFs or other clinical provider sites will be managed according to the appropriate Military Service Records Disposition Schedules or other authorized retention schedules. The records may be indexed or accessed by individual's name or other unique identifier Privacy Act System Notice Applies· DHA 07 SORN, Military Health Information System

Sources of data includes information migrated from interim electronic information systems, electronic medical equipment, or information entered directly into the patient medical record information system Additional data sources are user (physicians, nurses, medical technicians, clerks, and administrators) entries The data contained within AHLTA is born digital and is not derived from paper records. Inputs are covered under GRS 20, Item 2b.

Outputs from the ALTHA can be both paper and electronic and dependent on the user's need Primarily, for patient services it is real-time and on demand Electronic outputs are electronic displays of patient medical information Paper-based outputs are used for convenience or working purposes only and do not constitute record copies of data for

TRICARE Outputs are covered under N1-330-92-1 (103-08 Reference Paper Files) or GRS 20 Item 7. Any paper records produced at the service provider level are the responsibility of the provider to maintain in accordance with established regulations and records schedules.

FILE TITLE: Armed Forces Health Longitudinal Technology Application (AHLTA) Master File
FILE DESCRIPTION: Information system comprised of multiple legacy systems used to collect records documenting outpatient care Included, but not limited to the following: Patient name, patient demographics (active duty, retiree, or beneficiary), Date of Birth (DOB), Age, Social Security Number (SSN), Gender, Sponsor information, dependant codes, consult logs, patient register, telephone consults, results, appointments, medications, immunizations, allergies, laboratory, radiology, pharmacy, dietetics, readiness information, vital signs, clinical notes, patient questionnaires, inpatient billing, inpatient/outpatient services, workload and accounting.
PRIVACY ACT: DHA 07
DISPOSITION: TEMPORARY COFF upon last episode of patient care or last entry to the patient record is annotated Delete/Destroy when 75 years old

ITEM 2: Clinical Information System (CIS)
Background: The CIS (also called Essentris), is a commercial health information system customized to support the delivery of inpatient, emergency department, and selected outpatient care at MTF CIS enables continuous and automated clinical documentation and bed side point-of-care data capture with clinical instruments for multiple patients allowing health care providers to focus on patient care All inpatient clinical documentation is created and stored in CIS except data input in the CHCS and bed side instruments TMA does not maintain any CIS data All CIS data resides at the MTF or hospital database server. Only CIS or subsequent system data maintained on local treatment facility servers at the MTFs or hospital are authorized under this disposition

Sources of data includes information migrated from interim electronic information systems, electronic workstations, medical devices (such as, physiological monitors, fetal monitors, ventilators, etc) and data entered by individual caregivers into electronic beside instruments

Outputs are on-demand at the clinical site Outputs from CIS do not constitute TMA records as they are only utilized at the treatment facility Outputs are covered under GRS 20, Item 6

FILE TITLE: Clinical Information System (CIS) Master File
FILE DESCRIPTION: Information system customized to support inpatient treatment at military medical facilities and hospitals Information includes but not limited to physical notes, physical history and physical assessments, discharge summaries, progress notes, physician orders, nursing notes, medications

administered records, and patient vital signs Information IS entered into CIS through electronic work stations, other electronic systems, or electronic bed-side instruments (i e physiological monitors, fetal monitors, ventilators, etc)
DISPOSITION: TEMPORARY COFF upon last episode of patient care or last entry to the patient record is annotated Destroy/Delete 6 years after cutoff

~~**ITEM 3: Nutrition Management Information System (NMIS)**~~ **WITHDRAWN.**

~~**Background:** The NMIS is the Military Health System (MHS) / TMA electronic information system for clinical dietetic and food/production service information. It contains data elements in the health care records that enable MHS/TMA dietetic personnel to provide preventive and therapeutic medical nutrition therapy (MNT) and medical food management. Supported functions also include inventory management, purchase orders, meal planning, forecast numbers, recipe costing, a-la carte pricing and cost accounting activities associated with medical food management. Records in the NMIS system are maintained primarily by TMA at the Defense Medical Logistics Standard Support (DMLSS) Program Office. NMIS or subsequent system data maintained on local treatment facility servers at the MTFs or hospital are authorized under this disposition.~~

~~Records can be accessed by individual's name or other unique identifier. Privacy Act System Notice Applies. DHA 17, Defense Nutrition Management Information System published February 2, 2007, 72 FR 5019.~~

~~Sources of data are from the patient, medical record, health care provider referral and the Composite Health Care System (CHCS). Information is entered by the NMIS users with the exception of the data received from the CHCS interface. Inputs are covered by GRS 20, Item 2b.~~

~~Outputs from NMIS are generally statistical reports regarding inventory, product cost, and patient menus, patient care plans and progress notes and will be managed according to the appropriate Military Service Records Disposition Schedules or other authorized retention schedules. Records are maintained in both paper and electronic form.~~

~~**FILE TITLE: Nutrition Management Information System (NMIS) Master File and Reports**~~
~~**FILE DESCRIPTION:** Information system for clinical dietetic and food/production service information. Records consist of patient name, sponsor social security number (SSN), patient SSN, age, Date of Birth (DOB), diet type, medical treatment information including laboratory results, medications and nutrition outcomes associated with the diagnoses related to nutrition care. Reports include but are not limited to menu planning, patient care plans, calculation of caloric/diabetic and renal/hepatic diets, and nutrition inventory.~~

~~**PRIVACY ACT: DHA 17**~~
~~**DISPOSITION:** TEMPORARY. COFF in year in which last episode of patient care or last entry to the patient record is annotated. Delete/Destroy 3 years after cutoff.~~