

HEADER RECORD DATA

DATA ELEMENT DEFINITION

| ELEMENT NAME: BATCH DATE | | | |
|---|--|-----------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-035 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Seven (7) numeric characters, YYYYDDD. | | | |
| DEFINITION | Date the contractor first created the batch for transmission to TMA. This date will not change through the resubmission process. | | |
| CODE/VALUE SPECIFICATIONS | YYYY | 4 digit calendar year | |
| | DDD | 3 digit Julian date | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | GROUP | | |
| N/A | BATCH NUMBER | | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ For use on all Provider and Pricing reporting, and on Institutional/Non-Institutional HCSRs from at-risk contractors. Zero fill if not applicable. | | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: BATCH/VOUCHER IDENTIFIER

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------|----------|-------------|----------|
| Header | 0-025 | 1 | Yes |

PRIMARY PICTURE (FORMAT) One (1) alphanumeric character.

DEFINITION Identifies the type of records submitted in the batch (voucher).

| ¹ CODE/VALUE SPECIFICATIONS | | |
|--|---|---------------------------------|
| | 1 | Institutional |
| | 2 | Non-Institutional |
| | 3 | Provider |
| | 4 | Pricing |
| | 5 | Institutional/Non-Institutional |

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-------------|---------------------|
| N/A | CONTRACT IDENTIFIER |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Codes '1' and '2' apply only to at-risk contractors and subcontractors.

DATA ELEMENT DEFINITION

| ELEMENT NAME: BATCH NUMBER | | | |
|---|---|---------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-030 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Group | | | |
| DEFINITION | Field containing multiple elements that uniquely identify the batch of records. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| BATCH DATE | | CONTRACT IDENTIFIER | |
| BATCH SEQUENCE NUMBER | | N/A | |
| BATCH RESUBMISSION NUMBER | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ For use on all Provider and Pricing reporting, and on Institutional/Non-Institutional HCSRs from at-risk contractors. Zero fill if not applicable. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: BATCH RESUBMISSION NUMBER | | | |
|---|---|--------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-045 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | Identifies the number of submissions for the batch. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | Set initial submission batch to 00 and increment by one (1) with each resubmission or rejected HCSRs. Do not increment if resubmitting a batch that failed batch header edits. | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | BATCH NUMBER | |

NOTES AND SPECIAL INSTRUCTIONS:
¹ For use on all Provider and Pricing reporting, and on Institutional/Non-Institutional HCSRs from at-risk contractors. Zero fill if not applicable.

DATA ELEMENT DEFINITION

| ELEMENT NAME: BATCH SEQUENCE NUMBER | | | |
|--|---|--------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-040 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | A sequential number assigned by the contractor to uniquely identify the batch. Once assigned, the number remains with the batch through resubmission process if applicable. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | Set initial sequence number to 01 and increment by one (1) for each subsequent batch for that date. Do not "reuse" sequence number within Contract Identifier. | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | BATCH NUMBER | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ For use on all Provider and Pricing reporting, and on Institutional/Non-Institutional HCSRs from at-risk contractors. Zero fill if not applicable. For at-risk contractors only, Sequence numbers 01-49 will be used for network batches and sequence numbers 50-99 will be used for non-network batches. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: CONTRACT IDENTIFIER | | | |
|--|--|--------------------|-----------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-010 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) Group | | | |
| DEFINITION | Field containing multiple elements that uniquely identify each batch of records submitted by the contractor. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| CONTRACT NUMBER | | N/A | |
| BATCH/VOUCHER IDENTIFIER | | N/A | |
| BATCH NUMBER | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: CONTRACT NUMBER | | | |
|--|---|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-015 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | Seven (7) alphanumeric characters. | | |
| DEFINITION | The unique number assigned to a contract. The first two digits of the contract number followed by the one character alpha procurement code followed by the last four digits of the contract number. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: CONTRACTOR NUMBER | | | |
|--|---|---|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-005 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | Identification code for the contractor. Used to identify each contractor submitting Health Care Service Records, Pricing File Records, and Provider File Records. | | |
| CODE/VALUE SPECIFICATIONS | TMA-assigned contractor number provided at the time contract is awarded. | | |
| | 03 | Managed Care Support - Region 3/4 | |
| | 06 | Managed Care Support - Region 6 | |
| | 07 | Managed Care Support - Central Region (Region 7/8) | |
| | 11 | Managed Care Support - Region 11 | |
| | 13 | Unisys Health Information Management | |
| | 25 | Managed Care Support - Region 2/5 | |
| | 26 | Managed Care Support - Region 1 | |
| | 38 | Blue Cross and Blue Shield of South Carolina | |
| | 45 | Wisconsin Physicians Service | |
| | 53 | Foundation Health Federal Services (CRI) | |
| | 57 | New Orleans Coordinated Care Program | |
| | 59 | Aetna Government Health Plans, Inc. | |
| | 60 | Managed Care Support Region 9, 10, 12 | |
| | 72 | Managed Care Support - FHC Options | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | | GROUP |
| N/A | | | N/A |
| NOTES AND SPECIAL INSTRUCTIONS: N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: OCHAMPUS BATCH/VOUCHER PROCESSING DATE | | | |
|--|----------|------------------------|-----------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-115 | 1 | No ¹ |
| PRIMARY PICTURE (FORMAT) Six (6) numeric characters, YYMMDD. | | | |
| DEFINITION The date the batch/voucher was processed by TMA. | | | |
| CODE/VALUE SPECIFICATIONS | | | |
| | YY | 2 digit calendar year | |
| | MM | 2 digit calendar month | |
| | DD | 2 digit calendar day | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | BATCH/VOUCHER DATA | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ This field is not applicable to Batches/Vouchers received at TMA. This field is for optional use by the contractor on all Batches/Vouchers sent from TMA. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: PERIOD BEGIN DATE | | | |
|--|---|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-055 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Eight (8) numeric characters, YYYYMMDD. | | |
| DEFINITION | Earliest processed to completion date for the Health Care Services Records in the batch or voucher. | | |
| CODE/VALUE SPECIFICATIONS | YYYY | 4 digit calendar year | |
| | MM | 2 digit calendar month | |
| | DD | 2 digit calendar day | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | PERIOD COVERED | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Must be zero filled for provider and pricing file batch header records. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: PERIOD COVERED | | | |
|--|---|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-050 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Group | | | |
| DEFINITION | Inclusive dates to span the processed to completion dates for the Health Care Services Records contained in the batch or voucher. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| PERIOD BEGIN DATE | | N/A | |
| PERIOD END DATE | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Must be zero filled for provider and pricing file header records. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: PERIOD END DATE | | | |
|--|---|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-060 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Eight (8) numeric characters, YYYYMMDD. | | |
| DEFINITION | Latest processed to completion date for the Health Care Services Records in the batch or voucher. | | |
| CODE/VALUE SPECIFICATIONS | YYYY | 4 digit calendar year | |
| | MM | 2 digit calendar month | |
| | DD | 2 digit calendar day | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | PERIOD COVERED | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Must be zero filled for provider and pricing file header records. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: RECORD TYPE | | | |
|--|--|---|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-001 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | One (1) alphanumeric character. | | |
| DEFINITION | Code to indicate whether the record is a batch header or voucher header. | | |
| CODE/VALUE SPECIFICATIONS | 0 | Batch Header (used on all Provider and Pricing batches, and for Institutional/Non-Institutional HCSRs from at-risk contractors) | |
| | 5 | Voucher Header (used only for Institutional/Non-Institutional HCSRs from FI) | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: REGION CODE | | | |
|---|--|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-120 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. ¹ | | |
| DEFINITION | Code to indicate the region in which the MTF is located. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| REGIONS | 01-15 | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | | GROUP |
| N/A | | | N/A |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ If not applicable, space fill. | | | |
| Applies only to region 01, 02, or 05. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: TOTAL AMOUNT PAID | | | |
|--|--|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-070 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Twelve (12) signed numeric digits including two (2) decimal places. | | |
| DEFINITION | Total benefit dollars paid by the contractor for the Health Care Services Records contained in the batch or voucher. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Must be zero filled for provider and pricing file batch header records. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: TOTAL NUMBER OF RECORDS | | | |
|---------------------------------------|---|-------------|----------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-065 | 1 | Yes |
| PRIMARY PICTURE (FORMAT) | Seven (7) unsigned numeric digits. | | |
| DEFINITION | Total number of records submitted in the batch or voucher, exclusive of the header and trailer records. (See Section 2.) | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | N/A | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| N/A | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER BRANCH OF SERVICE | | | |
|--|---|--|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-082 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | A Branch of Service indicator for the HCSRs in the voucher. All HCSRs must be grouped by Sponsor Branch of Service in addition to Record Type. EXCEPTION: A Continued Health Care Benefit Program (CHCBP) voucher may contain HCSRs with mixed Sponsor Branches of Service in addition to mixed Record Types. | | |
| CODE/VALUE SPECIFICATIONS | 01 | Army (do not use after 09/30/98) | |
| | 02 | Air Force (do not use after 09/30/98) | |
| | 03 | Marine Corps/Navy (do not use after 09/30/98) | |
| | 04 | Reserved for future use | |
| | 05 | Non-DoD (Special/Emergent Care & Abused Dependent of Discharged or Dismissed Member) | |
| | 10 | Continued Health Care Benefit Program (CHCBP) | |
| | 21 | Active Duty - Army (TPR) | |
| | 22 | Active Duty - Air Force (TPR) | |
| | 23 | Active Duty - Marine Corps/Navy (TPR) | |
| | 25 | Active Duty - Non DoD (TPR) | |
| | 26 | Army - National Guard (TPR) | |
| | 41 | Army (Comprehensive Clinical Evaluation Program) | |
| | 42 | Air Force (Comprehensive Clinical Evaluation Program) | |
| | 43 | Marine Corps/Navy (Comprehensive Clinical Evaluation Program) | |
| | 45 | Non-DoD (Comprehensive Clinical Evaluation Program) | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Blank fill except for Institutional/Non-Institutional vouchers. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER BRANCH OF SERVICE (CONTINUED) | | |
|---|-----------|--|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | 71 | Army - Direct Pay, Special/Emergent Care & Abused Dependent of Discharged or Dismissed Member |
| | 72 | Air Force - Direct Pay, Special/Emergent Care & Abused Dependent of Discharged or Dismissed Member |
| | 73 | Marine Corps/Navy - Direct Pay, Special/Emergent Care & Abused Dependent of Discharged or Dismissed Member |
| | A1 | Army (Supplemental Health Care Program - Emergency) |
| | A2 | Air Force (Supplemental Health Care Program - Emergency) |
| | A3 | Marine Corps/Navy (Supplemental Health Care Program - Emergency) |
| | A5 | Non DoD (Supplemental Health Care Program - Emergency) |
| | A6 | Army - National Guard (Supplemental Health Care Program - Emergency) |
| | B1 | Army (Supplemental Health Care Program - MTF Referred) |
| | B2 | Air Force (Supplemental Health Care Program - MTF Referred) |
| | B3 | Marine Corps/Navy (Supplemental Health Care Program - MTF Referred) |
| | B5 | Non DoD (Supplemental Health Care Program - MTF Referred) |
| | B6 | Army - National Guard (Supplemental Health Care Program - MTF Referred) |
| | C1 | Army - TRICARE Senior Supplement |
| | C2 | Air Force - TRICARE Senior Supplement |
| | C3 | Marine Corps/Navy - TRICARE Senior Supplement |
| | C5 | Non DoD - TRICARE Senior Supplement |
| | D1 | Army - Pharmacy Redesign Pilot Program |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Blank fill except for Institutional/Non-Institutional vouchers.

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER BRANCH OF SERVICE (CONTINUED) | | |
|---|----------------|--|
| CODE/VALUE SPECIFICATIONS (CONTINUED) | D2 | Air Force - Pharmacy Redesign Pilot Program |
| | D3 | Marine Corps/Navy - Pharmacy Redesign Pilot Program |
| | D5 | Non DoD - Pharmacy Redesign Pilot Program |
| | FA | TRICARE Senior Prime Dover AFB, Dover, DE |
| | FB | TRICARE Senior Prime Keesler AFB, Biloxi, MS |
| | FC | TRICARE Senior Prime Brook Army Medical Center, San Antonio, TX |
| | FD | TRICARE Senior Prime Wilford Hall Medical Center, San Antonio, TX |
| | FE | TRICARE Senior Prime Fort Sill, OK |
| | FF | TRICARE Senior Prime Sheppard AFB, Wichita Falls, TX |
| | FG | TRICARE Senior Prime Fort Carson, Colorado Springs, CO |
| | FH | TRICARE Senior Prime Air Force Academy, Colorado Springs, CO |
| | FJ | TRICARE Senior Prime Naval Medical Center San Diego, San Diego, CA |
| | FK | TRICARE Senior Prime Madigan Army Medical Center, Fort Lewis, WA |
| Refer to the next page for instructions on determining Voucher Branch of Service. | | |
| ALGORITHM N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | |
| SUBORDINATE | GROUP | |
| N/A | VOUCHER NUMBER | |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Blank fill except for Institutional/Non-Institutional vouchers.

DEFINITION

**INSTRUCTIONS FOR DETERMINING VOUCHER BRANCH OF SERVICE
ACCORDING TO THE BENEFICIARY'S RESIDENCE**

1. **Non-DoD Beneficiaries.** Care for all non-DoD (PHS, NOAA, and Coast Guard) beneficiaries, regardless of where health care is provided, will be assigned to a separate voucher.
2. **DoD Beneficiaries Residing in Catchment Areas.** Health care will be assigned by catchment area branch of service, utilizing the sponsor's branch of service and the beginning date of health care on the claim being adjudicated in conjunction with the status code on the Catchment Area Directory magnetic tape furnished by TRICARE Management Activity (TMA). The above procedures should be used to assign the health care to a specific catchment area. Refer to [Addendum I](#) of this chapter for assignment of catchment areas to the appropriate branch of service. The following exceptions to the above will apply:
 - a. Non-U.S. catchment areas will be ignored.
 - b. If the Zip Code of the beneficiary's residence overlaps between a non-DoD (USFHP or Coast Guard) and a DoD catchment area(s), the health care will be assigned to the appropriate DoD catchment area.
 - c. If the Zip Code of the beneficiary's residence is unique to a non-DoD (USFHP or Coast Guard) catchment area, the health care will be assigned to the branch of service of the sponsor.
3. **For DoD Beneficiaries Residing Outside Catchment Areas.** Health care will be assigned by branch of service of the sponsor.
4. **For Continued Health Care Benefit Program Beneficiaries.** Care for all Continued Health Care Benefit Program beneficiaries, regardless of branch of service of the sponsor or where health care is provided, will be assigned a separate voucher.

NOTE: The only exception to the above shall be in the situation where a DoD catchment area overlaps with a Coast Guard catchment area. When this happens, all care received by DoD beneficiaries residing within the overlapping area shall be assigned to the DoD Military Treatment Facility.

DATA ELEMENT DEFINITION

ELEMENT NAME: **VOUCHER DATA**

| RECORDS/LOCATOR NUMBERS | | | |
|---|----------|-------------|------------------|
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-075 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Group | | | |
| DEFINITION Field containing multiple elements of voucher information. | | | |
| CODE/VALUE SPECIFICATIONS N/A | | | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| VOUCHER NUMBER | | N/A | |
| VOUCHER NOTICE DATE | | N/A | |
| VOUCHER PROCESSING DATE | | N/A | |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Only applies to Institutional and Non-Institutional HCSRs.

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER FISCAL YEAR | | | |
|---|--|-------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-085 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | One (1) numeric character, Y. | | |
| DEFINITION | The last digit of the fiscal year of the voucher as assigned by TMA. | | |
| CODE/VALUE SPECIFICATIONS | Y = 1 digit year (e.g., FY 1989 = 9) | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | | GROUP |
| N/A | | | VOUCHER NUMBER |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Zero fill except for Institutional and Non-Institutional vouchers. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER NOTICE DATE | | | |
|---|----------|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-105 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) Eight (8) numeric characters YYYYMMDD. | | | |
| DEFINITION The date the voucher funding was authorized by TMA. | | | |
| CODE/VALUE SPECIFICATIONS | | | |
| | YYYY | 4 digit calendar year | |
| | MM | 2 digit calendar month | |
| | DD | 2 digit calendar day | |
| ALGORITHM N/A | | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | VOUCHER DATA | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Zero fill except for Institutional and Non-Institutional vouchers. | | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: **VOUCHER NUMBER**

RECORDS/LOCATOR NUMBERS

| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
|-------------|----------|-------------|------------------|
| Header | 0-080 | 1 | Yes ¹ |

PRIMARY PICTURE (FORMAT) Group

DEFINITION Voucher number assigned by contractor and coordinated with TMA that uniquely identifies the voucher within a contract.

CODE/VALUE SPECIFICATIONS N/A

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

| SUBORDINATE | GROUP |
|-----------------------------|--------------|
| VOUCHER RESUBMISSION NUMBER | N/A |
| VOUCHER FISCAL YEAR | VOUCHER DATA |
| VOUCHER SEQUENCE NUMBER | N/A |
| VOUCHER BRANCH OF SERVICE | N/A |

NOTES AND SPECIAL INSTRUCTIONS:

¹ Only applies to Institutional and Non-Institutional vouchers.

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER PROCESSING DATE | | | |
|---|--|------------------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-110 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Eight (8) numeric characters, YYYYMMDD. | | |
| DEFINITION | The date the contractor first created the voucher for transmission to TMA. This date will not change through the resubmission process. | | |
| CODE/VALUE SPECIFICATIONS | YYYY | 4 digit calendar year | |
| | MM | 2 digit calendar month | |
| | DD | 2 digit calendar day | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | VOUCHER DATA | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Zero fill except for Institutional and Non-Institutional vouchers. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER RESUBMISSION NUMBER | | | |
|---|--|----------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-100 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Two (2) alphanumeric characters. | | |
| DEFINITION | Identifies the number of submissions for the voucher. | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | Set initial submission voucher to 00 and increment by one (1) with each resubmission of rejected HCSRs. Do not increment if resubmitting a voucher that failed batch/voucher header edits. | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | VOUCHER NUMBER | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Zero fill except for Institutional and Non-Institutional vouchers. | | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: VOUCHER SEQUENCE NUMBER | | | |
|--|--|----------------|------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| RECORD NAME | LOCATOR# | OCCURRENCES | REQUIRED |
| Header | 0-090 | 1 | Yes ¹ |
| PRIMARY PICTURE (FORMAT) | Three (3) alphanumeric characters. | | |
| DEFINITION | A sequential number assigned by the contractor to identify the voucher sequence within the branch of service and fiscal year. Once assigned, the number remains with the voucher through the resubmission process (if applicable). | | |
| CODE/VALUE SPECIFICATIONS | N/A | | |
| ALGORITHM | N/A | | |
| SUBORDINATE AND/OR GROUP ELEMENTS | | | |
| SUBORDINATE | | GROUP | |
| N/A | | VOUCHER NUMBER | |
| NOTES AND SPECIAL INSTRUCTIONS: | | | |
| ¹ Zero fill except for Institutional/Non-Institutional vouchers. | | | |
| ² At-Risk contractors - For use on all Institutional/Non-Institutional HCSRs. Zero fill if not applicable. Sequence numbers 001-499 and A01-Z49 will be used for network vouchers and sequence numbers 500-999 and A50-Z99 will be used for non-network vouchers. (Not applicable to Region 3 and 4). | | | |

