

## Electronic Record Transfer Procedures

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### 1.0 GENERAL

The **Defense Health Agency (DHA)** Records Management Office has provided the contractor two options to manage government records, either in paper (reference Addendum A) or electronic (reference this Addendum) format. Electronic records shall be **held at DHA Records Management Office** by following this guidance.

**1.1** Electronic records shall be transferred to **DHA** on acceptable storage media. Acceptable storage media for electronic transfers are Compact Disc-Read Only Memory (CD-ROM), Digital Versatile Disk-Recordable (DVD-R), or on external terabyte drives. If there is a need for other storage media not identified, contact the **DHA** Records Management Officer.

**1.2** The contractor shall use the existing Standard Form 135 (SF-135) (Records Transmittal and Receipt) to communicate specific transfer information for electronic records. The SF-135 is specific to paper records; however, with **specific electronic record details** in the same form (reference **Figure 2.B-1** for more details) **it may** be used to initiate a request to transfer electronic records. The **DHA** Records Management Officer shall receive the SF-135 Portable Document Format (PDF) via e-mail from the contractor. Once the transfer is approved, the **DHA** Records Management Officer will send the annotated SF-135 PDF via e-mail to the contractor. The contractor shall include the e-copy of the SF-135 PDF in the transfer package.

### 2.0 VALIDATOR UTILITY

The Validator utility and documentation shall be provided by the **DHA** Records Management Officer. It is a free tool provided to contractors by **DHA**. The purpose of the Validator utility is to provide the quality assurance necessary to ensure trustworthy electronic records by performing low-level validation, analyzing a sampling of the records, identifying the possible errors/omissions, and conducting a Validation Survey for 20 randomly selected record objects. The Validator will produce an audit log to document the success of the transfer package validation and this log is required as part of the final **transfer** package. The **DHA** Records Management Officer will provide the Validator deployment package. The contractor shall run the validator tool prior to shipping the transfer package to **DHA**. The **DHA** shall run the Validator upon receiving the transfer package to perform the quality assurance process. Errors shall be communicated back to the contractor for resolution. Updates to the Validator tool will be provided to contractors as necessary.

### 3.0 TRANSFER PACKAGE PREPARATION AND LABELING OF ELECTRONIC RECORDS

**3.1** **DHA** accepts electronic record transfers. An important aspect of preparing electronic records for transfer is proper preparation. Improper preparation of the transfer package may result in the

transfer package being rejected by the DHA Records Management Officer. The transfer package consists of the following files:

### 3.1.1 eXtensible Markup Language (XML) Transfer Specification File

This file displays, in XML format, the information that the contractor provided on the SF-135 and the transfer number. It describes how to locate the Record Object Metadata File (ROMF). DHA provides this file to the contractor.

### 3.1.2 ROMF

A character-delimited text file that contains the metadata field values from each of the record objects that is included in the transfer package. The metadata fields are identified in the XML transfer specification metadata file. In addition to the identified metadata elements by the contractor, the Validator also requires the following metadata fields:

- The Record Object File Type is Image, Text, or None

**Note:** When a record in the ROMF has a Record Object File Type of None, no corresponding record object file exists in the transfer package.

- The Record Object File Name.
- The Record Object File Format. The acceptable Record Object File Formats are TIF, TIFF, PDF (image based), JPEG, JPG, GIF, TXT, RTF, HTML, DOC, DOCX, PDF (text based), XML, XLS, XLSX, CSV, MSG, PPT, PPTX, VSD, or VSDX.
- The Record Object File Format Version.
- The View Type tag is specific to check record objects to indicate the front or back of the check image. The values are FBW, BBW.

**Note:** The View Type tag is required in the ROMF when a check image is broken down into two separate record objects to indicate the front or back of the check. This is not required when a check image is not separated into two record objects. If View Type tag is available in the ROMF, the Validator will display the front of the check image for the validation survey.

### 3.1.3 Record Objects

Computer files that contain a group of related information. The information can be formatted as either text or images, and the computer file-type indicates the format of the information. For example, scanned images are typically stored in Tagged Image File Format (TIFF) or PDF files. For more specific guidance on digital images (TIFF/PDF), reference paragraph 3.0.

### 3.1.4 e-Copy of SF-135 (PDF format).

### 3.1.5 Audit Log of Validation

The Validator generates an audit log file that provides detailed information about any ROMF data errors, data entry errors that occurred during the validation process and the final validation result.

**3.2** When preparing to transfer files for validation and the eventual transfer to the media device, the user creates a folder on their computer and transfers the XML Transfer Specification file and ROMF to that folder. Contact the **DHA** Records Management Officer for specific instructions for using the Validator utility.

**3.3** After the electronic records are stored on the media device, the label shall include the following information.

- Contractor, region, and information
- For Official Use Only (FOUO)
- Identify the sequential order of the media set, **if applicable** (e.g., 1 of 10, 2 of 10, 3 of 10, etc.)
- Include the date media was created
- Records series, transfer number(s), and file formats

For more specific instruction on labeling of storage media contact the **DHA** Records Management Officer.

**3.4** A list of the required/**visible** metadata elements that will be included in the metadata file shall be listed on the electronic SF-135. A list of the required metadata elements **are** located in [Section 2](#). An electronic copy shall be retained by the contractor so that documents needed for future reference can be identified clearly by requesting officials.

## 4.0 PREPARING TRANSMITTAL DOCUMENT AND LOADING PACKAGE PROCESS

**4.1** The contractor **shall** obtain permission from **DHA** to transfer a group of records. **DHA will** verify that the repository has adequate storage space for the records and that the records are structured in the manner that the **DHA** Records Officer requires.

**4.2** **DHA has** defined a workflow process for transferring a group of records. The workflow process helps ensure that the records meet the quality requirements and specifications. [Figure 2.B-1](#) illustrates the **SF-135 form described in paragraph 4.2.1 for transferring electronic records to the DHA Records Management Office.**

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Chapter 2, Addendum B  
Electronic Record Transfer Procedures

**FIGURE 2.B-1 RECORDS TRANSMITTAL AND RECEIPT (SF-135)**

| RECORDS TRANSMITTAL AND RECEIPT |      | Complete and send original and one copy of this form to the appropriate Federal Records Center for approval prior to shipment of records. See specific instructions on reverse.                                                                            |                  | PAGE                                                                                                              | OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                |               |          |       |      |            |            |
|---------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------------|----------|-------|------|------------|------------|
| 1 TO                            |      | (Complete the address for the records center serving your area as shown in 36 CFR 1228.150.)                                                                                                                                                               |                  | 1                                                                                                                 | 1 PAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                |               |          |       |      |            |            |
| 2                               |      | <p><b>Electronic Federal Records Center (eFRC)</b><br/>Aurora RHA</p>                                                                                                                                                                                      |                  | <p>Defense Health Agency<br/>Attn: Records Management<br/>16401 E Centrotech Parkway<br/>Aurora, CO 80011</p>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                |               |          |       |      |            |            |
| 3                               |      | <p>TRANSFERRING AGENCY OFFICIAL (signature and title)<br/>Glinda Hodgkin will sign electronically in SF-135 in PDF</p> <p>TRANSFERRING AGENCY LIAISON OFFICIAL (Name, office and telephone No)<br/>Records Manager Name, Records Manager Contact Phone</p> |                  | <p>Contractor Record Center<br/>Contractor Address 1<br/>Contractor Address 2<br/>Phone:<br/>E-mail<br/>Date:</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                |               |          |       |      |            |            |
| 4                               |      | RECORDS RECEIVED BY (Signature and Title)                                                                                                                                                                                                                  |                  | DATE                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                |               |          |       |      |            |            |
| 6                               |      |                                                                                                                                                                                                                                                            |                  | Fold Line                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                |               |          |       |      |            |            |
| RECORDS DATA                    |      |                                                                                                                                                                                                                                                            |                  |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                |               |          |       |      |            |            |
| ACCESSION NUMBER                | FY   | NUMBER                                                                                                                                                                                                                                                     | VOLUME (cu. ft.) | AGENCY BOX NUMBERS                                                                                                | SERIES DESCRIPTION (with inclusive dates of records)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESTRICTION | DISPOSAL AUTHORITY (schedule and item number)                  | DISPOSAL DATE | LOCATION | SHELF | PLAN | CONT. TYPE | AUTO DISP. |
| 135                             | 2014 | 1234                                                                                                                                                                                                                                                       | 150 MB           | 3 TB External Hard Drive, Transfer 1 of 1                                                                         | <p>Contract Number:<br/>Region: NC1-330-92-5<br/>Record Series: 911-01.3 TRICARE Contractor Claims<br/>Description: This data file includes scanned claims from 01/01/10 thru 01/31/10<br/>Closed Date: December 31, 2010</p> <p>Metadata - Datatype(length) Required, Visible<br/>Sponsor First Name - Char(20),F,F<br/>Sponsor Last Name - Char(20),T,T<br/>Sponsor SSN - Char(9),T,T<br/>Beneficiary First Name - Char(20),F,F<br/>Beneficiary Last Name - Char(20), T,T<br/>Beneficiary DOB - Date, yyyy-mm-dd,T,T<br/>Image Control Number (Claim Number) - Char(9), T,T<br/>Provider Name - Char(20),F,F<br/>Provider Taxpayer Identification Number (TIN)- Char(20),T,F<br/>National Provider Identifier (NPI)- Char(20),F,F<br/>ROMF Type - Char(5), T, F<br/>ROMF Name - Char(20), T, F<br/>ROMF Format - Char (8), T, F<br/>ROMF Format Version - Char (7), T, F<br/>ROMF Delimiter &amp; Type: ~ (tilde) (txt)<br/>Records are currently frozen - Tobacco Litigation</p> | W           | OSD AI-15 Para. 911.01.3 (6 years)<br>DEST 6 years after COFF. | 01-01-2017    |          |       |      |            |            |

Standard Form 135 (Rev. 7-85) Facs Prescribed by NARA 36 CFR 1228.152

135-107

NSN 7540-00-634-4093

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### Chapter 2, Addendum B Electronic Record Transfer Procedures

**4.2.1** When transferring electronic records to the **DHA Records Management Office**, the contractor shall prepare and e-mail the SF-135 to the **DHA Records Management Officer** prior to shipping the electronic transfer package. In the SF-135 "From" block (Block 5) the contractor shall enter the following: **Defense Health Agency**, ATTN: Records Management, 16401 E. Centretch Parkway, Aurora, Colorado 80011-9066. The contractor shall insert its own address below the **DHA** address. The contractor shall state in the Series Description Block, the description of the records, the contract number, record series, and specific metadata elements, **indicators for required or visible, and delimiter** that will be in the metadata file of the transfer package. The contractor shall state in the volume and agency box number columns the storage size, and total number of rows in the metadata file respectively. Instructions for completing the remainder of the form are printed on the reverse side of the SF-135.

**4.2.2** When records are transferred, they must be scheduled for disposal using the applicable disposition schedule referenced in **Section 2**. When the disposal authority is not cited, the SF-135 will be returned for completion.

**4.2.3** Upon receipt of the SF-135, the **DHA** staff reviews it for completeness for transfer. If approved, the **DHA Records Management Officer** annotates the official transfer number on the form and returns it to the **contractor** for continued processing.

**4.2.4** The original SF-135 is retained by the **DHA**; one copy of the annotated SF-135, showing transfer number(s) will be e-mailed to the contractor, indicating the approval of the transfer.

**4.2.5** After receiving the copy of the approved SF-135 PDF document, the contractor shall prepare the transfer package. The transfer number shall be included on the label of each physical media device. The contractor shall place the electronic copy of the SF-135 PDF document on the first media device of each transfer and the records **shall** be shipped to the **DHA** Records Management Officer in accordance with Protected Health Information (PHI)/ Personally Identifiable Information (PII) guidance. A copy of the SF-135 PDF document shall be retained by the contractor for its reference and use.

**4.2.6** The shipment of the transfer package of electronic records shall be accomplished as soon as the contractor has successfully run the Validator utility. The contractor can receive the Validator Installation program and the installation instruction from the **DHA** Records Management Officer.

**4.2.7** **After** successful validation the contractor **shall** send the transfer package to the **DHA** Records Management Officer.

**4.2.8** The **DHA** Records Management Officer uses the Validator to verify that the transfer package meets the requirements and specifications.

**4.2.9** If the Validator identifies no errors, the **DHA** Records Management Officer proceeds to next step.

**4.2.10** If the TRIP Validator identifies one or more errors, the **DHA** Records Management Officer returns the transfer package to the contractor for corrections.

**4.2.11** The **DHA** Records Management Officer adds the successful Validator audit log file to the transfer package.

## 5.0 SHIPPING RECORDS

**5.1** Sensitive data (PII/PHI) shall follow the transfer protocol instructions available from the **DHA** Records Management Officer. All sensitive data that includes PII or PHI shall be encrypted on the media device prior to shipping the transfer package to **DHA**. Contact the **DHA** Records Office for guidance on the use for sensitive data. The contractor shall comply with the following instructions:

- Double wrapping shall be used for shipment.
- Recommended shipment methods are U.S. Postal Service (USPS), FedEx, and UPS along with the tracking number and delivery signature confirmation.
- Use opaque envelopes or containers.
- Complete Chain of Custody template **along with the paper copy of the SF-135**.
- Inner envelope/container has classification and handling markings (i.e., unclassified, FOUO).
- Outer envelope/container has full address for **DHA** Records Management Officer.
- Outer envelope/container has no classification markings.
- **For hard drive media encryption guidance contact the DHA Records Management Officer.**

**5.2** Non-sensitive data **shall** be shipped to **DHA** Records Management Officer using normal shipment methods and sensitive data transfer protocol is not necessary.

## 6.0 RETRIEVING RECORDS

**6.1** **DHA** provides reference services which include search, retrieval, and providing authorized requesters with a copy of the electronic records stored in the repository.

**6.2** Recall of an electronic record from **DHA** does not include a permanent recall. The copy of an electronic record shall be managed as a convenience copy and destroyed when no longer needed. Remember, if the content of the recalled record is re-utilized for other business purposes, it becomes a new record and **shall be** managed and maintained as such.

**6.3** The best method to recall records from **DHA** is with the use of the Optional Form 11 (OF-11) (Reference Request-Federal Records Center). Use the electronic form OF-11 per request and e-mail it to the **DHA** Records Management Officer.

**6.4** The following information shall always be furnished when preparing a reference request:

- Transfer Number
- **Copy of SF-135 PDF**
- Metadata elements used for Search Criteria
- Record Series
- Description of Records or Information Requested

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- Name, Address, and Telephone Number of Requester

- END -

