

# New York Health Benefit Exchange

## Blueprint Summary for 9.7.2 Interface Control Document

<u>Item Number</u>	<u>Topic</u>
9.7.2	Interface Control Document

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1.1	Peter DiLillo	10/24/2012	Updates as requested by CCIIO from CMS Design Review on 10/9/2012 and 10/10/2012

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# **New York State Department of Health**

## **New York Health Exchange (NY-HX) Project**

**CSC**

### **Interface Control Document for Provider Network Data Systems (PNDS)**

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## APPROVALS

*[Obtain signature approval of the final document from the delivering organization's Project Manager and the primary CMS recipient (i.e., generally the Government Task Leader (GTL)). Additional signature lines may be added as needed. Identification and signature approval of those individuals who have agreed to the interface(s) defined in the ICD should also be included in this section. At a minimum, signature lines for each Business Owner of the interfacing systems should be included.]*

### Submitting Organization's Approving Authority:

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Signature	Printed Name	Date
Phone Number		

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*<Position Title> [e.g., <System Name and/or Acronym> Project Manager]*

### CMS' Approving Authority:

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Signature	Printed Name	Date
Phone Number		

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*<Position Title> [e.g., <Contract or System Name> Government Task Leader]*

### <Source System Name (Acronym)> Approving Authority:

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Signature	Printed Name	Date
Phone Number		

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*<Position Title> [e.g., <Source System Name and/or Acronym> Business Owner]*

### <Target System Name (Acronym)> Approving Authority:

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Signature	Printed Name	Date
Phone Number		

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*<Position Title> [e.g., <Target System Name and/or Acronym> Business Owner]*



## REVISION HISTORY

*[Use the table below to record information regarding changes made to the document over time.]*

Version	Date	Organization/Point of Contact	Description of Changes
1.0	<mm/dd/yy>	<Organization Identifier / Point-of-Contact Name>	Baseline Version

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## 1 INTRODUCTION

This Interface Control Document (ICD) describes the relationship between the New York Health Exchange (NYHX) (the target system) and the Provider Network Data System (PNDS) (the source system).

This ICD specifies the interface requirements to be met by the participating systems. It describes the concept of operations for the interface, defines the message structure and protocols that govern the interchange of data, and identifies the communication paths along which the data are expected to flow.

For each interface, the following information will be provided:

- A general description of the interface;
- Assumptions where appropriate;
- A description of the data exchange format and protocol for exchange; and
- Estimated size and frequency of data exchange.



## 2 REFERENCED DOCUMENTS

See Table 1

Document Name	Document Number	Issuance Date
PNDS_Proposed_Model_with_data_elements.docx	<document's configuration item control number>	<Month Day, Year>

Table 1: Referenced Documents



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### **3 OVERVIEW**

New York State Health Exchange requires Provider Network Data in order to allow users to choose a health plan.

## 4 ASSUMPTIONS/CONSTRAINTS/RISKS

### 4.1 Assumptions

1. Data will be available via Web Services

### 4.2 Constraints

TBD

*[Describe any limitations or constraints that have a significant impact on the system interfaces. Such constraints may be imposed by any of the following (the list is not exhaustive):*

- a) Hardware or software environment*
- b) End-user environment*
- c) Availability of resources*
- d) Interoperability requirements*
- e) Interface/protocol requirements*
- f) Data repository and distribution requirements]*

### 4.3 Risks

## **5 GENERAL INTERFACE REQUIREMENTS**

### **5.1 Interface Overview**

On a Monthly basis, New York Health Exchange will request Plan Network Data from PNDS using a Restful Web service Interface. The response information will include plan data

PNDS will give NY-HX the restful data definitions for the restful request and response.

Additionally, PNDS will give NY-HX all information necessary for secure communications.

### **5.2 Functional Allocation**

*TBD when WSDL is defined*

### **5.3 Data Transfer**

TBD

*[Briefly describe how data will be moved among component systems of the interface being defined. Include descriptions and diagrams of how connectivity among the systems will be implemented and of the type of messaging or packaging of data that will be used to transfer data among the systems. If more than one interface between these two systems is defined by this ICD, each should be identified in this section. A separate subsection may be included for each interface.]*

### **5.4 Transactions**

Webservice Transactions, details will be defined by larger group

### **5.5 Security and Integrity**

SSL will be used to secure connections, this needs to be agreed on by a larger group

## 6 DETAILED INTERFACE REQUIREMENTS

TBD

*[This section specifies the requirements for one or more interfaces between two systems. This includes explicit definition of the content and format of every message or file that may pass between the two systems, and the conditions under which each message or file is to be sent. If an interface between the two systems is to be implemented incrementally, identify the implementation phase in which each message will be available. The structure in Section 6.1 should be replicated for each defined interface between the two participating systems.]*

*The template contained in Section 6.1 (including subsections) provides a generic approach to interface requirements definition. The specific interface definition should include only subsections relevant to the interface being defined, and liberty may be taken in the organization of Section 6.1 subsections. Where types of information not specified in Section 6.1 are required to clearly define the interface, additional subsections should be added. Other readily available documents (such as data dictionaries, standards for commercial protocols, and standards for user interfaces) may be referenced instead of stating the information here. It may be useful to include copies of such documentation as appendices to the ICD. Where possible, the use of tables and figures is encouraged to enhance the understandability of the interface definition. In defining interface requirements, clearly state which of the interfacing systems the requirement is being imposed upon.]*

### 6.1 PNDS Web service Requirements

1. SOAP/HTTPS
2. WSDL
3. XSD
4. SSL

*[Briefly summarize the interface. Indicate what data protocol, communication methods, and processing priority are used by the interface. Data protocols may include messages and custom ASCII files. Communication methods may include electronic networks or magnetic media.]*

#### 6.1.1 Assumptions

*[Identify any assumptions that specify organizational responsibilities for specific activities or decisions, or that defines specific constraints. Assumptions might include:*

- *Data acceptance constraints*
- *Responsibility for establishing and managing the communication protocol.*
- *Responsibility for providing and/or accepting file feeds for test and production processing.*
- *Allowable file sizes.*
- *Responsibility for decisions on acceptance of test results.]*

#### 6.1.2 General Processing Steps

*[Describe the daily, weekly, monthly, etc., and threshold processing. Discuss the process to be used to confirm successful file transmission. Identify steps to be taken if all records in a file are received and the steps to be taken if all records are not received. Identify the reports to be used*



to document the results of daily, weekly, monthly, etc., processing. Describe any special processing that will be performed if a certain percentage (threshold) of the records is rejected.]

### 6.1.3 Interface Processing Time Requirements

Batch

### 6.1.4 Message Format (or Record Layout) and Required Protocols

XSD format to be defined

#### 6.1.4.1 File Layout

WSDL format to be defined

#### 6.1.4.2 Data Assembly Characteristics

Web Service, believe the WSDL and XSD will provide this information.

*[Define the content and format of every message, file, or other data element assembly (records, arrays, displays, reports, etc.) specified in Subsection 6.1.4. In defining interfaces where data is moved among systems, define the packaging of data to be utilized. The origin, structure, and processing of such packets will be dependent on the techniques used to implement the interface. Define required characteristics of data element assemblies that the interfacing entities must provide, store, send, access, receive, etc. When relevant to the packaging technique used, the following information should be provided:*

- Names/identifiers
- Project-unique identifier
- Non-technical (natural language) name
- Technical name (e.g., record or data structure name in code or database)
- Abbreviations or synonymous names
- Structure of data element assembly (e.g., field name, type, length, valid values, etc.)
- Visual and auditory characteristics of displays and other outputs (e.g., colors, layouts, fonts, icons, and other display elements, beeps, lights) where relevant
- Relationships among different types of data element assemblies used for the interface
- Priority, timing, frequency, volume, sequencing, and other constraints (e.g., whether the assembly may be updated and whether business rules apply)
- Sources (setting/sending entities) and recipients (using/receiving entities)]

#### 6.1.4.3 Field/Element Definition

## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
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## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
PlanNO	Plan_ID	Alpha-Numeric	X(50) Changed to X(30)	FALSE	PNDS generated Plan ID number	
Plan Year	Plan_Year	Numeric Changed to Integer	9(4)	FALSE	This is populated only with respect to exchange as PNDS doesn't have this data.	
Last	Last_Name	Alpha-Numeric	X(25)	FALSE	The last name of an individual provider contracted with the managed care plan to provide services to enrollees.	
First	First_Name	Alpha-Numeric	X(15)	FALSE	The first name of an individual provider contracted with the managed care plan to provide services to enrollees.	
NPI	National_Provider_Identifier	Alpha-Numeric	X(10)	FALSE	The National Provider Identifier (NPI) is a unique identification number for covered health care providers. The Federal Government mandated the use of only NPI for electronic healthcare transactions. The NPI number is issued under the direction of the Centers for Medicare & Medicaid Services (CMS). Unless exempt from NPI, all managed care plans must report the NPI of all their participating providers during the quarterly or annual Provider Network Data submission.	
liceno	License_Number	Alpha-Numeric	X(8)	FALSE	The Facility Operating Certificate number (OPCERT) is the code used to identify an Article 28, 36 or 40 facility location and is assigned as part of their license or certificate of operation. These facilities are: hospitals, diagnostic & treatment centers (clinics), long term home health care programs (LTHHCPs) residential health care facilities (nursing homes), certified home health care agencies (CHHAs) and hospice facilities. Often a large facility has only one operating certificate, but more than one location.	
Site name	Site_Name	Alpha-Numeric	X(50)	TRUE	The Provider's Site Name is the office or professional building name of the location where the provider works. List each site separately.	
Room or Ste	Room_Or_Suite	Alpha-Numeric	X(20)	TRUE	The room or suite number associated with the individual provider's address. Most often the room or suite number coincides with the providers who are located in an office or professional building. List each	



## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
					location separately.	
Street	Street_Address	Alpha-Numeric	X(49)	FALSE	The street number and street name associated with the individual provider's location. If the provider has more than one location, each location should be listed separately.	
City	Town_City	Alpha-Numeric	X(30)	FALSE	The name of the town or city associated with the office address of the provider; most often this is the town/city designation given by the U.S. Postal Service. When the town/city location of the office is not the same as the mailing address; use the mailing address. There should be one record for each provider location.	
State	State	Alpha-Numeric	X(2)	FALSE	The name of the state in which the provider is located. These providers must be under contract to serve New York State residents.	
cntycde	Service_Area_Code	Alpha-Numeric	X(3)	FALSE	The federal government has identified a code for each county in the United States. The Federal Information Processing Standards (FIPS) code is a five-digit code for each county. We are using the last three digits of the FIPS code to distinguish the counties for the provider.	
Zip	Zip_Code	Alpha-Numeric	X(5)	FALSE	The zip code associated with the provider's mailing address. The zip code is assigned by the United States Postal Service for the location of the provider's office.	
ZipExtens	Zip_Extension	Alpha-Numeric	X(4)	TRUE	The Zip Plus Four Code associated with the provider's mailing address. The Zip Plus Four Code is assigned by the U.S. Postal Service for the location of the provider's office. There should be one record for each provider location.	
Wheelchair	Wheel_Chair_Accessibility	Alpha-Numeric	X(1)	TRUE	Wheel chair accessibility is defined as the access available at a provider's location for disabled persons to obtain unassisted access to the office within the building under the Americans with Disabilities Act of 1990.	



## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required														
PcpDesig	Primary_Designation	Alpha-Numeric	X(1)	TRUE	<p>Primary Care Provider (PCP) is defined as a provider with the following primary care specialties:</p> <table border="0"> <tr> <td>Provider Type</td> <td>Specialty Code</td> </tr> <tr> <td>Family Practice</td> <td>01, 12</td> </tr> <tr> <td>General Practice</td> <td>01, 12</td> </tr> <tr> <td>Pediatrics</td> <td>01, 12</td> </tr> <tr> <td>Internal Medicine</td> <td>01, 12</td> </tr> <tr> <td>Nurse practitioner practicing under NYS laws</td> <td>02</td> </tr> <tr> <td>any of the above codes</td> <td></td> </tr> </table>	Provider Type	Specialty Code	Family Practice	01, 12	General Practice	01, 12	Pediatrics	01, 12	Internal Medicine	01, 12	Nurse practitioner practicing under NYS laws	02	any of the above codes		
Provider Type	Specialty Code																			
Family Practice	01, 12																			
General Practice	01, 12																			
Pediatrics	01, 12																			
Internal Medicine	01, 12																			
Nurse practitioner practicing under NYS laws	02																			
any of the above codes																				
Spec1	Primary_Speciality	Alpha-Numeric	X(3)	TRUE	Physicians and other providers are licensed or certified in select specialty fields. These providers contract with the managed care plan to provide specialty services. The codes used for this data element will distinguish what type of specialty the provider is practicing. The Primary Specialty should reflect the specialty in which the provider practices approximately 60% of his time.															
Spec2	Secondary_Speciality	Alpha-Numeric	X(3)	TRUE	See Primary Specialty. This uses the same codes and definition.															
BoardStatus	BoardStatus_Primary_Speciality	Alpha-Numeric	X(1)	TRUE	The Board Status indicates the level of education/training completed towards a recognized medical specialty certificate.															
BoardStatus2	BoardStatus_Secondary_Speciality	Alpha-Numeric	X(1)	TRUE	The Board Status indicates the level of education/training completed towards a recognized medical specialty certificate.															
Gender	Gender	Alpha-Numeric	X(1)	TRUE	The provider's gender.															
Medicaid Panel Status	Medicaid_Panel_Status	Alpha-Numeric	X(1)	TRUE	Medicaid Panel Status refers to the availability of a PCP or designated OB/GYN Specialist to accept new Medicaid, Family Health Plus or HIV SNP members. These may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members and properly handle their health concerns. A closed panel indicates that a physician can not accept new members at the present time.															



## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
					An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.	
Medicare Panel Status	Medicare_Panel_Status	Alpha-Numeric	X(1)	TRUE	Medicare Panel Status refers to the availability of a PCP to accept new members who may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a PCP can not accept new members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.	
CHP Panel Status	CHP_Panel_Status	Alpha-Numeric	X(1)	TRUE	Child Health Plus (CHP) Panel Status refers to the availability of a physician to accept new CHP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new CHP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.	
FHP Panel Status	FHP_Panel_Status	Alpha-Numeric	X(1)	TRUE	Family Health Plus (FHP) Panel Status refers to the availability of a physician to accept new FHP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new FHP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in	



## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
					the plan with another provider.	
BHP Panel Status	BHP_Panel_Status	Alpha-Numeric	X(1)	TRUE	Basic Health Plan (BHP) Panel Status refers to the availability of a physician to accept new BHP members which may be either an existing member within the managed care plan or a member joining the plan for the first time. An open panel means the provider is able to accept new members. A closed panel indicates that a physician cannot accept new FHP members at the present time. An existing panel indicates that a physician will only accept members currently enrolled in the plan with another provider.	
hostcert	HA_Operating_Certificate_1	Alpha-Numeric	X(8)	TRUE	The Hospital Affiliation (HA) Operating Numbers identify the hospitals that the provider has admitting privileges to and will use for patient care. Each hospital is given an Operating Certificate Number (OPCERT) and corresponding unique Permanent Facility Identifier (PFI) when they are licensed as an Article 28 facility. The operating certificate number is used to identify the provider's hospital affiliation. A provider may have up to three unique hospital affiliations on their record.	
pficert1	HA_Permanent_Facility_Identifier_1	Alpha-Numeric	X(4)	TRUE	The Hospital Affiliation (HA) Permanent Facility Identifier (PFI) is the number associated with each hospital that the provider has admitting privileges to and will use for patient care. Each hospital is provided with a PFI number and a corresponding operating certificate (OPCERT) number when they are licensed as an Article 28 facility. The PFI is used in conjunction with the Operating number for identifying the Hospital Affiliation. A provider may have up to three unique	



## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
					hospital affiliations on their record.	
hspcert2	HA_Operating_Certificate_2	Alpha-Numeric	X(8)	TRUE	The Hospital Affiliation (HA) Operating Numbers identify the hospitals that the provider has admitting privileges to and will use for patient care. Each hospital is given an Operating Certificate Number (OPCERT) and corresponding unique Permanent Facility Identifier (PFI) when they are licensed as an Article 28 facility. The operating certificate number is used to identify the provider's hospital affiliation. A provider may have up to three unique hospital affiliations on their record.	
pficert2	HA_Permanent_Facility_Identifier_2	Alpha-Numeric	X(4)	TRUE	The Hospital Affiliation (HA) Permanent Facility Identifier (PFI) is the number associated with each hospital that the provider has admitting privileges to and will use for patient care. Each hospital is provided with a PFI number and a corresponding operating certificate (OPCERT) number when they are licensed as an Article 28 facility. The PFI is used in conjunction with the Operating number for identifying the Hospital Affiliation. A provider may have up to three unique hospital affiliations on their record.	
hspcert3	HA_Operating_Certificate_3	Alpha-Numeric	X(8)	TRUE	The Hospital Affiliation (HA) Operating Numbers identify the hospitals that the provider has admitting privileges to and will use for patient care. Each hospital is given an Operating Certificate Number (OPCERT) and corresponding unique Permanent Facility Identifier (PFI) when they are licensed as an Article 28 facility. The operating certificate number is used to identify the provider's hospital affiliation. A provider	



## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
					may have up to three unique hospital affiliations on their record.	
pficert3	HA_Permanent_Facility_Identifier_3	Alpha-Numeric	X(4)	TRUE	The Hospital Affiliation (HA) Permanent Facility Identifier (PFI) is the number associated with each hospital that the provider has admitting privileges to and will use for patient care. Each hospital is provided with a PFI number and a corresponding operating certificate (OPCERT) number when they are licensed as an Article 28 facility. The PFI is used in conjunction with the Operating number for identifying the Hospital Affiliation. A provider may have up to three unique hospital affiliations on their record.	
provcert	Facility_Operating_Certificate	Alpha-Numeric	X(8)	TRUE	If a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI . The two data elements are needed to identify the facility location for each primary care provider.	
provfi	Permanent_Facility_Identifier	Alpha-Numeric	X(4)	TRUE	If a primary care provider works in a clinic, the clinic must be identified by OPCERT and PFI . The two data elements are needed to identify the facility location for each primary care provider.	
TotalOfficeHours (Donna)	Total_Office_Hours	Alpha-Numeric	X(3)	TRUE	Total office hours worked by the individual provider for the snapshot week.	
AfterHoursInd	After_Hours_Ind	Alpha-Numeric	X(1)	TRUE	Evening office hours after 5 p.m. on any of the seven days (Sunday-Saturday) during the snapshot time frame.	
Lang1	Language1	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	
Lang2	Language2	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	
Lang3	Language3	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	

## Provider Network Data (Physician And Other Providers) Elements

PNDS Date Element Name	HX Date Element Name	Data Type	Column Format	Nullable	Data Element Description	Required
Lang4	Language4	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	
Lang5	Language5	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	
Lang6	Language6	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	
Lang7	Language7	Alpha-Numeric	X(2)	TRUE	The languages that a provider or clinical staff member can speak to a member.	
AreaCode	Area_Code	Alpha-Numeric	X(3)	FALSE	The telephone area code for the provider's office phone.	
Phone	Phone	Alpha-Numeric	X(7)	FALSE	The telephone number for the provider's office site.	
Prov Email	Provider_Email	Alpha-Numeric	X(40)	TRUE	The email address the provider uses for work purposes (e.g. communication with patients).	
FEIN	Federal_Employee_Identification_Number	Alpha-Numeric	X(9)	TRUE	The Federal Identification Number (FEIN) is a nine-digit unique identification number that the Internal Revenue Service (IRS) assigns business entities. This should be the same number that the plan submits to the IRS (e.g. Form 099-MISC) whenever payments are made to the provider.	
	Insert_By	Alpha-Numeric	X(20)	FALSE	The user/process who made this plan data available in the exchange.	Yes
	Insert_Date	Date		FALSE	The date this plan data is inserted into this table.	Yes
	Update_By	Alpha-Numeric	X(20)	FALSE	The user/process who updated this table in the exchange.	Yes
	Update_Date	Date		FALSE	The date this plan data is updated in this table.	Yes

**Table 2: Provider Network Data Elements**

### 6.1.5 Communication Methods

*SOAP or HTTPs*

#### 6.1.5.1 Interface Initiation

*TBD*

#### 6.1.5.2 Flow Control

*TBD, should conform to WS natural process*

### **6.1.6 Security Requirements**

If required SSL, otherwise TBD

### **6.2 PNDS Requirements**

*[All of the applicable characteristics described in section 6.1 should be replicated for each defined interface between the two participating systems. There is no limit on the number of unique interfaces that can be defined in a single ICD. In general, all interfaces defined should involve the same two systems.]*

## 7 QUALIFICATION METHODS

*[This section defines a set of qualification methods to be used to verify that the requirements for the interfaces defined in Section 6 have been met. Qualification methods include:*

**Demonstration** – *The operation of interfacing entities that relies on observable functional operation not requiring the use of instrumentation, special test equipment, or subsequent analysis.*

**Test** – *The operation of interfacing entities using instrumentation or special test equipment to collect data for later analysis.*

**Analysis** – *The processing of accumulated data obtained from other qualification methods. Examples are reduction, interpretation, or extrapolation of test results.*

**Inspection** – *The visual examination of interfacing entities, documentation, etc.*

**Special Qualification Methods** – *Any special qualification methods for the interfacing entities (e.g., special tools, techniques, procedures, facilities, and acceptance limits).]*

## 8 GLOSSARY

*[Provide clear and concise definitions for terms used in the ICD that may be unfamiliar to readers of the document. Terms are to be listed in alphabetical order.]*

<Term Name>

<Term definition>

<Term Name>

<Term definition>

## 9 ACRONYMS

*[Provide a list of acronyms and associated literal translations used within the document. List the acronyms in alphabetical order utilizing a tabular format as depicted below.]*

Acroynm	Literal Translation
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>ICD</b>	Interface Control Document
<b>LDM</b>	Logical Data Model
<b>SDD</b>	System Design Document

## **APPENDIX A APPENDICES**

*[Use appendices to facilitate ease of use and maintenance of the ICD document. Each appendix should be referenced in the main body of the document where that information would normally have been provided.]*