**Soarian to UnitedHealth ADT Requirements**

**Version 1.0**

**Prepared By: Levy Lazarre**

**Date: 10/8/2018**

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# **Document Control**

## Resources

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## Project Distribution List

## Document Version Control

|  |  |  |  |
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| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 10/08/2018 | Levy Lazarre | Original document |
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|  |  |  |  |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to describe the ADT Interface from Soarian HIS to UnitedHealthCare (UHC). Please note that both UHC and OPTUM are now part of UnitedHealth Group. BayCare is providing patient information to business partner UHC for the purpose of securing Insurance Authorizations for admissions and procedures.

## 1.2 Project Scope

The scope of this project is to automate the integration of the existing BayCare-UHC processes via one-way HL7 ADT interface from Soarian Financials to UHC. Presently BayCare provides patient demographic data to UHC in the form of flat files. An ADT interface will allow to streamline the process, while additionally providing discharge information that UHC is not currently getting.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

**ADT** – Admission, Discharge, Transfer: mainly demographic and patient location data

**HIS** – Health Information System, the source and keeper of patient demographic data

### 1.3.2 Glossary

**ADT Event** – Trigger event associated with a patient event: registration, admission, discharge, transfer, update…

## 1.4 Document References

1. ODX ADT Specification.pdf

2. BayCare HL7v2 Interface Integration Workbook v3.2 18\_08\_13 AY.xlsx

# 2. Diagram

Provide a solution diagram that depicts the integration of components specified in this IDBB. This diagram must include the data flow for the interfaces (source and target).

# 3. Requirements

## 3.1 Functional Requirements

Provide detail for the below functional requirements. The message transformation requirements for the components defined in this specification should be specified in section 4.2 of this document.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| FR.2018.1.0 | Custom filter: Prevent unneeded patients from going to United | 1. Exclusion by sending facility: suppress Behavioral Health facilities. 2. Exclusion by hospital service: suppress Behavioral Health services patients. 3. Exclusion by patient class: suppress Outpatients who are not Observation Patients. Do not send Pre-Admit patients (ADT\_A05) to UHC. 4. Exclusion by Insurance Plan Code: suppress all patients who do not carry a UHC plan code. |
| FR.2018.2.0 | Send NPI numbers for physicians instead of the BayCare MS number | If available, we must send the NPI number for all physicians (admitting, attending, referring) instead of the BayCare MS number. |
| FR.2018.3.0 | Do not send insurance segments in discharge (A03) messages. | UHC will only process IN1 segments (no IN2) and they are not to be sent in ADT\_A03 messages. |
| FR.2018.4.0 | Send patient identifiers in PID.3 | Several identifiers (MRN, CPI) may be sent in PID.3; UHC specifically requested the MRN to come first. |
| FR2018.5.0 | UHC requires the HL7 version to be 2.5.1 | All messages must be formatted specifically according to HL7 version 2.5.1 |

## 3.2 Non-Functional Requirements

Provide concise detail for the below non-functional requirements. The below requirements must be evaluated for every project.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| NFR.20XX.1.0 | Click here to enter text. | Click here to enter text. |

## 3.3 Messaging Protocols

Below are listed the details for the messaging protocols that will be leveraged for this integration.

### 3.3.1 Inbound to the BayCare Cloverleaf From SOARIAN

* TCP MLLP Server Connection

### 3.3.2 Outbound to United

* TCP MLLP Client Connection

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

EVN

PID

PD1

NK1

PV1

PV2

DG1

GT1

IN1

*Message Construction Notes:*

*[Square Brackets] – Optional*

*{Curly Brackets} – Repeatable*

*MSH – Message Header*

*EVN – Event segment*

*PID – Patient ID segment*

*[PD1] – Additional Demograhic Information segment*

*[{NK1}] – Next of Kin Information segment*

*PV1 – Patient Visit segment*

*[PV2] – Additional Visit Information segment*

*[{DG1}] – Diagnosis segments*

*[{GT1}] – Guarantor segments*

*[{IN1}} – Insurance segments*

### 4.1*.*2 Messaging Event Types

Below are the messages types necessary for this integration

Supported ADT Events

|  |  |
| --- | --- |
| **Event Type** | **Description** |
| A01 | Admit a patient |
| A03 | Discharge a patient |
| A04 | Register a patient |
| A06 | Change outpatient to inpatient |
| A08 | Update patient information |

### 4.1*.*3 Cloverleaf Configuration Files

For each HL7 interface specified in Section 2 of this document, identify the Cloverleaf Configuration Files: Variants, TCL Scripts, Xlates, etc.

HL7 Variants: 2.6 Soarian and 2.5.1 flaSHOTS

Xlate: soarf\_united\_adt.xlt

TCL Script: tps\_soarf\_united\_msg\_filter.tcl

### 4.1.4 Cloverleaf Site Location

Production = soarf\_adt\_ent\_18\_p

Test = soarf\_adt\_ent\_18

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required R/O/C** | **Data Type** | **Length** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| **Message Header Segment** | MSH | R |  |  | PathCopy |
| Sending Application | MSH.3 | C |  |  | Hardcode “SORIAN” (as requested by vendor) |
| Receiving Application | MSH.5 | O |  |  | Hardcode “Optum HIE” |
| Receiving Facility | MSH.6 | O |  |  | Hardcode “CDX” |
| Message Structure | MSH.9.2 | O |  |  | Hardcode “ADT\_A01” |
| HL7 Version | MSH.12 | Y |  |  | Hardcode “2.5.1” |
| **Event Segment** | **EVN** | C |  |  |  |
| Event Type Code | EVN.1 | C |  |  | Copy |
| Event Recorded Date/Time | EVN.2 | C |  |  | Copy |
| **Patient Identifier Segment** | **PID** | R |  |  |  |
| Patient ID (Internal) | PID.3 | R |  |  | Copy the MRN from PID.3 to the first repetition of PID.3 with the Identifier Type of “MR” |
| Patient ID (External) | PID.2 | R |  |  | Copy the CPI from PID.2 to the second repetition of PID.3 with the Identifier Type of “PN” |
| Patient Name | PID.5 | R |  |  | Copy Patient’s Last Name, First Name, Middle Name, Prefix, Degree |
| Date of Birth | PID.7 | O |  |  | Copy |
| Gender | PID.8 | O |  |  | Table lookup – soarf\_united\_gender.tbl |
| Race | PID.10 | O |  |  | Table lookup – soarf\_united\_race.tbl |
| Patient Addresss | PID.11 | O |  |  | Copy first seven subfields |
| County Code | PID.12 | O |  |  | Copy |
| Primary Language | PID.15 | O |  |  | Copy |
| Marital Status | PID.16 | O |  |  | Table lookup – soarf\_united\_maritalstatus.tbl |
| Religious Preference | PID.17 | O |  |  | Copy |
| Patient Account Number | PID.18 | R |  |  | Copy (first component of PID.18) |
| Social Security Number | PID.19 | O |  |  | Copy – Remove all dashes |
| Ethnic Group | PID.22 | O |  |  | Table lookup – soarf\_united\_ethnicity.tbl |
| **Additional Demographics Segment** | **PD1** | O |  |  | PathCopy – use to send the Protection Indicator |
| Protection Indicator | PD1.12 | O |  |  | If input PV1.16 is not null, COPY PV1.16 to PD1.12 else COPY “U” to PD1.12 |
| **Next of Kin Segment** | **NK1** | O |  |  |  |
| Set ID – NK1 | NK1.1 | O |  |  | Copy |
| Name | NK1.2 | O |  |  | Copy |
| Relationship | NK1.3 | O |  |  | Copy |
| Phone Number | NK1.5 | O |  |  | Copy. Format if possible as (XXX)NNN-NNNN |
| End Date | NK1.9 | O |  |  | Copy |
| **Patient Visit Segment** | **PV1** | R |  |  |  |
| Set ID – PV1 | PV1.1 | O |  |  | Copy |
| Patient Class | PV1.2 | R |  |  | Copy |
| Assigned Patient Location | PV1.3 | R |  |  | Copy. If the facility is empty, copy the MSH.4 facility to the unit location in PV1.3 |
| Admission Type | PV1.4 | O |  |  | Table lookup – soarf\_united\_admit\_type.tbl |
| Attending Doctor | PV1.7 | O |  |  | Copy ID, Last name, First name, Middle name, Suffix, Identifier Type Code. If the NPI number is available, send it across instead of the BayCare MS Number and Copy “NPI” to PV1.7.13 |
| Referring Physician | PV1.8 | O |  |  | Iterate over the ROL segments to find out if a referring physician (RP) was sent. If so, extract all necessary fields from ROL.4 and Copy them to PV1.8 (as was done for PV1.7) |
| Hospital Service | PV1.10 | O |  |  | Copy |
| Admit Source | PV1.14 | O |  |  | Table lookup – soarf\_united\_admit\_source.tbl |
| Admitting Doctor | PV1.17 | O |  |  | Copy ID, Last name, First name, Middle name, Suffix, Identifier Type Code. If the NPI number is available, send it across instead of the BayCare MS Number and Copy “NPI” to PV1.17.13 |
| Patient Type | PV1.18 | O |  |  | Copy |
| Discharge Disposition | PV1.36 | O |  |  | Table lookup – soarf\_united\_disch\_disp.tbl |
| Admit Date/Time | PV1.44 | O |  |  | Copy |
| Discharge Date/Time | PV1.45 | O |  |  | Copy |
| **Additional Visit Information Segment** | **PV2** | O |  |  |  |
| Admit Reason | PV2.3.1 | O |  |  | Copy to PV2.3 |
| **Diagnosis Segments** | **DG1** | O |  |  | **ITERATE** |
| Set ID – DG1 | DG1.1 | O |  |  | Copy |
| Diagnosis Code - DG1 | DG1.3 | O |  |  | PathCopy |
| Diagnosis Type | DG1.6.1 | O |  |  | Copy to DG1.6 |
| Diagnosis Priority | DG1.15 | O |  |  | Copy |
| **Guarantor Segment** | **GT1** | O |  |  |  |
| Set ID – GT1 | GT1.1 | O |  |  | Copy |
| Guarantor Number | GT1.2 | O |  |  | Concat the first five subfields |
| Guarantor Name | GT1.3 | O |  |  | Concat Family Name, Given Name, Middle Name, Suffix |
| Guarantor Address | GT1.5 | O |  |  | Copy |
| Guarantor Date/Time Of Birth | GT1.8 | O |  |  | Copy |
| Guarantor Relationship | GT1.11 | O |  |  | Copy |
| **Insurance Segments** | **IN1** | O |  |  | **ITERATE on Group. Do not send IN1 segments in A03 messages** |
| Set ID – IN1 | IN1.1 | R |  |  | Copy |
| Insurance Plan ID | IN1.2 | R |  |  | Copy |
| Insurance Company Name | IN1.4 | O |  |  | Copy |
| Insurance Company Address | IN1.5 | O |  |  | Copy |
| Insurance Company Contact Person | IN1.6 | O |  |  | Copy |
| Insurance Company Phone Number | IN1.7 | O |  |  | Copy |
| Group Number | IN1.8 | O |  |  | Copy |
| Plan Effective Date | IN1.12 | O |  |  | Copy |
| Plan Expiration Date | IN1.13 | O |  |  | Copy |
| Insurance Authorization | IN1.14 | O |  |  | Copy |
| Plan Type | IN1.15 | O |  |  | Copy |
| Name Of Insured | IN1.16 | O |  |  | Copy |
| Insured's Relationship To Patient | IN1.17 | O |  |  | Copy |
| Coord Of Ben. Priority | IN1.22 | O |  |  | Copy |
| Policy Number | IN1.36 | O |  |  | Copy |

## 4.3 Sample Message

Inbound to Cloverleaf from Soarian:

MSH|^~\&|SOARF|MDU|||201810051401||ADT^A08|c20707d6-1262-4e96-b3be-25513b1f9178|P|2.7||1

EVN|A08|201810051401||RVE|amy48634|201810051358|9025

PID|1|810069526^^^900000^PN|7000058631^^^BCHS^MR||UHCNINE^RAMON^^^^^L^^^20180911||19570822|M||White|818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^M^^Pinellas^^^20180911~818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^H^^Pinellas^^^20180911||^PRN^PH^^1^727^9999999^^Pref||EN|S|Catholic|6000089944^^^BCHS^VCD^^20181005|999991287|||HIS||N|0|||||N|N||201810051028

PD1||||||||N

PV1|1|I|H2MD^0204^W^MDU|Emergency|||055144^Cimino^Patrick^Thomas^II^PRN^1962540997^NPI^05416^PRDOC^MDU|||MED|||N|EO|||055144^Cimino^Patrick^Thomas^II^PRN^1962540997^NPI^05416^PRDOC^MDU|I|5400002322^^^504^VN^^20181005|PPO||||||||||||||||AHR|||9025||Adm OP Curr|||201810050900|201810051356||||||V

PV2|||^CHEST PAIN||||~~~~false||||||0||N||||||N||MD Inpatient^L^650^^^900000^XX~^^1336125640^^^900004^NPI~^^MEASE DUNEDIN HOSPITAL^^^439^NOAName|Checked out|||||||N|||||N||W||Acute

ROL||UC|PP|055144^Cimino^Patrick^Thomas^II^PRN^1962540997^NPI^05416^PRDOC^MDU|201809111417||||Phys

ROL||UC|AT|1962540997^Cimino^Patrick^Thomas^II^^MD^^900004^L^^^NPI^^^^20180606~05091^^^^^^^^581^^^^PRN~05091^^^^^^^^2078^^^^PRN~05091^^^^^^^^2077^^^^PRN~05091^^^^^^^^2076^^^^PRN~05416^^^^^^^^1316^^^^PRN~05416^^^^^^^^1325^^^^PRN~05416^^^^^^^^684^^^^PRN~05416^^^^^^^^737^^^^PRN~05091^^^^^^^^1505^^^^PRN~1464^^^^^^^^900000^^^^DN~055144^^^^^^^^183^^^^PRN~ME46867^^^^^^^^195^^^^LN~05416^^^^^^^^769^^^^PRN~05091^^^^^^^^777^^^^PRN~05091^^^^^^^^745^^^^PRN~05091^^^^^^^^779^^^^PRN~05091^^^^^^^^2127^^^^PRN~05091^^^^^^^^781^^^^PRN~05091^^^^^^^^748^^^^PRN~05416^^^^^^^^771^^^^PRN~05091^^^^^^^^783^^^^PRN~05416^^^^^^^^772^^^^PRN~05416^^^^^^^^775^^^^PRN~05091^^^^^^^^757^^^^PRN|201810050900|201810051356|||Phys

ROL||UC|AD|1962540997^Cimino^Patrick^Thomas^II^^MD^^900004^L^^^NPI^^^^20180606~05091^^^^^^^^581^^^^PRN~05091^^^^^^^^2078^^^^PRN~05091^^^^^^^^2077^^^^PRN~05091^^^^^^^^2076^^^^PRN~05416^^^^^^^^1316^^^^PRN~05416^^^^^^^^1325^^^^PRN~05416^^^^^^^^684^^^^PRN~05416^^^^^^^^737^^^^PRN~05091^^^^^^^^1505^^^^PRN~1464^^^^^^^^900000^^^^DN~055144^^^^^^^^183^^^^PRN~ME46867^^^^^^^^195^^^^LN~05416^^^^^^^^769^^^^PRN~05091^^^^^^^^777^^^^PRN~05091^^^^^^^^745^^^^PRN~05091^^^^^^^^779^^^^PRN~05091^^^^^^^^2127^^^^PRN~05091^^^^^^^^781^^^^PRN~05091^^^^^^^^748^^^^PRN~05416^^^^^^^^771^^^^PRN~05091^^^^^^^^783^^^^PRN~05416^^^^^^^^772^^^^PRN~05416^^^^^^^^775^^^^PRN~05091^^^^^^^^757^^^^PRN|201810050900|201810051356|||Phys

OBX|1|CE|AdditionalData1^^LSFUSERDATAE||N||||||R

OBX|2|NM|9272-6^Apgar 1^LN||0

OBX|3|NM|9274-2^Apgar 5^LN||0

DG1|1||I23.7^Postinfarction angina^ICD10-CM|||Fnl|||||||||1

DG1|2||R07.89^Other chest pain^ICD10-CM|||Fnl|||||||||2

DG1|3||I25.718^Athscl autologous vein CABG w oth angina pectoris^ICD10-CM|||Fnl|||||||||3

GT1|1|999991287^^^900001^SS^^20180911~7000058631^^^504^MR^^20180911~810069526^^^900000^PN^^20180911|UHCNINE^RAMON^^^^^L^^^20180911||818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^M^^Pinellas^^^20180911~818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^H^^^^^20180911|^PRN^PH^^1^727^9999999^^Pref||19570822|M|P|6|999991287|||||||||||||N|||||S||||||EN|||||Catholic|||HIS|||||||||||White

IN1|1|1486^Golden Rule UHC|439^^^900000^XX^^20120228~411289245^^^900001^TX^^20140328~NLU00010^^^184^CRI^^20140328|United HealthCare^L^439^^^900000^XX|PO BOX 31374^^SALT LAKE CITY^UT^84131^USA^M^^^^POLCS-M~PO BOX 740804^^ATLANTA^GA^30374^USA^M^^^^HRefund~PO Box 101760^^Atlanta^GA^303921760^USA^M^^^^HRefund|^^^^^^^POLCS-M|^NET^^^^^^^POLCS-M~^WPN^PH^^0^866^3334648^^HRefund||Golden Rule UHC||||||Health|UHCNINE^RAMON^^^^^L^^^20180911|6|19570822|818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^M^^Pinellas~818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^H^^Pinellas|||1|||||||20181005|||||||973456733|||||||M||true||||999991287^^^900001^SS^^20180911~7000058631^^^504^MR^^20180911~810069526^^^900000^PN^^20180911

IN2||999991287|||||||||||||||||||||||37602|NOCD||||||||EN|||||Catholic|||HIS|S||||||||||||||||||||^PRN^PH^^1^727^9999999^^Pref||||||||White|6

ZIN||||||||||||||||||||||||||||||||||||||||||||||||||||^^policyPlanName^policyPlanName^Golden Rule UHC||||||1486^^^900000^HPI^20130613~PPO^^^183^NHPI^20140313

PDA||||||N|||N

ZPV|||||||||||||||||||||||||||||||||||||||||||||||||""|BCBCE2REV1010LK|||||||||||^^mostCurrEncTypeCd^mostCurrEncTypeCd^IP||||||||5400002323^^No SCD^504^ZAVN^^20181005|201810041028|201810050900

ZID|999991287^^^900001^SS^^20180911~7000058631^^^504^MR^^20180911~810069526^^^900000^PN^^20180911

Outbound from Cloverleaf to United:

MSH|^~\&|SORIAN|MDU|Optum HIE|CDX|201810051401||ADT^A08^ADT\_A01|c20707d6-1262-4e96-b|P|2.5.1||1

EVN|A08|201810051401

PID|1||7000058631^^^BCHS^MR~810069526^^^900000^PN||UHCNINE^RAMON||19570822|M||2106-3|818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^M||||EN|S|Catholic|6000089944|999991287|||H

PD1||||||||N||||U

PV1|1|I|H2MD^0204^W^MDU|E|||1962540997^Cimino^Patrick^Thomas^II^^^^^^^^NPI|||MED||||7|||1962540997^Cimino^Patrick^Thomas^II^^^^^^^^NPI|I||||||||||||||||||01||||||||201810050900|201810051356

PV2|||CHEST PAIN

DG1|1||I23.7^Postinfarction angina^ICD10-CM|||Fnl|||||||||1

DG1|2||R07.89^Other chest pain^ICD10-CM|||Fnl|||||||||2

DG1|3||I25.718^Athscl autologous vein CABG w oth angina pectoris^ICD10-CM|||Fnl|||||||||3

GT1|1|999991287^^^900001^SS|UHCNINE^RAMON||818 MILWAUKEE AVE^^Dunedin^FL^34698^USA^M^^Pinellas^^^20180911|||19570822

IN1|1|1486^Golden Rule UHC||United HealthCare^L^439^^^900000^XX|PO BOX 31374^^SALT LAKE CITY^UT^84131^USA^M^^^^POLCS-M|^^^^^^^POLCS-M|^NET^^^^^^^POLCS-M||||||||Health|UHCNINE^RAMON^^^^^L^^^20180911|6|||||1||||||||||||||973456733

# Appendix A: Risks and Concerns

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Risk / Concern** | **Comment** | **Mitigation** | | |  |  |  |
| RC.2018.1.0 |  |  | |  | |  |  |  |

# Appendix B: Issues List

This is a dynamic list of the open issues related to the IDBB that remain to be solved, including but not limited to TBDs, pending decisions, information needed, conflict awaiting resolution, and the like.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Issue** | **Comment** | **Fix** | | |  |  |  |
|  |  |  | |  | |  |  |  |

**Go Live Date for the ADT interface to United: October 11, 2018**

* End of document