CHAPTER 3
SECTION 1.3

DEERS CONCEPTS AND DEFINITIONS

1.0. INTRODUCTION

Defense Enrollment Eligibility Reporting System (DEERS) is designed around the concept of a person. DEERS is a person repository that contains all Department of Defense (DoD) beneficiaries plus the capability to store information for people who are not eligible for DoD benefits. Within DEERS, interfaces with external systems are based on commercial standards where it supports the business requirements or standardized DEERS defined messages where needed.

2.0. TYPES OF DATA DEERS USES AND STORES

Three basic types of information: Person and Personnel, Beneficiary, Medical and Benefit, can be stored and provided to the Military Health System (MHS) through a central repository. Each is detailed below.

2.1. Person And Personnel Information

This is basic characteristic data about individuals, including both affiliations to DoD organizations or organizations designated by DoD, and affiliations within family units. Although historical data is available for longitudinal studies and demographic trend analysis, only current data is required for day-to-day clinical operations.

2.1.1. Person Data

- Primary (internal) identification - A mutually agreed-upon internal identifier [Patient Identifier (Patient ID) {Electronic Data Interchange Person Number - EDIPN}, DEERS Identifier (DEERS ID)] shared between the repository and external interfacing systems
- Secondary (external) identification - Name, Social Security Number (SSN), and Date of Birth (DOB)
- General characteristics - Sex, blood type, etc.
- Person-based programs - Organ donor
- Family association - Self, child, etc.
- Contact information - Address, telephone number

2.1.2. Personnel Data

- Personnel category - Active Duty (AD), reserve, retired, etc.
- Service or organization - Army, Navy, DoD civilians, etc.

- Position - Rank
- Personnel readiness programs - Reportable Disease Database (RDDB) or DNA

2.2. Beneficiary Information

This information combines the underlying rules-based system that captures DoD Instruction (DoDI) 1000.13, "Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals" and other applicable regulations and procedures with enrollment information, as maintained by the MHS community. This data is provided for past, current, and future periods from the inquiry date, and consists of specific Health Care Delivery Program (HCDP) information.

Examples of this information are:

- DoD HCDPs: DoD HCDPs are defined by DEERS as the methods of providing basic health benefits. Examples of these include TRICARE Prime, Uniform Services Family Health Plan (USFHP), Federal Employees Health Benefits Program (FEHBP) Demonstration Project, and Continued Health Care Benefit Program (CHCBP).
- Other Government Programs (OGPs): OGPs are defined by DEERS as programs or plans provided and supported by a U.S. Government agency other than the DoD. The two current types of programs stored in DEERS are Medicare and the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).
- Other Health Insurance (OHI) (Commercial): OHI information is stored in DEERS to support third party collections.

2.3. Medical Benefit Information

2.3.1. General Policy

Examples of medical benefit information that DEERS tracks on a policy level include:

- Deductible accumulation
- Catastrophic cap accumulation
- Enrollment fee accumulation and fee details (including fee exceptions)

2.3.2. Person Related

Examples of medical benefit information that DEERS tracks on a person level include:

- OHI
- Enrollment fee waiver information

3.0. SPECIFIC DEERS ROLES

3.1. Person Role

An individual exists within DEERS first and foremost as a person who may have multiple roles, including but not limited to: a sponsor, a family member, a beneficiary, and a patient. This implies the existence of certain attributes tied to a person that do not normally change as his or her role within the system changes. For example, a person has a name, DOB, weight, height, hair color, eye color, and possibly an SSN. Both sponsor and family member are possible but not mutually exclusive roles of a person in the DEERS database. The family member role is supported by person association and condition data that cross-references the family member's sponsor. This expanded person role exists solely within DEERS.

3.2. Sponsor And Family Member Roles

A sponsor is any person who, as a direct affiliate or member of an organization within the DoD, is entitled to benefits from the DoD and who, through that affiliation or membership, entitles his or her family members to benefits. Members of non-DoD organizations whose employees are authorized DoD benefits are also sponsors, and often accord eligibility to their family members.

As of October 1, 2003, a former spouse will also be considered a sponsor and will no longer be identified by their previous relationship to a Uniformed Services service member. A former spouse will be identified by their individual SSN and not the SSN of the military service member. DMDC will provide contractors with a crosswalk file for former spouses previously identified by the military service member's SSN.

TRICARE entitlement for an unremarried former spouse is ended with the existence of an employer sponsored health plan. Contractors can identify an unremarried former spouse on the DEERS claims response from a discreet member category code that indicates the type of DoD Beneficiary. (See the DEERS Data Dictionary for Member Category Codes.) There is a unique member category code for each category of unremarried former spouse. If a DEERS claims response shows a person to be an unremarried former spouse (via the member category code) and the claim shows the possible existence of an employer sponsored health plan, the contractor shall proceed in accordance with the TRICARE Policy Manual (TPM).

Abused dependents, like unremarried former spouses, are now part of the DoD Beneficiary Population on DEERS, and have a distinct member category code indicating their status. The presence of OHI does not remove an abused dependent's entitlement to TRICARE.

DoDI 1000.13 defines which relationships to sponsors make individual family members eligible for benefits. Some restrictions that influence the definition of a child family member include age, degree of support by the sponsor, physical disability, and educational status.

3.3. Beneficiary Role - Multiple Entitlements/Dual Eligibility

DEERS considers both sponsors and family members as beneficiaries (i.e., recipients of DoD benefits). The role of beneficiary is, however, ambiguous because a person may be entitled to DoD benefits via his or her simultaneous association to more than one sponsor or by being a sponsor in one family while being a member of another. An example is a person that is a family member in two sponsored families at the same time. This situation occurs when both spouses in a family are sponsors. This condition is known as **multiple entitlements**. DEERS supports multiple entitlements by not only storing persons but any combination of their current and past associations.

Entitlement periods may be sequential, such as when a son or daughter of a sponsor joins a Uniformed Service and he or she becomes a sponsor. Becoming a sponsor terminates the individual's previous eligibility for benefits as a family member.

In some cases, the roles leading to multiple entitlements may change back and forth. For example, a child of married reservists who move in and out of AD assignments may have transitory periods of entitlement to medical benefits under each sponsor. Each sponsor in this family has the potential to provide medical benefits for the family member (child) for various periods of time. Therefore, this multiple-entitled child may need to be changed back and forth between the two sponsor spouses as the situation changes. The concept of **dual eligibility** occurs when multiple entitlements are concurrent. This situation can occur when a sponsor is both a retired sponsor and a civil servant on overseas assignment. The beneficiary would have a coverage plan as the retired sponsor and another coverage plan as the civil servant. Hence, dual eligibility results when a person is associated with more than one DoD affiliation.

All instances of family membership and/or sponsorship are stored under unique identifiers. These identifiers are associated to a family as the DEERS Family Identifier (Family ID-nine digit DEERS-assigned number) and each member of the family, including the sponsor, is further delineated by the DEERS Beneficiary Identifier (Beneficiary ID-two digit DEERS-assigned number within each DEERS Family ID). All systems storing benefits or enrollment information about a beneficiary must do so by DEERS Family ID and DEERS Beneficiary ID (in combination known as the DEERS ID for a beneficiary). All information about TRICARE enrollments and policies to and from NED in DEERS and the regional contractors must be done using this Identifier. Updates of all other secondary attributes including SSN, Name, or DOB are exchanged using this DEERS ID as primary means of identification.

3.4. Patient Role

The patient role results from an association between a person and a DoD Health Care delivery provider. It is important to note that a person is not required to be currently eligible for DoD benefits to be considered a patient. For example, the patient may have been a beneficiary in the past but is no longer eligible for DoD benefits. In certain cases, an individual who is not an authorized DoD beneficiary may be treated in an emergency situation at a DoD Military Treatment Facility (MTF), and is therefore a patient. Persons on the Person Data Repository (PDR) of DEERS and on clinical systems within the DoD are identified in the patient role by the Patient ID, also known as the EDIPN Identifier. All

clinical and reporting data must be exchanged using this identifier. TRICARE contractors must store this identifier associated with each enrollee on their database.

3.5. Beneficiary Roles Within HCDPs

3.5.1. Subscriber Role

A subscriber is an individual who is the primary holder of a DoD policy (i.e., the primary holder of a DoD entitlement) for health care benefits based on his or her affiliation with the DoD. The subscriber is the sponsor.

3.5.2. Insured Role

An insured is an individual who is covered by a Uniformed Services health benefits program (i.e., an HCDP) for medical coverage. The individual is entitled to these programs based upon his or her association to a subscriber. A person may be both a subscriber and an insured. For example, under TRICARE Prime Individual Coverage for Retired Sponsors and Family Members, the sponsor is both the subscriber and an insured. However, other sponsors may be a subscriber and not be an insured. For example, a sponsor on AD may be the subscriber for his or her family members that are insured under TRICARE Prime Family Coverage for Active Duty Family Members (ADFMs).

3.6. Sponsor, Subscriber, Beneficiary, And Insured Roles

As stated above, a sponsor is first and foremost, a person within DEERS. As a sponsor, the person may also be the subscriber who holds the DoD "policy" for health care benefits. As a beneficiary, the person may also be an insured who is covered by a DoD "policy" for health care benefits.

3.7. Family Member, Beneficiary, And Insured Roles

As stated previously, a family member is first and foremost, a person within DEERS. As a sponsor, the person may also be the subscriber who holds the DoD policy for health care benefits. Another person, through associations and relationships, may be a family member to the sponsor, which implies a role as a beneficiary. As a beneficiary, the person may also be an insured who is covered by a DoD policy for health care benefits.

4.0. TERMINOLOGY USED IN DEERS

The DoD, MHS and DEERS are migrating to a design based on commercial practices and standards. DMDC is modeling the solution for DEERS on commercial health insurance concepts and terminology.

4.1. Plan Sponsor

The plan sponsor is the organization or entity responsible for funding the coverage contained within the insurance plan. Within MHS, the DoD is the plan sponsor.

4.2. Insurer

The insurer is the insurance company. For DEERS, the DoD is the insurer (i.e., self-insured).

4.3. Insurance Program

The insurance program is the collection of insurance plans, offered by the plan sponsor, that make up the benefit structure for the beneficiary population.

4.4. Insurance Plans

The insurance plans are the individual benefit packages offering coverage for the beneficiary. For the DoD, this includes a medical benefit plan, a dental benefit plan, and a life insurance plan. For DEERS, the insurance plans are referred to as HCDPs.

4.5. Insurance Plan Options

Insurance plan options represent the different types of coverage available within each insurance plan. For DEERS, insurance plan options are called HCDP Coverage Plans. Some examples of coverage plans include TRICARE Prime Individual Coverage for AD Sponsors and TRICARE Prime Family Coverage for Retired Sponsors and Family Members.

4.6. Insurance Policy

An insurance policy is the unique insurance plan option selected by the beneficiary for each available insurance plan.

4.7. Subscriber

A subscriber is the individual who is the primary holder of an insurance policy. For DEERS, the subscriber is the sponsor.

4.8. Insured

The insured is the individual person covered under the insurance policy. For DEERS, the insured is the beneficiary.

5.0. TRICARE POPULATIONS

The TRICARE programs serve a wide range of beneficiaries holding various statuses throughout their lifetime. The following information details the populations covered by the TRICARE benefit. The definition of the populations may be modified as legislation or TMA requires. These populations include:

- Active Duty Service Members (ADSMs) and ADFMs
- Transitional Assistance Management Program (TAMP) Sponsors and Family Members

- Transitional Survivors of AD Deceased Sponsors - Family members of an ADSM who died within the past three years while on AD. This also includes the family members of a Guard/Reserve sponsor who died within the past three years while on AD for more than 30 days. If the family members are enrolled in TRICARE Prime when the sponsor dies, DEERS automatically disenrolls them from the ADFM plan and enrolls them for three years in the Transitional Survivor plan.
- Survivors of AD Deceased Sponsors - Family members of an ADSM who died over three years ago while on AD. This also includes the family members of a Guard/Reserve sponsor who died over three years ago while on AD for more than 30 days.
- Retired Sponsors and Family Members - Retirees eligible for retirement pay and their family members as well as Medal of Honor recipients.
- Transitional Survivors of Guard/Reserve Deceased Sponsors - Family members of a Guard/Reserve sponsor who died within the past three years, while on AD for less than 30 days. These beneficiaries have no prior eligibility for TRICARE Prime, so DEERS does not automatically enroll them.
- Survivors of Guard/Reserve Deceased Sponsors - Family members of a Guard/Reserve sponsor who died in service over three years ago, while on AD for less than 30 days.

6.0. TYPES OF HCDP PLANS

Delivery programs are methods of providing basic health benefits. Coverage under these programs may be either individual or family, depending on the number of beneficiaries enrolled and beneficiaries' affiliation to the sponsor, as well as the program definition.

There are two types of plans within DEERS: assigned and enrolled. Assigned plans represent the base entitlement of a beneficiary (e.g., TRICARE Standard). Assigned plans are based on a sponsor's affiliation to a DoD organization (e.g., Army AD); therefore, when a sponsor's DoD affiliation changes (e.g., Army AD to Army Reserves), a new assigned plan is created. Enrolled plans represent another level of benefit into which the beneficiary has elected enrollment (e.g., TRICARE Prime).

The Uniformed Services Health Benefit Program consists of various health care coverage plans.

6.1. Uniformed Services Health Benefit Program

The following sections detail the various types of health care plans currently available within the DoD. The Managed Care Support Contractor (MCSC)/USFHP provider is required to implement a system that allows changes to health care plans and HCDP plan coverage codes as legislation and regulation require. Refer to Chapter 3, Addendum C, HCDP Plan Coverage Details, for specific information related to each plan.

6.1.1. DEERS Assigned Plans

These plans are the defaults assigned by DEERS for beneficiaries based on their eligibility status. Assigned plans do not require enrollment actions.

6.1.1.1. Health Care Plan: AD - Direct Care (DC)

The AD - DC HCDP is the basic coverage assigned by DEERS for eligible beneficiaries, specifically AD sponsors.

6.1.1.2. Health Care Plan: TRICARE Standard

The TRICARE Standard HCDP is the basic coverage assigned by DEERS for eligible beneficiaries and results when a beneficiary under the age of 65, or 65 and over but not Medicare eligible, is entitled to both DC and Civilian Health Care (CHC).

6.1.1.3. Health Care Plan: TRICARE Extra

TRICARE Extra allows a beneficiary eligible for TRICARE Standard to seek care from a TRICARE network provider, thus obtaining a discount on services and a reduced cost share. Since TRICARE Extra acts like TRICARE Standard for DEERS purposes, DEERS does not track this option.

6.1.1.4. Health Care Plan: DC

This plan allows beneficiaries who are not entitled to civilian health care to obtain care in MTFs. Examples of the eligible population include dependent parents and parents-in-law, or beneficiaries age 65 and over eligible for the Medicare benefit that do not have both Medicare Parts A and B.

6.1.1.5. Health Care Plan: TRICARE For Life (TFL)

Beneficiaries age 65 and over with Medicare Parts A and B are eligible for the TFL benefit. The National Defense Authorization Act for Fiscal Year (FY) 2001 (NDAA FY 2001) required this delivery program, which became effective October 1, 2001.

6.1.1.6. Health Care Plans for DoD Affiliates

DoD affiliates are a conglomerate category of individuals entitled to DC or CHC at different levels than the groups defined in other HCDPs. The currently defined compositions of the DC categories are:

6.1.1.6.1. Health Care Plan: DC Continental United States (CONUS) For DoD Affiliates

This health care plan is available for the following population(s):

- North Atlantic Treaty Organization (NATO) Sponsored, Partnership for Peace, and NATO Non-Sponsored Foreign Military and their Family Members
- Non-NATO Sponsored Foreign Military and their Family Members

6.1.1.6.2. Health Care Plan: DC Outside The Continental United States (OCONUS) For DoD Affiliates

This health care plan is available for the following population(s):

- NATO and Non-NATO Foreign Military and their Family Members
- Civilian Personnel of DoD and other government agencies and their accompanying family members
- Civilian contractors under contract to the DoD or the Uniformed Services
- Uniformed and non-uniformed full-time personnel of the Red Cross and their family members
- Area executives, center directors and assistant directors of the USO and their family members
- United Seaman's Service (USS) personnel and their accompanying family members
- Military Sealift Command (MSC) Civil Service personnel

6.1.1.6.3. Health Care Plan: TRICARE Standard CONUS For DoD Affiliates

This health care plan is available for the following population(s):

- Family Members of Sponsored and Non-sponsored NATO Foreign Military

6.1.2. Enrolled Plans

6.1.2.1. Health Care Plan: AD - TRICARE Prime

ADSMs eligible for DC benefits are eligible to enroll into TRICARE Prime, which is similar to commercial Health Maintenance Organization (HMO) coverage. Beneficiaries must enroll through an authorized enrolling organization. Beneficiaries then select or are assigned a Primary Care Manager (PCM) in a MTF.

6.1.2.2. Health Care Plan: TRICARE Prime Remote Active Duty Service Member (TPRADSM)

The NDAA FY 1998 requires medical care coverage for AD members of the armed forces assigned to remote locations. This coverage is provided through the TRICARE Prime Remote (TPR) Program.

Eligibility for this health care coverage requires that the ADSM's permanent duty location and residence be more than 50 miles from a MTF or designated clinic or in a Lead Agent authorized zip code. The contractor may be notified by the Lead Agent to treat a zip code as remote prior to it appearing on the DEERS file as an authorized remote zip code. When the contractor enrolls a person in DOES, DOES will edit the zip code for TPR approval. The contractor can override the edit and proceed to enroll the person in TPR if the zip code is one that the Lead Agent has authorized. DOES uses the service member's residential and daily work location zip codes to determine if the member is eligible for remote coverage. Refer to Chapter 3, Addendum D, Medical Business Rules, for system edits based on these zip codes. Under this program, the ADSM may enroll and select a civilian or USFHP PCM. Since in some locations PCMs are not available, AD personnel may be enrolled in TPR without a PCM assignment.

TRICARE utilization review and utilization management requirements are not applied to this program; and designated Service Points of Contact (SPOCs) may authorize care not normally covered under the TRICARE Prime Uniform Benefit Program. When there is a change to the service member's residential or work zip code and either or both no longer fall outside of the 50 mile range from an MTF or designated clinic, DOES prompts the enrollment clerk to disenroll the member from TPR coverage.

6.1.2.3. Health Care Plan: TRICARE Prime

Beneficiaries who are eligible for TRICARE Standard may elect to enroll into TRICARE Prime, which is similar to commercial HMO coverage. Beneficiaries must enroll through an authorized enrolling organization. Beneficiaries then select or are assigned a PCM, and under some coverage plans may pay an annual fee for coverage.

6.1.2.4. Health Care Plan: TRICARE Prime Remote Active Duty Family Member (TPRADFM)

Under the provision of the NDAA FY 2001, the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) has extended the remote medical coverage provisions of the NDAA FY 1998 to family members of the ADSMs assigned to remote regions. The current effective date for this plan is September 1, 2002. DOES enforces plan effective dates.

Eligibility for this health care coverage requires that the ADSM's permanent duty location and residence be more than 50 miles from an MTF or designated clinic, as determined by residential and daily work location zip codes; and that the family member has the same residential zip code as the sponsor Lead Agents also may authorize zip codes for TPR. If these zip codes no longer meet these requirements, DOES prompts the user to disenroll the appropriate family member(s). Refer to Chapter 3, Addendum D, Medical Business Rules. Under this program the family members may enroll and select a civilian

PCM. Since in some locations PCMs are not available, ADFMs may be enrolled in TPR without a PCM assignment.

There is a Point of Service (POS) option under this program. TRICARE utilization review and utilization management requirements do apply to this program.

6.1.2.5. Health Care Plan: TRICARE Plus

The TRICARE Plus program is a DC-based program that became effective October 1, 2001. Enrolled beneficiaries must be eligible for DC, and may or may not have an entitlement to CHC. There are two types of TRICARE Plus coverage to differentiate between those beneficiaries with a CHC entitlement and those without. Coverage is at the individual level. There are no family policies. A family may have more than one individual policy, with each family member holding an individual policy.

6.1.2.6. Health Care Plan: USFHP

The USFHP is a TRICARE program for major medical health care, preventive care, and medically necessary care including prescription drug coverage. The USFHP is currently composed of civilian health care facilities contracted by the DoD to provide health care through the USFHP. USFHP enrollees are enrolled into the TRICARE Prime coverage plans with a USFHP PCM Network Provider Type Option Code of 'U'. The USFHP also covers beneficiaries age 65 and over that are Medicare-eligible, as well as dependent parent and parent-in-laws that have been grandfathered into the program. The beneficiaries are enrolled in separate USFHP plans for persons only having a DC entitlement. (See Chapter 3, Addendum C for HCDP and PCM Network Provider Type Codes.)

6.1.2.7. Health Care Plan: TRICARE Senior Prime (TSP)

This coverage plan is referenced for historical purposes only.

Beneficiaries who were eligible for DC as well as Medicare may have chosen to enroll into the TSP coverage plan demonstration. Enrollees in this program selected a PCM in a participating MTF and were enrolled for the longevity of the program, which ended on December 31, 2001. Enrollment fees did not apply to this program. TSP did not offer a family coverage option, but allowed more than one individual plan for a family.

6.1.2.8. Health Care Plan: FEHBP Demonstration Project

The NDAA FY 1999 directed the DoD and the Office of Personnel Management (OPM) to develop a demonstration project to allow Medicare eligible military retirees age 65 and over, their family members, certain unremarried former spouses of military members or former members, and family members of deceased military members or former members to enroll into an FEHBP coverage plan for their health care.

The FEHBP demonstration project lasts three years at ten demonstration sites. Health care coverage began January 1, 2000 and ends December 31, 2002. Enrollment is managed through the FEHBP Demonstration Project Information Processing Center. The eligibility criteria and program requirements are beyond the scope of this document.

MCSCs do not perform enrollments for FEHBP.

6.1.2.9. Health Care Plan: CHCBP

The CHCBP is optional coverage to which beneficiaries may subscribe for a specified period (not to exceed 36 months) after the sponsor's entitlement to DoD benefits ends. Enrollment into the CHCBP program is performed by the CHCBP enrollment contractor. Details of this program are beyond the scope of this document (see the TPM, Chapter 10, Section 4.1).

6.1.2.10. Health Care Plan: TRICARE Reserve Select (TRS) Program

The TRS program is optional coverage to which Reserve Component (RC) members may subscribe when they commit to continued service in the Selected Reserve after release from AD to which the member was called or ordered for a period of more than 30 days on or after September 11, 2001, under one of the activation authorities in Section 101(a)(13)(B) of Title 10, U.S. Code and have served continuous for 90 days or more pursuant to such call or order to AD unless such continuous service on AD is less than 90 days solely due to an injury, illness or disease incurred or aggravated while deployed. Beneficiaries enrolled in the TRS program are not entitled to care at the MTF and must pay a premium for coverage.

6.1.2.11. Health Care Plan: TRICARE Retired Reserve (TRR) Program

TRR is a premium-based TRICARE health plan available for purchase by qualified members of the Retired Reserve and qualified survivors that offers health coverage for Retired Reserve members and their eligible family members. The RCs will validate members' and survivors' qualifications to purchase TRR coverage and will identify qualified members/survivors in the DEERS. Beneficiaries enrolled in the TRR program are entitled to care at the MTF.

6.2. Special Health Care Programs

DEERS supports any special health care program mandated by the DoD. These special health care programs are programs into which a beneficiary can enroll or register, regardless of other assigned or enrolled health care coverage plans to which they are entitled.

The Program for Persons with Disabilities (PFPWD) has been expanded to include an extended home health care benefit. The name of the TRICARE PFPWD has been changed to TRICARE Extended Care Health Option (ECHO). ECHO beneficiaries must be ADFMs, have a qualifying condition, and be registered to receive ECHO benefits on DEERS. MCSCs and USFHP providers are required to review appropriate documentation, including registration documents, and ascertain that individuals are ECHO eligible. Once a determination that an individual is ECHO eligible, MCSCs and USFHP providers must register the individual on DEERS. Registration will be performed through a Government Furnished Equipment (GFE) application and will include entering at least the following information, 1) ECHO, as a Special Health Care Coverage Plan Code, and 2) Registration Start Date. (**NOTE**: If the Begin Date is not entered, DOES will enter a default date using the 20th of the month rule.) ECHO-related codes needed for claims processing purposes shall be

returned as a Special Health Care Program within the Health Care Coverage Claims Response. Contractors may also utilize the web-based General Inquiry of DEERS (GIQD) application to obtain ECHO coverage information. See the TPM and TRICARE Operations Manual (TOM) for details regarding this program.

7.0. IDENTIFICATION SCHEMA FOR ELECTRONIC DATA INTERCHANGE (EDI)

7.1. Primary And Secondary Identifiers

Identification of persons in the DEERS database is established via primary identifiers and secondary identifiers. A primary identifier must be unambiguous, so that information systems and software can process it without the need for intervention by users or artificial intelligence technology. Secondary identifiers can be ambiguous and must be processed by users who match these secondary identifiers to persons in the DEERS database. Because secondary identifiers are ambiguous, system users generally use more than one secondary identifier to minimize mistakes in the identification process. More information on primary and secondary identifiers is explained in the next section of this document.

7.2. Person Identification

Sources external to DEERS identify persons initially in the DEERS database using only secondary identifiers. DEERS is the definitive system for person identification. The secondary identifiers are:

- Sponsor's SSN
- First three characters of the last name
- DOB

If only the SSN is provided, duplicate records are often resolved manually and thus system-to-system identification cannot be done. The last name and DOB are used to resolve duplications when two or more individuals have the same SSN, and to correct inaccurate identification of persons caused by using only the SSN. Usually, a person may be positively identified by an end user by matching an SSN along with the first three characters of the last name and the DOB. Data for both sponsors and individual family members may be accessed in this manner.

Since DEERS does not contain every family member's SSN, the user may access these individuals by using the sponsor's secondary identification information. This returns a list of each family member associated with the sponsor.

7.3. Beneficiary Identification

Beneficiaries in the DEERS database are positively identified using a system-generated DEERS ID. DEERS IDs are internal to DEERS and its interface systems, and therefore are not entered by users. As previously stated, each DEERS ID is a primary identifier, and formed by a combination of the following:

- Family ID, a DEERS-assigned nine-digit number unique to each family, plus a

- Beneficiary ID, a DEERS-assigned two-digit number unique to each individual in a family

Although a person may have more than one DEERS ID, stemming from multiple entitlements (defined previously), DEERS IDs positively identify each beneficiary. DEERS IDs, therefore, serve as primary identifiers and are used by information systems when passing data about individual beneficiaries and families.

A person may have multiple DEERS IDs over time and some of these instances are described as follows:

- A person may be entitled to DoD benefits via his or her simultaneous association to more than one sponsor. For example, a person may be a family member in two sponsored families at the same time. This situation occurs when both spouses in a family are sponsors. This condition is known as multiple entitlements.
- Entitlement periods may be sequential, such as when a son or daughter of a sponsor joins a Uniformed Service and he or she becomes a sponsor. In this case, the person would have a DEERS ID as a family member and as a sponsor. However, becoming a sponsor terminates the individual's previous eligibility for benefits as a family member.

7.4. Secondary Identification

In order to obtain a DEERS ID for a beneficiary, a system interfacing with DEERS must provide secondary identification information in one of several forms. This ensures the correct beneficiary is found, received, and stored with a DEERS ID. In the table below, the "Inquiry Information" column describes required information entering DEERS, and the "Response" column describes information returned by DEERS.

FIGURE 3-1.3-1 SECONDARY IDENTIFICATION

INQUIRY INFORMATION	RESPONSE
Family Member's Person Identifier and Person Identifier Type Code (S=SSN, D=DEERS assigned Temporary ID, F=DEERS assigned Foreign ID), Inquiry Person Type Code (sponsor or family member), Last Name and DOB (optional).	Family member option may return more than one DEERS ID if this beneficiary is in more than one family. User must then select correct beneficiary.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and DOB (optional), and family option.	Returns entire family of beneficiaries (one DEERS Family ID). User must select beneficiary from family.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and DOB (optional). **AND** Family Member's Person Identifier and Person Identifier Type Code (S=SSN, D=DEERS assigned Temporary ID, F=DEERS assigned foreign ID).	Returns one beneficiary.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and DOB (optional). **AND** Family Member's First Name and DOB.	Usually returns only one beneficiary except in some rare cases of same named twins.

7.5. Patient Identification

Patients have a primary identifier called the Patient ID, which is a DEERS-assigned ten-digit number. This is used similarly to the DEERS ID, although the primary purpose is to reliably access patient and person level information. DEERS generates a Patient ID to link all MHS systems. The MCSC system must accommodate both the DEERS Patient ID and the HIPAA Patient ID.

7.6. Person Identification For Business Events

The following table identifies the options and type of data necessary to perform a DEERS/Medical business event for system-to-system interactions.

Legend (an "X" in a column indicates that the information may be used):

- Secondary identification: refer to the secondary identification section above.
- Individual/Family: indicates if the business event can be done for an individual, a family, or both.
- Refer to the specific business events throughout the Interface Operational Description (IOD) and the DEERS Business Rules for additional information.

FIGURE 3-1.3-2 PERSON IDENTIFICATION FOR BUSINESS EVENTS

PERSON IDENTIFICATION FOR BUSINESS EVENTS				
SECONDARY IDENTIFICATION	DEERS ID	PATIENT ID	INDIVIDUAL/FAMILY	BUSINESS EVENT
	X	X	I	Policy Notification
	X (Subscriber only)		I, F Depending on policy type	Enrollment Fee Payment
	X (Subscriber only)		I, F Depending on policy type	Disenrollment for failure to pay fees
X			I, F Depending on policy type	Enrollment Fee Payment Transaction History Request
X			I, F	Health Care Coverage Inquiry for Claims
	X		I	Catastrophic Cap & Deductible Updates
X			I, F	Catastrophic Cap & Deductible Transaction History Request
	X		I, F	Catastrophic Cap & Deductible Totals Inquiry
		X	I	OHI Notification
		X	I, F	OHI Inquiry
		X	I, F	OHI Policy Add/Update
		X	I, F	OHI Cancellation

7.7. HCDP Enrollment Management Contractor Identification

HCDP Enrollment Management Contractors are entities that are authorized to enroll MHS-eligible sponsors and family members into DoD coverage plans and are responsible for maintaining an individual's HCDP policy. The organizations include MCSCs and USFHP providers and are referred to as enrolling organizations. DEERS tracks the enrolling organization that is responsible for an individual's policy. A person only has one enrollment management contractor that is responsible for managing their coverage at any given point in time. DEERS creates a system identifier for each enrolling organization, and distributes the identifier to each system. Each MCSC and USFHP provider system has a system identifier for each contract, not region. This system identifier is used to identify the MCSC or USFHP provider system in system-to-system interactions with DEERS.

7.8. PCM Enrolling Division Identification

The PCM Enrolling Division is the organization that is primarily responsible for delivering the beneficiary's health care. This represents a grouping of providers in the Civilian, DC, resource sharing, and USFHP networks. Examples include MTFs, satellite clinics of MTFs, and possibly clinics within the MTF. DEERS maintains a table of organizations into which eligible subscribers and family members are enrolled. These organizations are identified by Defense Medical Information System (DMIS) IDs, which are associated to the regions in which they are located.

The MCSC shall implement each monthly DMIS table on the first day of the month following the download. Downloads are available on the DMIS web site.

7.9. PCM Identification

DEERS uses the MCSC PCM ID as an interim solution until a National Provider Identifier (NPI) becomes available. At that time, DEERS will utilize the NPI. MCSCs must not re-use PCM IDs. The MCSC is responsible for providing a crosswalk for converting PCM assignments from the MCSC provider ID to the national provider ID. The PCM ID cannot exceed 32 bytes.

7.10. Policy Identification

The MCSC must be able to match a policy using this information. DEERS uses the following combination to uniquely identify a policy:

- DEERS Family ID
- HCDP Type
- HCDP Plan Coverage Code
- DEERS Policy Begin Date

A sponsor can be a subscriber to multiple policies.