

BUSINESS RULES

BUSINESS RULES LEGEND	
SHEET	BUSINESS EVENT
A	Eligibility for Enrollment Inquiry
B	Enrollment Into Health Benefit Program
B (cont.)	Enrollment Into Health Benefit Program (CHCBP)
B (cont.)	Enrollment Into Health Benefit Program (TRSP)
B (cont.)	Enrollment Into Health Benefit Program (WMTC)
C	Disenrollment
D	Modification of Enrollment (PCM Change)/PCM Panel Reassignment
E	Modification of Enrollment (PCM Cancellation and Transfer Cancellation)
F	Modification of Enrollment (Transfer)
G	Modification of Enrollment (Enrollment Period Change)
H	Modification of Enrollment (Enrollment End Reason Code Change)
I	Modification of Enrollment (Enrollment/Disenrollment Cancellation)
J	Online Enrollment Fee Payment
K	Enrollment Fee Waiver Information Update for an Individual
L	Beneficiary Update
M	Other Health Insurance (OHI)
N	Patient ID Change

Within each sheet (DOES business events):

-  Indicates fields that the user will NOT enter in DOES.
- * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; UP=USFHP Provider; CV=Civilian; DP=Designated Provider; RS=Resources Sharing
 - ** Enforced By: M=MCSC/USFHP Provider; D=DEERS

Note: If an MCSC/USFHP provider has the need to modify an enrollment outside of the allowable modification period (as stated in the business rules for each event), the MCSC/USFHP Provider must contact the DEERS Support Office (DSO) to make the change.

Each worksheet represents a DEERS Medical business event. The business rules begin with a listing of general rules that apply to all programs and plans. Following the generalized rules, the programs or coverage plans for which the business event applies are listed. Each data attribute included in the business event is then listed by program or coverage plan with the specific rules including data usage, system edits, entity responsible for enforcing the business rule, and error message returned if the business rule is not met (if applicable).

DMDC reserves the right to modify these business rules at any time based on new requirements or further developments of existing requirements.

BUSINESS RULES: A. ELIGIBILITY FOR ENROLLMENT INQUIRY

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
		This inquiry is used for eligibility for enrollment only.	
		Eligibility inquiries are made for a family.	
		Eligibility for Enrollment inquiries will show the current health care program information for the inquiry date.	
		If an enrollment exists in the last 12 months, enrollment information will be returned in the Eligibility for Enrollment Inquiry response.	
		PCM information (if applicable) will only be displayed for the past 12 months.	
		If the beneficiary is eligible to enroll in other coverage plans for the HCDP requested, DEERS will return all appropriate coverage plans and dates of eligibility.	
		Parent and Parent-in-Laws are no longer eligible to enroll in TRICARE. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the USFHP provider network.	
		Foreign military are not eligible to enroll in any TRICARE program.	

BUSINESS RULES: A. ELIGIBILITY FOR ENROLLMENT INQUIRY

ELIGIBILITY FOR ENROLLMENT INQUIRY		DATA TYPE*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
EVENT AND DATA FLOW				
1.	Person/Family Transaction Type Code	R	Family	D
2.	Inquiry Person Type Code	R	Identifies whose ID is being submitted, sponsor or family member. DOES defaults to sponsor; if ID is not found as sponsor, DEERS will look for the ID as a family member.	D
3.	Inquiry Person Identifier	R		D
4.	Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, and FIN. DOES defaults to SSN, but user may change.	D
5.	HCDP Type Code	R	Specifies if the inquiry is for Medical or Dental programs. DOES defaults to the HCDP Type Code for which the user has enrollment permissions.	D
6.	HCDP Code	R	Specifies the health care delivery program (e.g., Prime, CHCBP) for which eligibility is being requested. DOES defaults to all HCDP Codes for which the user has enrollment permissions.	M, D
7.	HCDP Eligibility Inquiry Point-in-Time Calendar Date	R	DOES defaults to the system date and will display eligibility from the past 60 to 90 days in the future.	D

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM

GENERAL BUSINESS RULES	ENFORCED BY**
Length of enrollment is indefinite or less based on eligibility.	D
A person cannot be enrolled in multiple coverage plans during the same time period.	D
Until policies are consolidated across contracts, a family cannot have multiple coverage policies of the same plan type with the same contractor during the same time period.	D
Once policies are consolidated across contracts, a family cannot have multiple coverage policies of the same plan type during the same time period.	D
Enrollment fee payments may be waived. DEERS will allow this information to be communicated through the HCDP Individual Enrollment Fee Waiver Reason Code.	M
MCSC/USFHP providers should use the Enrollment Fee Payment Exception Reason Code to indicate the reason an enrollment fee payment is less than expected.	M
A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's zip code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning message but will allow the enrollment.	M, D
DEERS will validate that the PCM Region Code falls within the enrolling organization's Contract ID.	D
The policy enrollment period begin date is set based on the first person enrolled in the coverage plan and is equal to that person's enrollment begin date.	D
If an enrollment into a plan that require fees must be effective other than on the first of the month, DOES will only enroll the beneficiary through the end of that month. The MCSC/USFHP provider should waive fees for this period and set a fee exception reason. It is also the MCSC/USFHP provider's responsibility to re-enroll the beneficiary effective the first of the following month in order to provide continuous enrollment and to set the anniversary date.	M, D
Enrollment fees and OHI may be added to DEERS at the time of enrollment. Refer to the Online Enrollment Fee Payment and OHI Add business rules for more details.	M, D
Parent and parent-in-laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified, but the PCM selection MUST remain within the USFHP network.	D
Foreign military are not eligible to enroll in any TRICARE program.	D
DEERS will disenroll beneficiaries from the TCDP or WMDP if the beneficiary disenrolls from TRICARE Prime or TRICARE Prime Remote for any reason.	D

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CHCBP)

GENERAL BUSINESS RULES	ENFORCED BY**
Foreign military are not eligible to enroll in any TRICARE program.	D
Person must not be enrolled in any other managed care programs established or operated under the auspices of the DoD.	D
Enrollment in the CHCBP program cannot extend beyond 36 months except in the case of an unremarried former spouse.	M

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CHCBP)

Enrollment required for these plans:	PLAN AND DATA TYPE*		BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
	CONTINUED HEALTH CARE BENEFIT PROGRAM (CHCBP) PLANS			
EVENT AND DATA FLOW	(a) CHCBP - Individual Coverage	(b) CHCBP - Family Coverage		
37. HCDP Plan Coverage Code	R	R	Valid with DEERS "eligible for" coverage.	D
38. EMC Enrollment Begin Calendar Date	R	R	DOES sets this field to the beginning of eligibility for CHCBP coverage.	D
39. EMC Enrollment End Calendar Date	R	R	A. Cannot exceed end of eligibility. DOES defaults to a 36 month enrollment period. B. Must be greater than or equal to enrollment begin date. Enrollment period may not be greater than 36 months except for URFs. DEERS enforces that enrollment periods do not overlap.	M, D D

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (TRSP)

GENERAL BUSINESS RULES	ENFORCED BY**
DEERS will validate that the TRS member lives within the enrolling organization's jurisdiction. If the TRS member's zip code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning and will not allow the enrollment, unless the zip code is not on the SAF. DOES will determine the region in which each family member resides and enroll them to the appropriate contractor. If a family member does not have a zip code on the SAF, DOES will assign the contractor code of the TRS member.	M, D
The policy enrollment period begin date is set based on TRS member's enrollment begin date. There will be one policy for a family regardless of the contractor(s) they are enrolled to. (The contractor code on the policy will be set to 00.)	D

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (TRSP)

Enrollment is required for these plans:	PLAN AND DATA TYPE*		BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
	TRICARE RESERVE SELECT (TRS) PROGRAMS			
EVENT AND DATA FLOW	(a) TRS - Member-Only Coverage (Contingency Ops)	(b) TRS - Member & Family Coverage (Contingency Ops)		
40. DEERS ID (Insured)	B, I	B, I	information only provided for clarity of who may be covered under each plan.	
41. HCDP Enrollment Update Code	R	R	Handled by DOES.	D
42. HCDP Type Code	Add	Add	Handled by DOES.	D
43. HCDP Plan Coverage Code	R	R	M = Health Care; handled by DOES.	D
44. EMC Enrollment Begin Calendar Date	R	R	Validated with DEERS "eligible for" coverage. A. DOES will default to the end of eligibility, but user may change. B. Must be within eligibility and may be current date, up to 90 days in the future, or 289 days prior to current date (for retroactive enrollments).	M, D
45. EMC Enrollment End Calendar Date	R	R	A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do not overlap.	D
46. HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A		M
47. EMC HCDP Enrollment Application Received Calendar Date	O	O		M
48. TSC HCDP Enrollment Application Received Calendar Date	O	O		M
49. EMC Enrollment Residence Mailing Address US Postal Region Zip Code	R	R	Required to perform jurisdiction; DEERS will validate that the member lives within the enrolling organization's jurisdiction. If the member's zip code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning and will not allow the enrollment, unless the zip code is not on the SAF. DOES will determine the region in which each family member resides and enroll them to the appropriate contractor. If a family member does not have a zip code on the SAE, DOES will assign the contractor code of the member.	M, D
50. EMC Enrollment Work Mailing Address US Postal Region Zip Code	N/A	N/A		M, D
51. Sponsor EMC Enrollment Residence Mailing Address US Postal Region zip Code	N/A	N/A		M, D
52. HCDP Enrollment Card Request Status Code	R	R	Indicates whether or not an enrollment card should be generated. Default is to generate card upon enrollment.	M, D
53. HCDP Enrollment Card Request Calendar Date	S	S	Current date; changed only when enrollment card is requested.	D

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (WMTC)

GENERAL BUSINESS RULES	ENFORCED BY**
A person cannot be enrolled in multiple special program coverage plans during the same time period.	D
Allowable periods of enrollments are 289 days prior and 90 days in the future.	D
Do not allow enrollment if a lock out has been flagged for that program.	D
The earliest Enrollments begin date is 2005-12-01.	D
The end date of WMDP/TCDP enrollments should not be greater than the program end date of 2008-09-30.	D
To be eligible to participate in TCDP beneficiaries must :	
a) Residing in CO, MN, MO, and KS;	M
b) Be enrolled in TRICARE Prime or TRICARE Prime Remote;	M, D
c) Be aged 18-64; and	M, D
d) Not be entitled to Medicare.	M, D
e) ECHO and Special Plans enrollees will not be eligible to participate in the TCDP.	M, D
To be eligible to participate in WMDP beneficiaries must :	
a) Be enrolled in TRICARE Prime or TRICARE Prime Remote;	M, D
b) Be aged 18-64; and	M, D
c) Not be entitled to Medicare A.	M, D
d) ECHO and Special Plans enrollees will not be eligible to participate in the WMDP.	M, D
e) Not an AD5M (Sponsor)	M, D
f) Residing in IL,IN,OH, and MI.	M
A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M, D
The policy enrollment period begin date is set based on sponsor's enrollment begin date. There will be one policy for a Family regardless of the contractor(s) they are enrolled to. (The contractor code on the policy will be set to 00.)	D
DEERS will disenroll beneficiaries from the TCDP or WMDP if the beneficiary disenrolls from Prime for any reason.	D
Notifications will be generated when the enrollments for a beneficiary changes.	D
No PCM assignments for WMTC enrollments.	D

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BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (WMTC)

Enrollment is required for these plans.	PLAN AND DATA TYPE*			ENFORCED BY**
	TRICARE RESERVE SELECT (TRS) PROGRAMS			
	(a) TRICARE TCDP	(b) TRICARE WMDP	BUSINESS RULES BY COVERAGE PLAN	
Role of Subscriber	B, I	B, I	Information only provided for clarity of who may be covered under each plan.	
56. DEERS ID (Insured)	R	R	Handled by DOES.	D
57. HCDF Enrollment Update Code		Add	Handled by DOES.	D
58. HCDF Type Code	R	R	S=Special Program; handled by DOES. HCDF_CD = 013	D
59. HCDF Plan Coverage Code	R	R	Validated with DEERS "eligible for" coverage. TCDP/HCDF_PLN_CVG_CD = 403. WMDP/HCDF_PLN_CVG_CD = 404.	D
60. EMC Enrollment Begin Calendar Date	R	R	A. DOES will default to the end of eligibility, but user may change. B. Must be within eligibility and may be current date, up to 90 days in the future, or 289 days prior to current date (for retroactive enrollments).	M, D
61. EMC Enrollment End Calendar Date	R	R	A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do not overlap.	D
62. HCDF Individual Enrollment Fee Waiver Reason Code	N/A	N/A		M
63. EMC HCDF Enrollment Application Received Calendar Date	O	O		M
64. TSC HCDF Enrollment Application Received Calendar Date	O	O		M
65. EMC Enrollment Residence Mailing Address US Postal Region Zip Code	R	R	Required to perform jurisdiction; DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the subscriber's zip Code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning and will not allow the enrollment, unless the zip code is not on the SAE.	M, D
66. EMC Enrollment Work Mailing Address US Postal Region Zip Code	N/A	N/A		M, D
67. Sponsor EMC Enrollment Residence Mailing Address US Postal Region Zip Code	N/A	N/A		M, D
68. HCDF Enrollment Card Request Status Code	R	R	Indicates whether or not an enrollment card should be generated. Default is to generate card upon enrollment.	M, D
69. HCDF Enrollment Card Request Calendar Date	S	S	Current date; changed only when Enrollment Card is Requested.	D

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BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED By*
Disenrollment		DOES will display all active enrollments in the family for the user to select appropriate beneficiaries to disenroll.	D
		DEERS will set the PCM Selection End Calendar Date based on the EMC Enrollment End Calendar Date.	D
		DEERS will set the PCM Selection End Reason Code based on the EMC Enrollment End Reason Code.	D
		DEERS will revert coverage to the DEERS assigned health coverage plan starting the day following the disenrollment if the beneficiary is still eligible for coverage.	D
		Disenrollments can only be performed on the latest active enrollment.	D
		A disenrollment is done for an individual.	D
		If an AD sponsor loses eligibility, DEERS will disenroll all family members.	D
		DEERS will send disenrollment notifications to all enrollment management and PCM enrolling divisions systems as necessary. For TRS, the notifications will only go to the contractor to whom the member is enrolled.	D
		If an AD sponsor dies, DEERS will automatically disenroll all family members from the AD plan and enroll them in a Transitional Survivor plan for three years (or less depending on eligibility) following the date of death. If the family member was enrolled in TPR with no PCM, DEERS will not re-enroll into the Transitional Survivor plan, it is the MIDST's responsibility to do so.	M, D
		If a retired sponsor dies, family members will not be disenrolled from their coverage plan.	D
		When enrollees with a USFHP PCM lose eligibility for TRICARE Prime due to reaching age 65, DEERS will automatically disenroll them from Prime and enroll them in the appropriate TRICARE USFHP bc coverage plan.	D
		Parent and parent-in-laws are no longer eligible to enroll.	D
		If a parent or parent-in-law disenrolls from the program, he or she will NOT be eligible to re-enroll at any time.	D

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BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES BY PROGRAM	ENFORCED By*
Disenrollment Unsolicited Notification from DEERS		Unsolicited notification sent by DEERS.	
Disenrollment performed for all health care plans in these groups:	TRICARE Prime (including Remote) and TRICARE Plus	a Refer to Policy Notification.	
	TRICARE USFHP DC	b Refer to Policy Notification.	
	TRICARE ECHO Program	c Refer to Policy Notification.	
	CHCBP	d No notification will be sent from DEERS because there is no EDI solution for management of these plans.	
	TRS	e Refer to Policy Notification.	
	WMTC (a) TRICARE TCDP (b) TRICARE WMDP	f Refer to Policy Notification.	
Disenrollment - Voluntary/Involuntary		Disenrollment sent to DEERS by MCSC/USFHP via DOES.	M
		If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for non-payment of fees.	D
		If a beneficiary moves to another region, but does not wish to transfer enrollment, the MCSC/USFHP provider in the new region will be permitted to disenroll the beneficiary.	M, D

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW	DATA TYPE*							BUSINESS RULES BY PROGRAM	ENFORCED BY**
	TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	TRICARE USFHP DC	TRICARE ECHO Program	CHCBP	TRS	(A) TRICARE TCDP (B) TRICARE WMIDP WMTC			
1. DEERS ID (Insured)	R	R	R	R	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code			Update					Handled by DOES.	D
3. HCDP Type Code	R	R	R	R	R	R	N/A	M=Health Care; handled by DOES. Applicable for latest unterminated enrollment only.	D
4. HCDP Plan Coverage Code	R	R	R	R	R	R	R	S=Special Programs; handled by DOES.	D
5. EMC Enrollment Begin Calendar Date	R	R	R	R	R	R	R	Latest unterminated enrollment begin date.	D
6. EMC Enrollment End Calendar Date	R	R	R	R	R	R	R	Must not be more than 289 days in the past (for CHCBP, cannot be before program begin date) or 30 days in the future.	D
7. EMC Enrollment End Reason Code	R	R	R	R	R	R	R	Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply). DEERS will not allow a disenrollment for "Failure to Pay Fees", if the enrollment plan fees are current for the policy. WMTC Enrollment End Reason = "S" if termination was due to termination of TRICARE Prime/ TRICARE Prime Remote Enrollment	M, D
8. EMC Lockout Period Code	R	R	N/A	N/A	R	R	R	For TRS, the default is to set the lockout indicator. For WMTC, the default is to set the lockout indicator. For TCDP, will not default is to set the lockout indicator.	M

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

GENERAL BUSINESS RULES	ENFORCED BY**
DOES will list all family members enrolled in different MCSC/USFHP provider contracts for the user to select.	D
A transfer of enrollment is done for each family member being transferred.	M
When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor. For TRS, a transfer is based on the enrollee moving to a new region; the transfer must be done by the contractor to whom the member is enrolled.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's zip code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning message but will allow the transfer. For TRS, DEERS will validate that the TRS member lives within the enrolling organization's jurisdiction. If the TRS member's zip code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning and will not allow the enrollment, unless the zip code is not on the SAF. DOES will determine the region in which each family member resides and enroll them to the appropriate contractor. If a family member does not have a zip code on the SAF, DOES will assign the contractor code of the TRS member.	M, D
If there are current and future enrollments for the person being transferred, the future segment must first be cancelled by the MCSC/USFHP provider managing that future enrollment.	D
DEERS will set the EMC Enrollment End Calendar Date and the PCM Selection End Calendar Date for the losing organization, and the EMC Enrollment Begin Calendar Date and PCM Selection Begin Calendar Date for the gaining organization based on the transfer effective date.	D
DEERS will check that enrollment fees for the previous policy, if applicable, have been paid to date. If fees are not current, DOES will provide the user with a warning, but will allow the transfer.	D
Enrollment fees and OHI may be added to DEERS at the time of transfer. Refer to the Online Enrollment Fee Payment and OHI Add business rules for more details.	M, D
DEERS will send policy change notifications to all systems participating in the management of the enrollment. For TRS, the notifications will only go to the contractor to whom the TRS member is enrolled.	D
Parents and parents-in-law are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the USFHP network.	D

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BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

ENROLLMENT TRANSFER	PLAN AND DATA TYPE*													ENFORCED BY**			
	TRICARE PRIME PLANS						TRICARE USFHP PLANS				TRS						
Transfer of Enrollment allowed for these plans:																	
EVENT AND DATA FLOW														BUSINESS RULES BY COVERAGE PLAN			
1. DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	D
2. HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	D
3. PCM Selection Update Code																	D
4. HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	D

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BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER) (CONTINUED)

ENROLLMENT TRANSFER	PLAN AND DATA TYPE*												ENFORCED BY**			
	TRICARE PRIME PLANS						TRICARE USFHP PLANS			TRS						
Transfer of Enrollment allowed for these plans:													(a) TRS - Member and Family Coverage (Contingency Ops)			
													(w) TRS - Member-Only Coverage (Contingency Ops)			
													(v) TRICARE USFHP - Family Coverage for Survivors of AD Sponsors			
													(u) TRICARE USFHP - DC Individual Coverage for Survivors of AD Sponsors			
													(t) TRICARE USFHP - DC Coverage for Transitional Survivors of AD Sponsors			
													(s) TRICARE USFHP - DC Coverage for ADPMs			
													(r) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors			
													(q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors			
													(p) Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors			
													(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors			
													(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members			
													(m) TRICARE Prime Family Coverage for Retired Sponsors and Family Members			
													(l) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members			
													(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members			
													(j) TRICARE Prime Family Coverage for Survivors of AD Deceased Sponsors			
													(i) TRICARE Prime Individual Coverage for Survivors of AD Deceased Sponsors			
													(h) TRICARE Prime Family Coverage for Transitional Survivors of AD Deceased Sponsors			
													(g) TRICARE Prime Individual Coverage for Transitional Survivors of AD Deceased Sponsors			
													(f) TRICARE Prime Family Coverage for ADPMs			
													(e) TRICARE Prime Individual Coverage for ADPMs			
													(d) TRICARE Prime Individual Coverage for AD Sponsors			
													(c) TRICARE Remote Family Coverage for ADPMs			
													(b) TRICARE Remote Individual Coverage for ADPMs			
													(a) TRICARE Remote for ADPMs			
EVENT AND DATA FLOW													BUSINESS RULES BY COVERAGE PLAN			
35. Prior PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	Value of "Transfer".	D
36. PCM Default Assignment UIC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Default criteria for DC PCMs only. If the beneficiary does not indicate any PCM preference, DOES will default a DC PCM based on the sponsor's UIC.	D
37. PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	DOES will ensure that the selected PCM has available capacity.	D

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED By**
		DOES will display all family members that may have the enrollment period changed based on the business rules below.	D
		An enrollment cannot extend past eligibility.	D
		DEERS will send enrollment change notifications to all systems participating in the management of the enrollment. For TRS, the notifications will only go to the contractor to whom the TRS member is enrolled.	D
		DEERS will ensure enrollment periods do not overlap.	D
		DEERS will only allow modification of a begin date to the latest current or future enrollment if it began within the past 60 days. DEERS will allow modification to the last terminated enrollment's end date if the current end date is within the past 60 days and there is no later enrollment.	D
		Only the entity that managed the enrollment may change the enrollment end date and the change must be made within 60 days of the disenrollment date. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date. For TRS, the contractor to whom the TRS member is enrolled must make these changes.	D
		If there has been a change of coverage plan within the HCDP (e.g., change from Prime to Plus) and the begin date of the later enrollment is modified, the end date of the previous enrollment will be modified accordingly to provide continuous enrollment.	D
		Only the entity that created the enrollment may change the enrollment begin date. The begin date can be changed to an earlier date that does not overlap another enrollment and is not more than 60 days from the current date. The begin date can be changed to a later date that is not more than 90 days in the future of the current begin date and does not fall into a later PCM segment with a different DMIS ID than the first PCM***.	D
		DOES will update the policy enrollment period for a family based on the new enrollment dates. DOES will honor differences in an individual's enrollment begin date. Family members may have different enrollment end dates based on length of eligibility.	D

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

Enrollment Period Change for an Individual <i>Change of enrollment period allowed for all health care plans in these health care delivery programs:</i>		DATA TYPE*				BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
EVENT AND DATA FLOW		TRICARE PRIME (INCLUDING REMOTE)	TRICARE USFHP DDC	TRICARE PLUS	TRS		
1.	DEERS ID (Insured)	R	R	R	R	Handled by DOES.	M, D
2.	HCDP Enrollment Update Code	Update				Handled by DOES.	M, D
3.	HCDP Type Code	R	R	R	R	M=Health Care; handled by DOES.	M, D
4.	HCDP Plan Coverage Code	R	R	R	R	The latest current or future coverage plan for begin date modifications; the latest coverage plan (must be terminated) for end date modifications.	M, D
5.	EMC Enrollment Begin Calendar Date	R	R	R	R	A. The EMC Enrollment Begin Calendar Date can be changed only if it is currently not more than 289 days in the past or 90 days in the future. B. The new EMC Enrollment Begin Calendar Date must be within eligibility and must be within 289 days prior to or 90 days in the future of the current EMC Enrollment Begin Calendar Date. The new begin date may not be changed if there is a later PCM with a different DMIS ID than the first***.	M, D
						A. If the new EMC Policy Enrollment Period Begin Calendar Date precedes the original EMC Enrollment Begin Calendar Date, the EMC Policy Enrollment Period Begin Calendar Date will be modified to this date. B. The EMC Policy Enrollment Period End Calendar Date will also be modified accordingly to a 12-month (or less depending on eligibility) period, if applicable. C. DOES will set the initial PCM Selection Begin Calendar Date equal to this date.	D
6.	EMC Enrollment End Calendar Date	R	R	R	R	A. For enrollments terminated by an enrolling organization, this date must not be more than 289 days in the past. The new EMC Enrollment End Calendar Date must not be more than 60 days in the past, or more than 30 days in the future of the current EMC Enrollment End Calendar Date and cannot exceed eligibility. B. For enrollments terminated by DEERS, this date may only be changed to a later date if the enrollee's eligibility has been extended. C. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 289 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	M, D
						A. DOES will set the last PCM Selection End Calendar Date equal to this date. B. If this is the last active enrollment in the policy, the EMC Policy Enrollment Period End Calendar Date will reflect this date.	D

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED By**
		DOES will display all family members that may have their enrollment end reason code changed based on the business rules below.	D
		The system identifier must be the system who managed the enrollment. For TRS, this will be the contractor to whom the TRS member is enrolled.	D
		The Enrollment End Reason Code may only be changed within the 60 days following the disenrollment date and only if it is the latest enrollment.	D
		Enrollment End Reason Codes set by DEERS cannot be changed.	D

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

Enrollment End Reason Code Change <i>Change of enrollment end reason allowed for plans in these health care delivery programs:</i>	DATA TYPE*					BUSINESS RULES BY COVERAGE PLAN	ENFORCED By**
	TRICARE PRIME	TRICARE USFHP DC	TRICARE Plus	TRS	WMTC (A) TRICARE TCDP (B) TRICARE WMIDP		
EVENT AND DATA FLOW							
1. DEERS ID (Insured)	R	R	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code			Update			Handled by DOES.	D
3. HCDP Type Code	R	R	R	R	R	M=Health Care; handled by DOES. S=Special Program; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	R	R	The latest coverage plan.	D
5. EMC Enrollment Begin Calendar Date	R	R	R	R	R	Enrollment period being changed.	M, D
6. EMC Enrollment End Calendar Date	R	R	R	R	R	Enrollment period being changed.	M, D
7. EMC Enrollment End Reason Code	R	R	R	R	R	May not be more than 289 days in the past. Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply). DEERS will not allow a disenrollment for "Failure to Pay Fees", if the enrollment plan fees are current for the policy.	D
					R	WMTC Enrollment End Reason = "S" if termination was due to termination of TRICARE Prime/TPR Enrollment.	D
8. EMC Lockout Period Code	R	R	R	R	R		M, D

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION

EVENT AND DATA FLOW	DATA TYPE*				GENERAL BUSINESS RULES	ENFORCED BY**
					DOES will display all family members who may have an enrollment/disenrollment cancelled based on the business rules below.	D
					The instance of the enrollment or disenrollment (including PCM information) will be removed and will not be displayed by DEERS in subsequent transactions.	D
					Any fee payment adjustments should be made prior to cancelling the last enrollment in a policy. Once all enrollments have been cancelled, fee information will be inaccessible.	D
					For disenrollment cancellations, DEERS will reinstate the enrollment, including fee information, as it existed prior to the disenrollment.	D
					DEERS will adjust policy dates for the family as necessary.	D
					DEERS will send policy change notifications to all systems participating in the management of the enrollment. For TRS, the notifications will only go to the contractor to whom the TRS member is enrolled.	D
					For enrollment and disenrollment cancellations, the system identifier must be the current MCSC/DP managing this enrollment. If there has been a transfer of enrollment, the gaining contractor may only cancel the transfer, not the enrollment. For TRS, this must be the contractor to whom the TRS member is enrolled.	D
					When an enrollment is cancelled, DOES will reinstate the previous enrollment if it ended due to a change in coverage plans within the same HCDP (e.g., changed enrollment from Prime to Plus).	D
					An enrollment cannot be cancelled if there is more than one PCM segment with a different DMIS ID than the first PCM segment***.	D
					If the TRICARE Prime or TPR plan is reinstated (cancel disenrollment), the corresponding WMTC enrollment will be reinstated. If the TRICARE Prime or TRICARE Prime enrollment is cancelled or disenrolled, the corresponding WMTC plan will be cancelled or disenrolled. If the WMTC enrollment is cancelled or disenrolled, this will not affect the existing TRICARE Prime or TPR plan.	

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION

Enrollment/Disenrollment Cancellation <i>Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:</i>	DATA TYPE*						BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
	TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	TRICARE USEHIP DC	TRICARE ECHO PROGRAM	CHCBP	TRS	WMTC (A) TRICARE TCDP (B) TRICARE WMDP		
EVENT AND DATA FLOW							BUSINESS RULES BY COVERAGE PLAN	
1. DEERS ID (Insured)	R	R	R	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code			Cancel				This is the cancellation of a current or future HCDP; handled by DOES.	D
3. HCDP Type Code	R	R	R	R	R	R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	R	R	R	Current or future coverage plan for Enrollment Cancellation (if there is a future coverage plan, this plan must be cancelled before the current plan may be cancelled); previous coverage plan for Disenrollment Cancellation.	D
5. EMC Enrollment Begin Calendar Date	R	R	R	R	R	R	A. The begin date of the enrollment/disenrollment selected for cancellation. B. For an enrollment cancellation, this date must be no longer than 289 days in the past or 90 days in the future.	M, D
6. EMC Enrollment End Calendar Date	R	R	R	R	R	R	A. The end date of the enrollment/disenrollment selected for cancellation. B. For a disenrollment cancellation, this date must be no longer than 289 days in the past or 30 days in the future.	M, D
						R	If the TCDP enrollment is terminated with a "S" and the Prime/Remote enrollment is not terminated or has a termination date later than the TCDP enrolment then DOES will allow cancel disenrollment and reinstates the enrollment with: 1. For a future WMTC End Date: The End Date set to eligibility end date (if Prime/Remote enrollment is not terminated) and end reason set to "Q". 2. For a past WMTC End Date: End Date set to the Prime/Remote enrollment end date (disenrollment date) and end reason set to "S" (Past).	M, D
7. EMC Enrollment End Reason Code	R	R	R	R	R	R	"Invalid Entry".	M, D
8. EMC Lockout Period Code	R	R	N/A	N/A	R		WMDP: When a disenrollment is cancelled the lock out indicator is set to blank (lock out removed).	M, D
						R		M, D

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT

GENERAL BUSINESS RULES	ENFORCED BY*
This transaction is used for making enrollment fee payments and adjustments, and for disenrollment requests for failure to pay fees.	M, D
DEERS will accumulate individual enrollment fee payments for each policy enrollment period at the policy level.	D
Partial or non-payment of enrollment fees will be accepted by DEERS and should be communicated through the HCDP Enrollment Fee Payment Exception Reason Code.	M
Fee payments may be made for the last two policies that are previous, current or future.	M, D
The system identifier is obtained by DEERS from the message header and is used to track the system that sent the enrollment fee payment notification.	D
DEERS only accepts fee payments (or adjustments) and disenrollment requests for policies that require fees.	D
DEERS will not allow a disenrollment for "Failure to Pay Fees" if enrollment fees are current for the policy or if the person is waived from paying fees.	D
It is yet to be determined which edits will result in a warning vs. a rejection of the fee update. MCSCs/USFHP providers must correct and resubmit to DEERS any fee transaction that has resulted in a warning or rejection.	M, D
For TRS, DEERS will collect a paid through date (at a date to be determined later, DEERS shall report all premium payment amounts, including overpayments, received by the contractors)	M, D

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT

ONLINE ENROLLMENT FEE PAYMENT <i>Enrollment fees required for these plans:</i>	PLAN AND DATA TYPE*													ENFORCED BY**			
	TRICARE PRIME PLANS			TRICARE USFHP DIRECT CARE PLANS							TRS						
EVENT AND DATA FLOW	(a) TRICARE Prime Individual Coverage for Survivors of AD Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of AD Deceased Sponsors and Family Members	(c) TRICARE Prime Individual Coverage for Retired Sponsors	(d) TRICARE Prime Family Coverage for Retired Sponsors	(e) TRICARE Prime Individual Coverage for Grand/Reserve Deceased Sponsors	(f) TRICARE Prime Individual Coverage for Survivors of Grand/Reserve Deceased Sponsors	(g) TRICARE USFHP DC Individual Coverage for Survivors of AD Sponsors	(h) TRICARE USFHP DC Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE USFHP DC Family Coverage for Retired Sponsors	(j) TRICARE USFHP DC Individual Coverage for Survivors of Grand/Reserve Deceased Sponsors	(k) TRICARE USFHP DC Family Coverage for Survivors of Grand/Reserve Deceased Sponsors	(l) TRICARE USFHP DC Family Coverage for Survivors of Grand/Reserve Deceased Sponsors	(m) TRS - Member-Only Coverage (Continuity Opt)	(n) TRS - Member and Family Coverage (Continuity Opt)	BUSINESS RULES BY COVERAGE PLAN		
Subscriber Information:																	
1. DEERS ID	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Must identify a sponsor on DEERS.	M, D	
Fee Information:																	
2. HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Must identify a previous, current or future policy.	M, D	
3. HCDP Policy Enrollment Period Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS. If the HCDP Enrollment Fee Payment Plan Type Code is "Request for EFT Allotment" and there are less than 3 months in the Policy Enrollment Period, DEERS will create the new Policy Enrollment Period and apply the fee coverage.	M, D	
4. HCDP Enrollment Fee Payment Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	D	M
5. HCDP Enrollment Fee Payment Paid-Through Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	This date must be within the policy enrollment period of the policy identified in #2 unless the HCDP Enrollment Fee Payment Plan Type Code is "Request to begin EFT/allotment" and there are less than 90 days in the policy enrollment period (in this case DEERS will apply the coverage to the next period) or if the Fee Action Code is "E". For TRS, the only edit is that this date is within the policy.	M, D	
6. HCDP Enrollment Fee Payment Plan Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	Cannot be "monthly" if this is the initial fee payment or if there is not a previous HCDP Enrollment Fee Payment Plan Type Code of "request to begin EFT/allotment".	M, D
7. HCDP Enrollment Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	Cannot be "EFT" or "Allotment" unless there is a previous quarterly payment with HCDP Enrollment Fee Payment Plan Type Code of "request to begin EFT/allotment".	M, D
8. HCDP Enrollment Year Fee Payment Amount	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	This should be a dollar amount (with decimal and dollar sign). Can be negative. If the amount posted results in the cumulative fee payment being above or below the expected limit and there are no fee exception reason, DEERS issues a warning/error.	M, D
9. HCDP Enrollment Fee Payment Exception Reason Code	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	Required if partial payment or non-payment of fees. This field must be reset each time a fee payment is made if it is still applicable.	M
10. HCDP Enrollment Fee Action Code	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A		M, D
11. HCDP Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A		M, D
12. Account Type Code	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
13. Account Person First Name	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
14. Account Person Middle Name	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
15. Account Person Last Name	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT (CONTINUED)

ONLINE ENROLLMENT FEE PAYMENT	PLAN AND DATA TYPE*										ENFORCED By**			
	TRICARE PRIME PLANS		TRICARE USFHP DIRECT CARE PLANS						TRS					
Enrollment fees required for these plans:	(a) TRICARE Prime Individual Coverage for Survivors of AD Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of AD Deceased Sponsors and Family Members	(c) TRICARE Prime Individual Coverage for Retired Sponsors	(d) TRICARE Prime Family Coverage for Retired Sponsors	(e) TRICARE USFHP DC Individual Coverage for Survivors of AD Sponsors	(f) TRICARE USFHP DC Prime Family Coverage for Survivors of AD Sponsors	(g) TRICARE USFHP DC Individual Coverage for Retired Sponsors	(h) TRICARE USFHP DC Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE USFHP DC Family Coverage for Retired Sponsors	(j) TRICARE USFHP DC Individual Coverage for Survivors of Grand/Reserve Deceased Sponsors	(k) TRICARE USFHP DC Individual Coverage for Survivors of Grand/Reserve Deceased Sponsors	(l) TRS - Member and Family Coverage (Contingency Ops)		
Event And Data Flow												BUSINESS RULES BY COVERAGE PLAN		
16. Financial Institution Name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
17. Financial Institution Line Number Identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
18. Financial Institution Mailing Address Line 1 text	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
19. Financial Institution Mailing Address Line 2 text	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
20. Financial Institution Mailing Address City Name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
21. Financial Institution Mailing Address US Postal Region State Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
22. Financial Institution Mailing Address US Postal Region Zip Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
23. Financial Institution Mailing Address US Postal Region Zip Extension Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
24. Financial Institution Mailing Address Country Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
25. Financial Institution Telephone Number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
26. Bank Routing Transit Number Identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D
27. Bank Account Number Identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M,D

BUSINESS RULES: K. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL

GENERAL BUSINESS RULES	ENFORCED BY**
There are no dates associated with the waiver; it can be set or removed as necessary and no history is kept on the setting of this field.	D

BUSINESS RULES: K. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL

ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL <i>Enrollment fees required for these plans:</i>	PLAN AND DATA TYPE*												BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
	TRICARE PRIME PLANS						TRICARE USFHP DIRECT CARE PLANS							
	(a) TRICARE Prime Individual Coverage for Survivors of AD Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of AD Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(d) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(e) Preretiree Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(f) Preretiree Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) TRICARE DP DC Individual Coverage for Survivors of AD Sponsors	(h) TRICARE DP DC Family Coverage for Survivors of AD Sponsors	(i) TRICARE DP DC Individual Coverage for Retired Sponsors and Family Members	(j) TRICARE DP DC Family Coverage for Retired Sponsors and Family Members	(k) TRICARE DP DC Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(l) TRICARE DP DC Family Coverage for Survivors of Guard/Reserve Deceased Sponsors		
EVENT AND DATA FLOW	R	R	R	R	R	R	R	R	R	R	R	R		
1. DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	The beneficiary who is exempt from paying enrollment fees; handled by DOES.	M, D
2. HCDP Enrollment Update Code													Handled by DOES.	D
3. HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES.	M, D
4. HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	M, D
5. EMC Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS.	M, D
6. EMC Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS.	M, D
7. HCDP Individual Enrollment Fee Waiver Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.	M

BUSINESS RULES: L. BENEFICIARY UPDATE

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
		When an enrollee's address is updated in DOES, a policy notification will be sent to the MCSC managing the enrollment, and a PIT will be sent to the appropriate CHCS host site (if any).	D
		The Mailing Address Maintenance Source Code will indicate whether the address was last updated by an MCSC, a USFHP provider, CHCS, or a military personnel update.	D
		For OCONUS addresses, zip codes should be entered on Address Line 2 in DOES.	M
Person Information			
1. DEERS ID	R	Handled by DOES.	D
2. E-mail Address Update Code	S	Handled by DOES.	D
3. E-mail Address Use Priority Code	S	Residence e-mail address.	D
4. E-mail Address Text	O		M
5. Mailing Address Update Code	R	Required if address is being updated.	D
6. Mailing Address Type Code	S	A. Must be included if updating the address information; indicates if mailing or residential address is being updated. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
7. Mailing Address Effective Calendar Date	S	A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
8. Mailing Address Quality Code	R	This field will be populated by DEERS after Code-1 is run and returned on the policy notification.	D
9. Mailing Address Maintenance Source Code	R	Indicates the source of a mailing address update. If update is made in DOES by an MCSC/USFHP provider, the value should be "MCSC". If update is made in DOES by the Dental Contractor, the value should be "Dental". This will trigger a policy notification and if necessary, a PIT notification.	D
10. Mailing Address Line 1 Text	S	A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
11. Mailing Address Line 2 Text	O	A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
12. Mailing Address City Name	R	Address is a complete unit. All required elements must be included for a successful update.	M, D
13. Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
14. Mailing Address US Postal Region Zip Code	S	A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
15. Mailing Address US Postal Region Zip Extension Code	O	Recommended if known and address is in the U.S. and Puerto Rico. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M D
16. Mailing Address Country Code	S	Address is a complete unit. All required elements must be included for a successful update. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D D
17. Telephone Number Update Code	S	Handled by DOES.	D
18. Home Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
19. Work Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
20. Fax Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D

BUSINESS RULES: M. OTHER HEALTH INSURANCE (OHI)

1.	DEERS will serve as a central repository of OHI data which will be used by the DC system and purchased care contractors as another source of OHI data.
2.	While there will not be an initial load of purchased care data to the DEERS OHI data repository, MCSCs shall begin querying and updating the DEERS OHI/SIT data repository at the time pre-enrollment activity begins (approximately 40 days prior to the start of Health Care Delivery). Pharmacy contractors shall begin querying and updating the DEERS OHI / SIT data repository at the start of health care delivery or upon direction from the Contracting Officer. USFHP contractors shall begin querying and updating the DEERS OHI/SIT data repository upon direction from the Contracting Officer.
3.	Since purchased care contractors will be entering OHI data on the DEERS OHI data repository prior to the initial CHCS OHI conversions, DMDC shall reject CHCS OHI records that match exactly with previously entered purchased care records when performing the initial CHCS conversions on the presumption that the purchased care data is more current. A CHCS OHI record will be rejected if it matches exactly with the following data elements: Patient ID; HIC ID; OHI Policy ID; OHI Effective Calendar Date; OHI Policy Coverage Type Code; OHI Carrier Coverage Payer Type Code; OHI Coverage Claim Filing Code; OHI Policy Coverage Precedence Indicator; OHI Policy Coverage Effective Calendar Date.
4.	DEERS is not the OHI database of record for claims processing purposes. Purchased care contractors will process claims based on the OHI information contained in their own systems and received on claims.
5.	Evidence of the existence of OHI on the DEERS OHI data repository is sufficient to deny claims. If the claim indicates no OHI coverage but DEERS or a contractor's file indicates otherwise, a statement by the beneficiary or sponsor furnishing the termination date of the OHI is necessary to inactivate the positive OHI record on DEERS. Prior to processing a claim, where DEERS or the contractor's file indicates OHI coverage for the beneficiary, the contractor must have evidence that the claim was adjudicated by the OHI carrier first (See TRICARE Reimbursement Manual (TRM), Chapter 4 for Double Coverage Requirements). Acceptable evidence of other carrier adjudication includes the presence of an allowed or paid amount on the claim or an attached Explanation of Benefits (EOB). This applies to all contracts with claims processing requirements including the TDEFIC.
6.	DEERS will maintain both complete and placeholder OHI records.
7.	When a purchased care contractor receives information that medical OHI may exist via claims, customer service contacts, correspondence, etc., the contractor shall initiate development for the potential OHI.
8.	MCSCs and/or the DPs shall be responsible for developing for medical OHI. OHI associated with TDEFIC beneficiaries shall be developed by the TDEFIC contractor. TRRx shall be responsible for developing for pharmacy OHI. When an MCSC identifies potential pharmacy coverage, the MCSC shall refer such cases to TRRx for development. When TRRx identifies potential medical coverage, TRRx shall refer such cases to the appropriate MCSC for development. TRRx shall develop for pharmacy coverage when comprehensive medical coverage (XM) has been entered on DEERS. USFHP enrolled beneficiaries are locked out of pharmacy services within the MHS.
9.	If development questionnaire (or other vehicle) indicates that a beneficiary has medical and pharmacy OHI coverage, the MCSC or DP shall enter "MD" and "RX" on DEERS. If questionnaire indicates medical coverage and states that there is no pharmacy coverage, the MCSC or DP shall enter "MD" only. If questionnaire indicates medical coverage but does not provide positive evidence that pharmacy coverage exists, the MCSC or DP shall enter "XM" on DEERS. Only when the MCSC or DP has positive evidence that pharmacy coverage exists will they enter an "RX" on DEERS. Only when the TRRx contractor has positive evidence that medical coverage exists will they enter an "MD" on DEERS.
10.	When the TRRx contractor develops for pharmacy OHI where an "XM" exists on DEERS and they determine that there is no pharmacy coverage, the TRRx contractor shall terminate the "XM" and add the "MD".
11.	If there is no "XM" or "MD" and the TRRx contractor receives a paper claim, develops for OHI and determines that there is no pharmacy coverage and no medical coverage, the TRRx contractor shall enter nothing on DEERS.
12.	If on development the TRRx contractor determines that there is no pharmacy coverage but suspects that there may be medical coverage, the TRRx contractor shall not enter anything on DEERS but rather forward the information to the appropriate MCSC for development of medical OHI.
13.	If on development the TRRx contractor finds pharmacy coverage, they will enter an "RX" in DEERS and forward the information to the appropriate MCSC for development of potential medical coverage. If on development the TRRx contractor finds pharmacy only coverage and no indication of medical coverage, no information will be forwarded to the MCSC.
14.	Purchased care contractors are required to update DEERS within two business days of receiving sufficient data to enter the minimum information necessary to add an OHI record. If only the minimum data is entered, purchased care contractors are required to develop for the remaining OHI data necessary to complete the OHI record within 15 business days of receiving evidence of potential OHI.
15.	Purchased care contractors shall enter temporary OHI placeholder records only when there is evidence that an OHI carrier has adjudicated a claim by the presence of an allowed amount or paid amount and there is insufficient data to enter the minimum information necessary to add an OHI record.

BUSINESS RULES: M. OTHER HEALTH INSURANCE (OHI) (CONTINUED)

16.	If a purchased care contractor does not have a record in their OHI system and DEERS shows a valid OHI for a particular date of service, the purchased care contractor will not create a placeholder record.		
17.	If DEERS has a termination date that is prior to the DOS, then the purchased care contractor shall enter a placeholder record if there is evidence that an OHI carrier has adjudicated a claim by the presence of an allowed amount or paid amount and there is insufficient data to enter the minimum information necessary to add an OHI record.		
18.	If DEERS has an indefinite termination date, then the purchased care contractor shall not enter a placeholder record.		
19.	Once a placeholder record is entered and full OHI information is obtained later, the placeholder record shall be cancelled and the full complete record entered.		
20.	OHI Placeholder Records shall utilize the following default values for required data elements:		
	DATA ELEMENT	DEFAULT VALUES	NOTES
	Patient Identifier (10 characters)	Provided By DEERS	Can't Update
	HIC Identifier (9 characters)	HIC ID For The Applicable Carrier Or The SIT Default OF UNKVA0001	OHI Key to SIT
	OHI Action Code	A = ADD	Transfer Only
	OHI Policy Identifier (20 characters)	99999999999999999999	20 '9's. Can't Update
	OHI HIPAA Insurance Type Code (2 characters)	CI	
	OHI Effective Calendar Date (8 characters)	20040401 (YYYYMMDD)	Can't Update
	OHI End Reason Code (1 character)		Conditional. Required if termination date is provided.
	OHI Policyholder HIPAA Person Association Code (2 characters)	21 = unknown	
	OHI Coverage Claim Filing Code (2 characters)	09 = Self-pay	
	START OF COVERAGE		
	OHI Coverage Type Code (2 characters)	XM = Comprehensive Medical	
	OHI Carrier Coverage Payer Type Code (1 character)	B = Both	
	OHI Coverage Action Code	A = ADD	Transfer Only
	HIC Coverage Type Code (2 characters)	XM = Comprehensive Medical	Will self populate from HIC record
	HIC Coverage Payer Type Code (1 character)	B = Both	Will self populate from HIC record.
	OHI Policy Coverage Effective Date (8 characters)	20040401 (YYYYMMDD)	Can't Update
	OHI Policy Coverage Precedence Code (1 character)	N = Non-ranked	
21.	A statement by the beneficiary or sponsor, that OHI coverage no longer exists is required to inactivate (terminate) a positive OHI record on DEERS. (TRICARE Reimbursement Manual (TRM), Chapter 4, Section 2, paragraph II.B.1.)		
22.	DEERS is the system of record for MHS Eligibility; if the claims query returns OGP and an eligible HCDP code, the beneficiary is eligible. If the claims query returns OGP and an ineligible HCDP code, the beneficiary is ineligible. Claims should be processed based on the response received from DEERS.		
23.	OHI case data shared among organizations shall be in an Excel spreadsheet format (sample provided) and common password protected. Passwords will be in an agreed upon format [yymm + word] and change on the first of every month. The following statement shall appear on the spreadsheet: "For Official Use Only. The data contained is for official use only." Any printouts of the Excel spreadsheet shall contain the statement, "For Official Use Only. The data contained is for official use only."		
24.	See Sample Excel spreadsheet format.		

BUSINESS RULES: N. PATIENT ID CHANGE

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED By**
	Inquiry Information			
1.	Total Records Changed Request Indicator Code	R	Required for an inquiry to retrieve all Patient Identification Change records.	M
2.	Last Records Changed Request Calendar Date	S	Required for an inquiry to retrieve all changes as of a specific date, such as all Patient ID changes that have occurred since the last inquiry was performed.	M
	Inquiry Response Information			
3.	DoD Electronic Data Interchange Person Identifier	R	This is the individual's old identifier.	
4.	DoD Electronic Data Interchange Cross-Reference Person Identifier	R	This is the new identifier for this individual.	
5.	DoD Electronic Data Interchange Person Identifier Change Effective Calendar Date	R	This is the date that the new identifier became effective.	