

DEERS Functions In Support Of The TRICARE Active Duty Dental Program (ADDP)

1.0 OPERATIONAL POLICIES AND CONSTRAINTS

The Defense Enrollment Eligibility Reporting System (DEERS) and its interfacing systems operate under the following policies and constraints:

- Standard Provider, Payer, and Patient IDs will be used, as required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 when these IDs are mandated for implementation.

2.0 SYSTEM DESCRIPTION

2.1 DEERS Operational Environment and Characteristics

The DEERS system environment consists of a Relational Database Management System (RDBMS), rules-based applications processing the Department of Defense (DoD) entitlements and eligibility, a Transmission Control Protocol/Internet Protocol (TCP/IP) sockets listener, application servers that enforce business rules, and web servers.

2.1.1 Web Requirements

2.1.1.1 All Defense Manpower Data Center (DMDC) web-based applications require Microsoft Internet Explorer (MSIE) 6.0 or higher using Hypertext Transfer (Transport) Protocol Secure (https). They are all government furnished equipment. Contractors shall plan for system upgrades consistent with ongoing Microsoft releases, which shall be coordinated with DMDC through the TRICARE Management Activity (TMA).

2.1.1.2 The contractor shall use the applications for their intended use only. The contractor shall not utilize screen scraping, html stripping, and any other technology or approach to manipulate or alter the intended use of the application or the application architecture.

2.1.1.3 The DEERS Online Enrollment System Web application (WebDOES) supports enrollment activities and allows address updates.

2.1.1.4 General Inquiry of DEERS (GIQD) is used for research and customer service to display demographics and coverage information. It also allows address updates.

2.1.1.5 The DEERS Claims Service (DCS) is used to determine benefit coverage for a given period. Contractors must use the DCS for all claims processing. It is not intended to populate data in the contractor's system for customer service or beneficiary self-service purposes.

2.1.1.6 The Security application is used by the ADDP Site Security Manager (SSM) to establish users and grant access to applications and other privileges. The ADDP contractor is responsible for designating a primary SSM and one backup to manage all users and their access to DEERS applications. The appointed SSM and alternate are required to complete an on-line training certification at initial appointment and yearly thereafter. All SSMs are required to remove access to all DEERS systems immediately upon departure of an employee.

2.1.1.7 The DMDC Support Office (DSO) Web Request (DWR) application is used by the ADDP to report potential data problems or request historical enrollment corrections that cannot be completed in WebDOES.

2.1.1.8 The DEERS Enrollment Reports application provides a number of reports at different intervals. These include:

- Enrollment and disenrollment reports.
- Eligibility reports:
 - Eligible Not Enrolled
 - Enrolled Not Eligible
 - Enrolled Sponsor

2.1.2 System Maintenance/Downtime

See Section 1.3, paragraph 2.2.2, for System Maintenance/Downtime information for all TRICARE contractors.

2.1.3 DEERS System to System Interface/Interactions

See Section 1.3, paragraph 2.2.3, for DEERS System to System Interfaces/Interactions.

2.2 DEERS Major System Components

See Section 1.3, paragraph 2.3, for DEERS Major System Components.

2.3 External Systems

See Section 1.3, paragraph 2.4, for External System information.

2.4 Data Sequencing

See Section 1.3, paragraph 2.5, for Data Sequencing information.

3.0 DEERS FUNCTIONS

As the person-centric centralized data repository of DoD personnel and medical data and the National Enrollment Database (NED) for the portability of the Military Health System (MHS) worldwide TRICARE program, DEERS is designed to provide benefits eligibility and entitlements, TRICARE enrollments, and claims coverage processing.

This chapter will detail the events to verify eligibility, perform enrollments, perform a claims inquiry, and the associated updates of address information. Deviation from the intended concept of operations between the contractor and DEERS shown in the figure below is at the contractor's technical and financial risk.

3.1 Partial Match

A partial match response may be returned for any inquiry where sufficient identification information is not provided (person ambiguity). There will be a separate listing for each person matching the requested Social Security Number (SSN) or DoD Benefits Number (DBN). The listing includes the ADSM identification information needed to determine the correct beneficiary including the DEERS ID, the Patient ID, or possibly both. The requesting organization must select which of the multiple listings is correct based on documents or information at hand. After this selection, the requesting organization would use the additional information returned (e.g., Date Of Birth (DOB), Name) to resend the inquiry.

3.2 Health Care Delivery Program (HCDP) Eligibility and Enrollment

3.2.1 The rules for determining a beneficiary's entitlement to dental benefits are applied by rules-based software within DEERS. DEERS is the sole repository for these DoD rules, and for ADDP, only DEERS or the Dental Service Point of Contact (DSPOC) are valid forms of eligibility determinations. Whenever data about an individual ADSM changes, DEERS reapplies these rules. DEERS receives daily, weekly, and monthly updates to this data, which is why organizations must query DEERS for eligibility information before taking action. This ensures that the individual is still eligible to use the benefits and that the contractor has the most current information.

3.2.2 If an authorized organization inquires about that beneficiary's eligibility for benefits, DEERS provides the entitlement information to be used for benefit determinations. The contractor can contact the DSPOC to verify eligibility for those individuals who are indicated on DEERS as not eligible (e.g., not on active duty but who may have a Line of Duty (LOD) condition, Foreign Force Member (FFM)). DSPOC's are the final decision authority for eligible ADSMs.

3.2.3 ADDP benefits are provided to the following:

- All Active Duty Service Members (ADSMs) of the Uniformed Services (excluding Public Health Service (PHS), who are on continuous active duty orders for more than 30 days are eligible to receive ADDP dental coverage, subject to the requirements and limitations provided in the ADDP. ADSMs.
- Who have a duty location and residence greater than 50 miles from a Dental Treatment Facility (DTF) are automatically eligible for Remote Active Duty Dental Program (RADDP) benefits.
- National Guard/Reserve members that serve on continuous active duty for more than 30 days are considered ADSMs. National Guard members are only TRICARE eligible if on federally funded orders for more than 30 days. If the National Guard member is on state orders, they are not eligible for TRICARE.

- Reserve Component (RC) members who are issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation are eligible for ADDP as defined in DoD Instruction 7730.54.
- A LOD investigation is for RC members who incur or aggravate an injury, illness or disease while serving on active duty for 30 days or less as defined in DoD Instruction 1241.2.
- FFM's who are on temporary or permanent assignment in the ADDP geographic regions may be eligible to participate in the ADDP pursuant to an approved agreement (e.g. reciprocal health care agreement, North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA), Partnership for Peace (PFP) SOFA).

3.2.4 The ADDP HCDPs are identified in the DEERS Data Dictionary as referenced in [Section 1.1](#).

3.2.5 Enrollment-Related Business Events

Registration in the ADDP is supported by enrollment related business events and include:

3.2.5.1 Eligibility for enrollment identifies current enrolled coverage plans and eligibility for enrollment into other coverage plans.

3.2.5.2 New enrollments are used for enrolling eligible ADSMs into the appropriate HCDP coverage plan. Enrollments begin on the date specified by the enrolling organization and extend through the beneficiaries' end of eligibility for the HCDP. New enrollments may also update address, e-mail address, and/or telephone number.

3.2.5.3 Modifications of the current enrollment (updates) are used to change some information in the current enrollment plan. Modifications of the current enrollment may include the following functions:

- Change enrollment begin date
- Cancel enrollment/disenrollment
- Change prior enrollment end date
- Change prior enrollment end reason
- Request an enrollment card replacement
- Request a replacement letter for disenrollment

3.2.5.4 Disenrollments are used to terminate the specified beneficiary's enrollment. Disenrollments are used for disenrolling a beneficiary only when he or she has lost eligibility.

3.2.6 DEERS Online Eligibility And Enrollment System (DOES) Web Application

3.2.6.1 WebDOES is a full function Government Furnished Equipment (GFE) application developed by DMDC to support enrollment-related activity. DOES interacts with both the main DEERS database and the NED satellite database to provide enrolling organizations with eligibility and enrollment information, as well as the capability to update the NED with new enrollments and modifications to existing enrollments. DOES will use the residential zip code from the DEERS database (may be updated by the ADDP contractor in DOES at the time of enrollment) and the

work zip code provided by the ADSM (entered into DOES by the ADDP contractor) to establish eligibility for RADDP. For ADSMs that are not eligible for TRICARE Prime Remote (TPR), the ADDP contractor is required to perform RADDP enrollment related functions through DOES including:

- Enrollment
- Disenrollment
- Enrollment Period Change
- Enrollment End Reason Code Change
- Enrollment/Disenrollment Cancellation
- Beneficiary Update
- Confirm Enrollment
- Request new or replacement of enrollment ID card for RADDP ADSMs

3.2.6.2 The WebDOES application meets the HIPAA guidelines for a direct data entry application, and is data-content compliant for enrollment and disenrollment functions.

3.2.7 Eligibility For Enrollment

The DoD provides assigned HCDPs and plans when a person joins the DoD. DEERS determines coverage plans for which a beneficiary is eligible to enroll by using the DoD-assigned coverage in conjunction with additional eligibility information and demographic information (ADSM's residence zip code and work zip code entered in WebDOES at the time of enrollment). The Eligibility for Enrollment Inquiry in WebDOES is used to view a person's eligibility to enroll.

Note: The Eligibility For Enrollment Inquiry in WebDOES should not be used for other eligibility determinations.

DEERS provides coverage plan information identifying the period of eligibility and/or enrollment for the coverage plan. A beneficiary can only be enrolled into the coverage plans that have an "eligible for" status. When an ADSM is first added into DEERS, DEERS determines basic eligibility for dental benefits in accordance with the current DoDI 1000.13 or a medical TPR coverage plan. The enrolling organization shall provide written notification to the ADSM regarding inquiries that show enrollment ineligibility.

3.2.8 Enrollment

ADSMs whose permanent duty location and/or residence is less than 50 miles from a DTF are automatically eligible for ADDP benefits and do not require enrollment.

3.2.8.1 Within the ADDP there are three types of Dental Coverage Plans that require enrollment. The RADDP plans are:

- RADDP for ADSMs enrolled in TPR
- RADDP for ADSMs not eligible for TPR
- Automatic Enrollment in RADDP - For National Oceanic and Atmospheric Administration (NOAA) ADSMs

3.2.8.2 RADDP for ADSMs Enrolled in TPR. Eligibility to enroll in medical TPR requires that the ADSM's permanent duty location and residence be more than 50 miles from a Military Treatment Facility (MTF) or designated clinic. DEERS will systematically enroll, disenroll, and maintain enrollments into the RADDP for ADSMs enrolled in TPR coverage plan based on the ADSM's medical TPR enrollment. ADSMs living in a TPR location must enroll in a medical TPR coverage plan to be enrolled in RADDP.

3.2.8.3 RADDP for ADSMs Not Eligible for TPR. An ADSM whose permanent duty location and/or residence is less than 50 miles from a MTF or designated clinic is not eligible to enroll in TPR. If the ADSM's permanent duty location and residence is within 50 miles of an MTF but more than 50 miles from a DTF, he or she will not be automatically enrolled into RADDP, but the ADDP contractor will be able to manually enroll the ADSM into the RADDP. The ADDP contractor will be required to verify the coverage plan, and correct the enrollment begin date if it is different than the WebDOES default.

3.2.8.4 Automatic Enrollment in RADDP. All NOAA ADSMs will be eligible for RADDP. DEERS will systematically enroll, disenroll, and maintain enrollments into the RADDP for NOAA ADSMs.

3.2.8.5 When enrolling an ADSM into RADDP, the WebDOES application will require the effective dates of the enrollment. Enrollments may be established with past effective dates, the current date, or future effective dates. The enrollment period cannot exceed the end of eligibility, nor precede the eligibility begin date. DEERS will ensure that the coverage plan sent with an enrollment is valid based upon the assigned eligibility. Address and/or telephone number changes can accompany an enrollment transaction.

3.2.9 Disenrollment

Disenrollment actions are used to terminate an enrollment. Disenrollments will occur when there is a loss of eligibility, or when the ADSM reports he or she no longer lives and/or works within a DTF non-catchment area. Upon disenrollment, DEERS will notify the ADSM of the change in or loss of coverage.

3.2.9.1 Disenrollment - Loss Of Eligibility

A loss of eligibility refers to any loss or change in eligibility for: a) DoD health care benefits according to the current DoDI 1000.13, or b) a medical TPR coverage plan. Under these circumstances, DEERS will terminate any current enrollment or enrollment effective at the end of the month in which eligibility ends. For example, when the eligibility of a ADSM enrolled in TPR and RADDP terminates due to separation from service, the eligibility for RADDP will be terminated, resulting in a disenrollment by DEERS. The termination of coverage will affect the insured's current and/or future enrollment in a HCDP.

3.2.9.2 Disenrollment Due to No Longer Living or Working Within RADDP Eligible Location

When a ADSM enrolled in a RADDP coverage plan for ADSMs living and working within 50 miles of a MTF without a DTF, moves within 50 miles of a DTF, the work or home address will be updated. The ADDP contractor shall perform a disenrollment from the RADDP coverage plan if applicable.

3.2.9.3 Retroactive Eligibility/Enrollment Maintenance

There may be instances where DEERS receives notice of a loss of eligibility from the Uniformed Services, only to later be informed of the immediate reinstatement. Upon the receipt of the initial loss of eligibility, DEERS terminates the enrollment. Upon receipt of the notice of reinstatement, DEERS reinstates the eligibility and enrollment as long as there are no gaps in eligibility.

3.2.9.4 Disenrollment – Notification of Appropriate Systems

When there is a disenrollment, the appropriate systems are notified, as necessary. The following table lists the functions and applications that allow each action:

| | WebDOES | DEERS (UNSOLICITED) |
|------------------------------------|---------|---------------------|
| Enrollment | X | |
| Enrollment Cancellation | X | |
| Disenrollment | X | X |
| Disenrollment Cancellation | X | |
| Modify Enrollment Begin Date | X | X |
| Modify Prior Enrollment End Date | X | X |
| Modify Prior Enrollment End Reason | X | X |

3.2.10 Modification Of Enrollment

WebDOES will be notified whenever there is a modification to an enrollment.

3.2.10.1 Change in Coverage

When a sponsor’s eligibility changes, requiring a move from one coverage plan to another, DEERS will automatically generate the disenrollment from the current plan and enrollment into the appropriate new plan. For example, when a reserve sponsor on active duty enrolled in RADDP coverage plan is released to the Selected Reserve, the sponsor will be disenrolled from RADDP coverage plan and enrolled into the appropriate TDP coverage plan if applicable.

When a sponsor’s eligibility changes to cause a move from one program to another program, DEERS will disenroll the sponsor from the first program. The sponsor must then initiate enrollment in the second. For example, if an active duty sponsor enrolled in RADDP is gained to the Selected Reserve, the sponsor will be disenrolled from the RADDP coverage plan and must submit an enrollment form for a new TDP coverage plan to continue.

3.2.10.2 Enrollment Period Change

This event is used to update an enrollee’s begin or end date. Modifications can only be performed by DEERS or the enrolling organization managing the enrollment. The enrollment end date may only be changed after performing a disenrollment. If the enrollment end date is the same as the loss of eligibility date, the user is not allowed to change the end date to a later date. The enrollment period can only be changed for the policy currently in effect or to a future enrollment.

When changing the enrollment period, the dates must not precede the beginning of eligibility or exceed the end of eligibility. If a person's eligibility in DEERS changes and affects an enrollment because the eligibility period is less than originally stated or an update to a medical TPR coverage plan, DEERS will update the RADDP enrollment period.

3.2.10.3 Enrollment End Reason Change

Disenrollments can be done for various reasons and are mostly done by enrolling organizations. If a disenrollment is performed by an enrolling organization using an incorrect end reason code, the end reason code can be updated using the WebDOES application.

3.2.10.4 Enrollment/Disenrollment Cancellation

3.2.10.4.1 DEERS will accept enrollment cancellations with appropriate reason code by changing the enrollment period. Enrollment cancellations can only be performed by the enrolling organization through the WebDOES application. The enrollment can only be cancelled for the coverage plan currently in effect.

3.2.10.4.2 Disenrollment cancellations can only be performed by the entity that performed the disenrollment through the WebDOES application, and the disenrollment cancellation can only be performed for the last enrollment period. Upon receiving a disenrollment cancellation, DEERS will reinstate the original enrollment period.

3.3 Address, Telephone Number, and E-Mail Address Updates

3.3.1 Addresses

DEERS receives address information from a number of source systems. Although most systems only update the residence address, DEERS actually maintains multiple addresses for each person. The contractor shall update the residential and mailing addresses in DEERS, whenever possible. **If the contractor cannot determine a valid address, the contractor shall update the Mail Delivery Quality Code (MDQC) in DEERS to prevent future mailings to that address (see Section 1.4, paragraph 1.3.1, Addresses).** These addresses shall not reflect unit, MTF, or ADDP contractor addresses unless provided directly by the beneficiary. The mailing address captured on DEERS is primarily used to mail the enrollment card and other correspondence. The residential address is used to determine medical enrollment jurisdiction at the zip code level. **DEERS** uses a commercial product to validate address information received online and from batch sources.

Note: Changing an ADSM's residence address will not cause an automatic disenrollment. DEERS will not disenroll an ADSM from RADDP based on an address update.

3.3.2 Telephone Numbers

DEERS has several types of telephone numbers for a person (e.g., home, work, and fax). Contractors shall make reasonable efforts to add or update telephone numbers.

3.3.3 E-mail Addresses

DEERS can store an e-mail address for each person. Contractors shall make reasonable

efforts to add or update this e-mail address.

3.4 Enrollment Cards And Letter Production

The contractor is responsible for processing all mail returned for bad addresses and shall research the address, correct it on DEERS, and re-mail the correspondence to the beneficiary. The return address on the envelope mailed by DMDC will be that of the ADDP contractor and will also include the statement: "Address Service Requested". The contractor will be responsible for paying the United States Postal Service (USPS) for this service. **If the contractor cannot determine a valid address, the contractor shall update the MDQC in DEERS to prevent future mailings to that address (see Section 1.4, paragraph 1.3.1, Addresses).**

3.4.1 DEERS is responsible for producing and mailing the TRICARE dental card for the RADDP ADSMs.

3.4.2 New enrollment cards are automatically sent upon a new enrollment unless the enrollment operator specifies in WebDOES not to send an enrollment card. A contractor may request a replacement enrollment card for a RADDP ADSM at any time via WebDOES.

3.4.3 DEERS also sends a letter to a beneficiary upon disenrollment. If an ADSM has been disenrolled within the past 18 months, a disenrollment letter may be regenerated upon request through WebDOES. The contractor shall not send additional letters that duplicate those already provided by DEERS.

3.5 Claims Data

3.5.1 DEERS is the system of record for eligibility and enrollment information. As such, in the process of claims adjudication, the contractor shall query DEERS to determine eligibility and/or enrollment status for a given period of time. The contractor shall use DEERS as the database of record for:

- Person Identification
- Eligibility
- Enrollment information

3.5.1.1 The contractor shall not override this data with information from other sources, with the exception of a DSPOC determination. The contractor can contact the DSPOC to verify eligibility for those individuals who are indicated on DEERS as not eligible (e.g., not on active duty but who may have a LOD condition, FFM). DSPOC's are the final decision authority for eligible ADSMs.

3.5.1.2 Although DEERS is not the database of record for address, it is a centralized repository that is reliant on numerous organizations to verify, update and add to at every opportunity. The address data received as part of the claims inquiry shall be used as part of the claims adjudication process. If the contractor has evidence of additional or more current address information they shall process claims using the additional or more current information. If a change of address is noted, the contractor shall validate that the change has been made in DEERS, if it hasn't then the contractor shall submit the update through WebDOES.

3.5.2 Data Event: Inquiry And Response

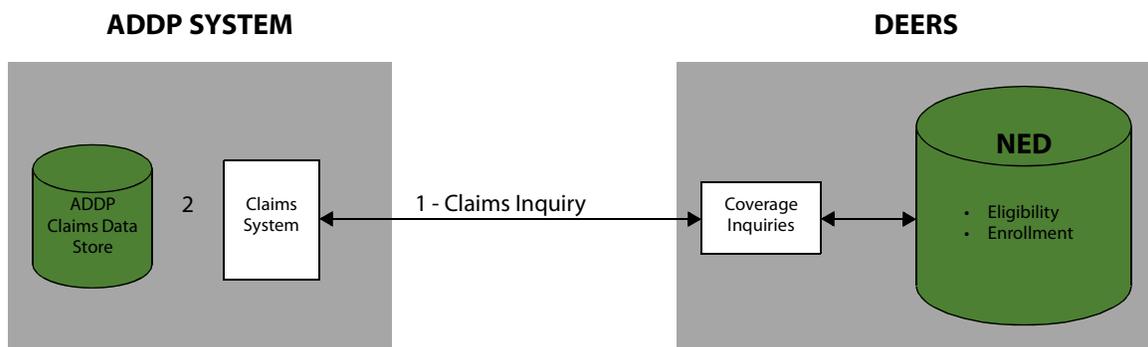
This section identifies the main events, including the inquiries and responses between the contractor and DEERS. The main event to support processing this information includes:

- DEERS Claims Web Service (DCWS) Inquiry for Claims

3.5.2.1 DCWS Inquiry For Claims

The contractor shall install a prepayment eligibility verification system into its TRICARE operation that results in a query against DEERS for TRICARE claims and adjustments. The interface should be conducted early in the claims processing cycle to assure extensive development/claims review is not done on claims for ineligible beneficiaries. The DEERS DCWS Inquiry for Claims supports business events associated with DCWS data for processing dental claims. This inquiry may also be used for general customer service requests or for predeterminations.

FIGURE 3.1.6-1 CLAIMS INQUIRY TO DEERS



The contractor must use the eligibility and enrollment information returned on the DEERS response to process the claim. The contractor may use address information from any source but must update DEERS with any differing information as stated in [paragraph 3.5.1.2](#).

For audit and performance review purposes, the contractor is required to retain a copy of every transaction and response sent and received for claims adjudication procedures. This information is to be retained for the period required by the TRICARE Operations Manual (TOM), Chapter 2.

Unless authorized by the contracting officer, the contractor may not bypass the query/response process. If either DEERS or the contractor is down for more than 24 hours or any other extended period of time the contractor shall work directly with DEERS and TMA to develop a mutually agreeable method and schedule for processing the backlog or implementing their disaster recovery processes.

3.5.2.1.1 Exceptions To The DEERS Eligibility Query Process

Claims processing adjudication requires a query to DEERS except in cases where a claim contains only services that will be totally denied. No query is needed for:

- Another claim or adjustment for the same beneficiary that is being processed at the same time
- Negative Adjustments
- Total Cancellations

3.5.2.1.2 Information Required For A DCWS Inquiry For Claims

The information needed to perform this type of coverage inquiry includes:

- Person identification information, including person transaction type
- Begin and end dates for the inquiry period

3.5.2.1.3 Person Identification

A beneficiary's information is accessed with the coverage inquiry using the identification information from the claim. DEERS performs the identification of the individual and returns the system identifiers (DEERS ID and Patient ID). The DEERS IDs shall be used for subsequent communications on this claim.

3.5.2.1.4 Inquiry Options: Person Or Family

Coverage inquiries may be performed at the individual or family level, however, under the ADDP it is anticipated coverage inquiries would primarily be submitted for an individual.

The inquirer must specify if the coverage inquiry is for a person or the entire family. The person inquiry option should be used when specific person identification is known. If person information is incomplete, the family inquiry mode can be used. In family inquiries, the Inquiry Person Type Code is required to indicate if the SSN, Foreign ID, or Temporary ID is for the ADSM or family member. For family inquiries, DEERS returns both sponsor and family member information. If the request is for data on a person and includes the person identification for the family member, DEERS will return coverage information only for the family member. If there is more than one person or family match, DEERS will return a partial match response. The contractor shall select the correct person and resend the coverage inquiry.

FIGURE 3.1.6-2 INQUIRY PERSON TYPE CODE

| PERSONS TO RETURN | WHAT INFORMATION IS AVAILABLE FROM THE CLAIM | VALUES TO SET | USAGE |
|---|--|---|---|
| RETURN ONLY A SINGLE SPONSOR/FAMILY MEMBER (PNF_TXN_TYP_CD = P) | SPONSOR INFORMATION IS PROVIDED (INQ_PN_TYPE_CD=S) | <u>INQUIRY SPONSOR INFO SECTION:</u> SPN_INQ_PN_ID SPN_INQ_PN_ID_TYP_CD SPN_PN_LST_NM SPN_PN_1ST_NM SPN_PN_BRTH_DT <u>INQUIRY PERSON INFO SECTION:</u> INQ_PN_ID INQ_PN_ID_TYP_CD and/or PN-LST-NM PN-1ST_NM PN_BRTH_DT | R R O O O S S NA S S |
| RETURN ONLY A SINGLE PERSON SINGLE SPONSOR/FAMILY MEMBER (PNF_TXN_TYP_CD=P) | NO SPONSOR INFORMATION IS PROVIDED** (INQ_PN_TYP_CD=P) | <u>INQUIRY SPONSOR INFO SECTION:</u> <u>INQUIRY PERSON INFO SECTION:</u> INQ_PN_ID INQ_PN_ID_TYP_CD PN_LST_NM PN_1ST_NM PN_BRTH_DT | NA R R O O O |
| RETURN THE WHOLE FAMILY (PNF_TXN_TYP_CD=F) | SPONSOR INFORMATION PROVIDED (INQ_PN_TYP_CD=S) | <u>INQUIRY SPONSOR INFO SECTION:</u> SPN_INQ_PN_ID SPN_NQ_PN_ID_TYP_CD SPN_PN_LST_NM SPN_PN_1ST_NM SPN_PN_BRTH_DT <u>INQUIRY PERSON INFO SECTION:</u> | R R O O O NA |

Legend: R - Required; O - Optional; S - Situational

Note: * The Inquiry Person information section on a family member inquiry must either have the INQ_PN_ID and INQ_PN_TYP_CD OR if none is available then at least a PN_1ST_NM and PN_BRTH_DT.

**The period of time required for this type of inquiry to DEERS is significantly longer than for a family member based inquiry using a sponsor and should be used only infrequently when NO sponsor PN_ID information is provided on the claim.

The HICN (H) is only valid in the Person Inquiry section, not in the sponsor section and only on PERSON pulls (leave sponsor section blank).

3.5.2.1.5 Inquiry Period

In addition to identifying the correct person, the inquirer must supply the inquiry period. The inquiry period may either be a single day or can span multiple days. Historical dates are valid, as long as the requested dates are within three years of loss of eligibility. The inquirer queries DEERS for information about the coverage plans in effect during that inquiry period for the sponsor. The reply may include one or more coverage plans in effect during the specified period or contain no coverage plan, meaning the beneficiary was ineligible for benefits for the specified time period. For claims, the contractor shall use the dates of service on the claim.

3.5.2.2 Information Returned In The DCWS Inquiry For Claims

The DEERS ID is returned in response to a coverage inquiry. The contractor shall store the DEERS ID for use in subsequent transactions for the claim. In addition, the Patient ID is returned in the coverage response. The contractor shall also store the Patient ID for use in subsequent transactions.

When implementing applications that use system to system interfaces that return partial matches (such as claims), those applications must allow the operator to view and select the correct individual, as described above. The partial match response is designed to provide unique identifiers (Patient ID or DEERS ID) that can ensure that subsequent processing will uniquely identify the correct individual or beneficiary.

3.5.2.2.1 Data Returned In A Coverage Inquiry That Repeats For Every Coverage Plan

In response to a DCWS Inquiry for Claims, DEERS returns the specified coverage information in effect for the inquiry period. The following list shows the information DEERS returns for each coverage plan in effect during the inquiry period:

- Coverage plan information.
- Coverage plan enrollment status.
- Coverage plan begin and end dates for the inquiry period.
- ADSM personnel information.

3.5.2.2.2 Data Returned In A Coverage Inquiry Independently From The Coverage Plan Information

3.5.2.2.2.1 The DEERS coverage response will always return:

- ADSM Personnel Information: All current personnel segments will be returned, including dual eligible segments. The contractor shall not use this information for claims processing. This information is intended to be used for the TRICARE Encounter Data (TED) only.
- Person information including the mailing address.
- The residential zip code will be returned for jurisdiction purposes.

3.5.2.2.2.2 If a DEERS coverage response is not returned, this means that DEERS does not have this information for the requested inquiry dates.

3.5.2.3 Multiple Responses To A Single DCWS Inquiry for Claims

3.5.2.3.1 DEERS may need to send multiple responses to a single DCWS Inquiry for Claims if a person has multiple DEERS IDs within the inquiry period. It is necessary for DEERS to capture family member entitlements and benefit coverage corresponding to each instance of the person's DEERS ID. For example, two persons may have the same SSN or a person may have multiple entitlements, meaning he or she may be both a family member and a sponsor. Therefore, DEERS uses the Person Type code (sponsor or family member) to identify the role the person is representing in the family

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inquiry to search for the person. If the request uses the SSN of the sponsor, DEERS will conduct the search where the SSN is used for a person representing a sponsor. If DEERS determines that the SSN is associated with multiple sponsors, DEERS will provide a partial match response. These responses are returned in a single transaction. (Note: multiple responses are returned only when an individual inquiry is submitted.) Family inquiries will not produce multiple responses. Upon receiving a multiple response, the contractor shall select the correct beneficiary and resubmit a properly configured claims inquiry.

3.5.2.3.2 Contractors shall deny a claim (either totally or partially) if the services were received partially or entirely outside any period of eligibility.

- END -