

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 (TRS)
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

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 days to 90 days in the future.	D

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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 Other Health Insurance (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

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BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM

Enrollment is required for these plans.	PLAN AND DATA TYPE ¹																											TRICARE ECHO PROGRAM	ENFORCED BY ²				
	TRICARE PRIME PLANS									TRICARE USFHP PLANS									TRICARE PLUS PLANS														
EVENT AND DATA FLOW																															(am) TRICARE Extended Care Health Option Program	B. 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 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). B. 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.	Information only provided for clarity of who may be covered under each plan.
Role of Sponsor	B, I	B	B	B	B, I	B	B	B	B	B	B	B	B	B, I	B, I	B	B	B	B	B	B	B	B	B	B, I	B, I	B	B	B	B	B		
1. DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code										Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	Add	R	Handled by DOES.	D	
3. HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Validated with DEERS "eligible for coverage."	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. DEERS will default, but user may change. See general business rule above for mid-month enrollments into plans that require fees. 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
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DEERS will set the PCM Selection Begin Calendar Date equal to this date. A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do no overlap.	D
7. HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	M	
8. Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		M	
9. TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		M	

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

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. HCDF Plan Coverage Code	R	R	Valid with DEERS "eligible for" coverage.	D
38. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	DOES sets this field to the beginning of eligibility for CHCBP coverage.	D
39. Enrollment Management Contractor 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 (TRS)

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

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	(b) TRS - Member & Family		
Role of Member	B, I	B, I	Information only provided for clarity of who may be covered under each plan.	
40. DEERS ID (Insured)	R	R	Handled by DOES.	D
41. HCDF Enrollment Update Code		Add	Handled by DOES.	D
42. HCDF Type Code	R	R	M = Health Care; handled by DOES.	D
43. HCDF Plan Coverage Code	R	R	Validated with DEERS "eligible for" coverage.	D
44. Enrollment Management Contractor 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
45. Enrollment Management Contractor 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. HCDF Individual Enrollment Fee Waiver Reason Code	N/A	N/A		M
47. Enrollment Management Contractor HCDF Enrollment Application Received Calendar Date	O	O		M
48. TRICARE Service Center HCDF Enrollment Application Received Calendar Date	O	O		M
49. Enrollment Management Contractor 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 SAF, DOES will assign the contractor code of the member.	M, D
50. Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	N/A	N/A		M, D
51. Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	N/A	N/A		M, D
52. Health Care Delivery Program 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. Health Care Delivery Program Enrollment Card Request Calendar Date	S	S	Current date; changed only when enrollment card is requested.	D

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 Active Duty 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 Active Duty sponsor dies, DEERS will automatically disenroll all family members from the Active Duty 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 Direct Care 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.		
<i>Disenrollment performed for all health care plans in these groups:</i>	TRICARE Prime (including Remote) and TRICARE Plus	a	Refer to Policy Notification.		
	TRICARE USFHP Direct Care	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.	
	TRICARE Reserve Select		e	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

Disenrollment performed for all health care plans in these health care delivery programs:		DATA TYPE*						BUSINESS RULES BY PROGRAM	ENFORCED BY**
		TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	TRICARE USFHP DIRECT CARE	TRICARE ECHO PROGRAM	CHCBP	TRICARE RESERVE SELECT			
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.	D	
4.	HCDP Plan Coverage Code	R	R	R	R	R	Applicable for latest unterminated enrollment only.	D	
5.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	Latest unterminated enrollment begin date.	D	
6.	Enrollment Management Contractor Enrollment End Calendar Date	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	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.	M, D	
8.	Enrollment Management Contractor Lockout Period Code	R	R	N/A	N/A	R	For TRS, the default is to set the lockout indicator.	M	

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 DIRECT CARE	TRICARE Plus	TRICARE RESERVE SELECT		
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.	Enrollment Management Contractor 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.	Enrollment Management Contractor 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

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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**
EVENT AND DATA FLOW	TRICARE PRIME	TRICARE USFHP DIRECT CARE	TRICARE PLUS	TRICARE RESERVE SELECT		
1. DEERS ID (Insured)	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	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	R	The latest coverage plan.	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	Enrollment period being changed.	M, D
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	Enrollment period being changed. May not be more than 289 days in the past.	M, D D
7. EMC Enrollment End Reason Code	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.	M, D
8. Enrollment Management Contractor Lockout Period Code	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

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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	DIRECT CARE	TRICARE USEHP PROGRAM	CHCBO	TRICARE RESERVE SELECT		
EVENT AND DATA FLOW							
1. DEERS ID (Insured)	R	R	R	R	R	Handled by DOES.	D

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION (CONTINUED)

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**
EVENT AND DATA FLOW		TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	DIRECT CARE	TRICARE USFHP PROGRAM	TRICARE ECHO	CHCBP	TRICARE RESERVE SELECT		
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	M=Health Care; handled by DOES.	D
4.	HCDP Plan Coverage Code	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.	Enrollment Management Contractor Enrollment Begin Calendar Date	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.	Enrollment Management Contractor Enrollment End Calendar Date	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
7.	EMC Enrollment End Reason Code	R	R	R	R		R	"Invalid Entry"	M, D
8.	Enrollment Management Contractor Lockout Period Code	R	R	N/A	N/A		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 Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(d) TRICARE Prime Family Coverage for Retired Sponsors	(e) TRICARE Prime Individual Coverage for Retired Sponsors	(f) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(g) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors	(j) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors	(k) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors	(l) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors	(m) TRICARE Reserve Select - Member and Family (WV/MS/CO/VA)	(n) TRICARE Reserve Select - Member and Family (WV/MS/CO/VA)	BUSINESS RULES BY COVERAGE PLAN	
Subscriber Information:	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
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:	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
2. Health Care Delivery Program 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. Health Care Delivery Program 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.	M, D
4. Health Care Delivery Program Enrollment Fee Payment Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	If the Health Care Delivery Program 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 overage.	D
5. Health Care Delivery Program 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 overage 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. Health Care Delivery Program Enrollment Fee Payment Plan Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	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. Health Care Delivery Program Enrollment Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	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. Health Care Delivery Program Enrollment Year Fee Payment Amount	R	R	R	R	R	R	R	R	R	R	R	R	R	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. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	S	S	S	S	S	S	S	S	S	S	S	S	S	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. Health Care Delivery Program Enrollment Fee Action Code	R	R	R	R	R	R	R	R	R	R	R	R	R	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		M, D
12. Account Type Code	S	S	S	S	S	S	S	S	S	S	S	S	S	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	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**			
Enrollment fees required for these plans:		TRICARE PRIME PLANS					TRICARE USFHP DIRECT CARE PLANS						TRS		
		(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Retired 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 Survivors of Active Duty Deceased Sponsors	(f) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(g) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors	(j) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Reserve Select - Member and Family Members Only			
EVENT AND DATA FLOW		BUSINESS RULES BY COVERAGE PLAN													
14.	Account Person Middle Name	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	N/A	N/A	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
16.	Financial Institution Name	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
17.	Financial Institution Line Number Identifier	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
18.	Financial Institution Mailing Address Line 1 Text	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
19.	Financial Institution Mailing Address Line 2 Text	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
20.	Financial Institution Mailing Address City Name	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
21.	Financial Institution Mailing Address US Postal Region State Code	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
22.	Financial Institution Mailing Address US Postal Region ZIP Code	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
23.	Financial Institution Mailing Address US Postal Region ZIP Extension Code	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
24.	Financial Institution Mailing Address Country Code	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
25.	Financial Institution Telephone Number	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
26.	Bank Routing Transit Number Identifier	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
27.	Bank Account Number Identifier	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: 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	PLAN AND DATA TYPE*															
Enrollment fees required for these plans:	TRICARE PRIME PLANS						TRICARE USFHP DIRECT CARE PLANS									
	(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of Active Duty 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) Prime Individual Coverage for Survivors of Guard/ Reserve Deceased Sponsors	(f) Prime Family Coverage for Survivors of Guard/ Reserve Deceased Sponsors	(g) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(i) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(j) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(k) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/ Reserve Deceased Sponsors	(l) TRICARE DP Direct Care Family Coverage for Survivors of Guard/ Reserve Deceased Sponsors	(m) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/ Reserve Deceased Sponsors	(n) TRICARE DP Direct Care Family Coverage for Survivors of Guard/ Reserve Deceased Sponsors		
EVENT AND DATA FLOW	BUSINESS RULES BY COVERAGE PLAN												ENFORCED BY**			
1. DEERS ID (Insured)	R	R	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							Update								Handled by DOES.	D
3. HCDP Type Code	R	R	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	R	R	The latest current or future coverage plan.	M, D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	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. Enrollment Management Contractor Enrollment End Calendar Date	R	R	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	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

