Chapter 3 Section 1.2

DEERS Concepts And Definitions

1.0 INTRODUCTION

1.1 All Defense Enrollment Eligibility Reporting System (DEERS) data provided by the Defense Manpower Data Center (DMDC) to the TRICARE Management Activity (TMA) for the use of determining medical eligibility, enrollment and medical claims payment are subject to the Privacy Act of 1974, as amended.

1.2 Release is made to you in accordance with the provisions of the Act allowing for intra-department release when an appropriate "need to know" exists. As such, the authorized organizations are responsible for using the protected Privacy Act data in accordance with the applicable provisions of the Act.

1.3 This includes:

1.3.1 Only personnel (military, civilian, contractor) with a need to know in the official performance of their duties may be given access, and

1.3.2 The data may only used for the specific purposes agreed to by DMDC and TMA.

1.3.3 The organization to which these data are provided must insure that sufficient physical and procedural safeguards are in place to satisfy the requirements of the Act.

1.3.4 These data should be returned to DMDC or destroyed when the approved use has been accomplished and no copies should be retained.

1.3.5 Any additional intended uses must first be submitted through TMA to DMDC for approval and are prohibited unless and until favorably coordinated with DMDC.

1.3.6 In addition, DMDC only provides the DEERS data for the specific purposes defined:

- Enrollment data is for the authorized enrollment of beneficiaries into valid health care plans as defined under the provisions of this Request For Proposal (RFP).
- Eligibility data is for reporting the eligibility of a beneficiary on DEERS as of the time of the eligibility inquiry.
- Claims data is for the processing and resolution of claims submitted for reimbursement of medical care received.

2.0 PURPOSE

2.1 The purpose of this chapter is to outline the systems and technical procedures to be followed in carrying out the data interchange between the DEERS and contractor systems for TRICARE benefit eligibility, enrollment, Other Health Insurance (OHI), and catastrophic caps and deductibles with DEERS.

2.2 This document provides specifications for the Managed Care Support Contractors' (MCSCs) and the Uniformed Services Family Health Plan (USFHP) interface with DEERS.

2.3 This document details the following:

- Terminology used within DEERS (see Appendix A)
- Methodology for identifying individuals within DEERS
- Functional events from the MCSCs and the USFHP that trigger a request to inquire and/or update data within DEERS

3.0 SYSTEM OVERVIEW

3.1 Program Description

3.1.1 DEERS serves as a centralized Department of Defense (DoD) data repository of personnel and medical data. The DEERS database contains detailed personnel eligibility information for benefits and entitlements distribution to Uniformed Services[1] members; United States (U.S.) sponsored foreign military members; DoD and Uniformed Services civilians; other personnel as directed by the DoD; and their eligible family members. DEERS supports essential day-to-day operations in a broad range of functional areas, including personnel, medical, and finance.

3.1.2 DEERS is updated by batch transactions from the Uniformed Services' automated personnel, finance, medical, and mobilization management systems, the Department of Veterans Affairs (DVA), and the Centers for Medicare and Medicaid Services (CMS). DEERS is also accessed and updated by online DEERS client applications, such as the Real-Time Automated Personnel Identification System (RAPIDS), and interfacing client systems of the Military Health System (MHS), such as the Composite Health Care System (CHCS). DEERS helps detect and prevent fraud and abuse in DoD benefits and entitlements distribution.

3.1.3 DEERS provides and receives updates to enrollment and eligibility verification data from existing DEERS' applications and interfacing information systems, as well as from other DoD, Uniformed Services, and non-DoD information systems, in accordance with DoD Directive 8000.1, "Defense Information Management (IM) Program," dated 27 October 1992. It provides statistical and demographic data to support DoD and Uniformed Services peacetime and wartime missions. DEERS maintains casualty identification data on members of the Uniformed Services, and other personnel as designated by DoD, to support casualty identification and verification of entitlement eligibility for surviving family members.

[1] The seven Uniformed Services are: U.S. Army, U.S. Navy, U.S. Marine Corps, U.S. Air Force, U.S. Coast Guard, their National Guard and Reserve components, U.S.Public Health Service (USPHS), and the National Oceanic and Atmospheric Administration (NOAA) Commissioned Corps.

4.0 DESCRIPTION

DEERS is a person-centric system that contains information about all DoD beneficiaries plus information about some people who are not eligible for DoD benefits. Within DEERS, interfaces with external systems are based on commercial standards where it supports the business requirements or standardized DEERS defined messages where needed. DEERS data provided by DMDC to TMA is also considered "protected health information" (PHI) as the term is defined in the Home Health System (HHS) Health Insurance Portability and Accountability Act (HIPAA) Privacy Final Rule and accordingly is subject to the requirements of DoD 6025.18-R which implements that rule for DoD and through the use of TMA business associate agreements to contractors and other non-DoD entities.

5.0 TYPES OF DATA DEERS USES AND STORES

DEERS stores different categories of information, including Person/Personnel, Beneficiary, and Health Care Benefit. Each is detailed below.

5.1 Person/Personnel Information

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

5.1.1 Person Data

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

5.1.2 Personnel Data

- Personnel category - active duty, reserve, retired, etc.
- Service or organization - Army, Navy, DoD civilians, etc.
- Position - Rank
- Personnel readiness programs - DNA, blood type

5.2 Beneficiary Information

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

Examples of this information are:

- DoD HCDPs: DoD HCDPs are defined by DEERS as the methods of providing basic health benefits. Examples of these include TRICARE Prime, TRICARE Plus, and Continued Health Care Benefit Program (CHCBP).

- Other Government Programs (OGPs): OGP are defined by DEERS as programs or plans provided and supported by a U.S. Government agency other than the DoD.

- Other Health Insurance (OHI) (Commercial): OHI information is stored in DEERS to support third party collections.

5.3 Health Care Benefit Information

5.3.1 General Policy

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

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

5.3.2 Person Related

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

- OHI
- Enrollment fee waiver information

6.0 SPECIFIC DEERS ROLES

6.1 Person Role

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

6.2 Sponsor And Family Member Roles

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

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

Abused dependents also have a distinct member category code indicating their status. The presence of OHI does not remove an abused dependent's entitlement to TRICARE (see 32 CFR 199).

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

6.3 Beneficiary Role - Multiple Entitlements/Dual Eligibility

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

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

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

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

6.4 Patient Role

The patient role results from an association or interaction between a person and a DoD Health Care delivery provider. It is important to note that a person is not required to be currently eligible for DoD benefits to be considered a patient. For example, the patient may have been a beneficiary in the past but is no longer eligible for DoD benefits. In certain cases, an individual who is not an authorized DoD beneficiary may be treated in an emergency situation at a DoD Military Treatment Facility (MTF), and is therefore a patient. Persons on the Person Data Repository (PDR) of DEERS and on clinical systems within the DoD are identified in the patient role by the Patient Identifier. All clinical and reporting data must be exchanged using this identifier. TRICARE contractors must store this identifier associated with each enrollee on their database.

6.5 Beneficiary Roles Within HCDPs

6.5.1 Subscriber Role

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

6.5.2 Insured Role

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

6.6 Sponsor, Subscriber, Beneficiary, And Insured Roles

As a sponsor, the person may also be the subscriber who holds the DoD "policy" for health care benefits. As a beneficiary, the person may also be an insured who is covered by a DoD "policy" for health care benefits.

6.7 Family Member, Beneficiary, And Insured Roles

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

7.0 TRICARE POPULATIONS

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

- Active Duty Service Members (ADSMs) and ADFMs. These may include members from both the Active and Reserve components.
- Transitional Assistance Management Program (TAMP) Sponsors and Family Members
- Transitional Survivors of Active Duty Deceased Sponsors - Family members of an ADSM who died while on Active Duty. This also includes the family members of a Guard/Reserve sponsor who died while on active duty for more than 30 days.
- Survivors of Active Duty Deceased Sponsors - Spouses of an ADSM who died over three years ago while on active duty. This also includes the spouses of a Guard/Reserve sponsor who died over three years ago while on active duty for more than 30 days.
- Retired Sponsors and Family Members - Retirees eligible for retirement pay and their family members as well as Medal of Honor recipients.
- Transitional Survivors of Guard/Reserve Deceased Sponsors - Family members of a Guard/Reserve sponsor who died within the past three years, while on active duty for 30 days or less.
- Survivors of Guard/Reserve Deceased Sponsors - Family members of a Guard/Reserve sponsor who died in service over three years ago, while on active duty for 30 days or less.
- Selected Reserve members and their family members.

8.0 TYPES OF HCDP PLANS

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

- Assigned plans represent the base entitlement of a beneficiary (e.g., TRICARE Standard). Assigned plans are based on a sponsor's affiliation to a DoD organization (e.g., Army Active Duty); therefore, when a sponsor's DoD affiliation changes (e.g., Army Active Duty

to Army Reserves), a new assigned plan is created for both the service member and family members.

- Enrolled plans represent another level of benefit into which the beneficiary has elected enrollment (e.g., TRICARE Prime).

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

8.1 Medical Health Care Delivery Plans

The following sections detail the various types of health care plans currently available within the DoD. The Managed Care Support Contractor (MCSC)/USFHP provider is required to implement a system that allows changes to health care plans and HCDP plan coverage codes as legislation and regulation require. Refer to HCDP Plan Codes on the DEERS web site (https://www.dmdc.osd.mil/deers), for specific information related to each plan.

8.1.1 Assigned Plans

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

8.1.1.1 Assigned Health Care Plan: ADSMs - TRICARE Prime, No Primary Care Manager (PCM) Selected

The Active Duty (AD) - TRICARE Prime, No PCM Selected HCDP is the default coverage assigned by DEERS for active duty sponsors. They are entitled to Direct Care (DC) and pharmacy benefits. This plan is the default for ADSMs who are not enrolled in a specific MTF or TRICARE Prime Remote (TPR). These enrollees are deemed Prime but do not have a PCM. (See Section 1.4.)

8.1.1.2 Assigned Health Care Plan: TRICARE Standard

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

8.1.1.3 Assigned Health Care Plan: Direct Care Only

This plan identifies beneficiaries who are entitled only to DC in MTFs. Examples of the eligible population include dependent parents and parents-in-law, or beneficiaries who are eligible for the Medicare benefit that do not have both Medicare Parts A and B.

8.1.1.4 Assigned Health Care Plan: TRICARE For Life

Beneficiaries with Medicare Parts A and B are eligible for the TFL benefit.

8.1.1.5 Assigned Health Care Plans for DoD Affiliates

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

8.1.1.5.1 Assigned Health Care Plan: Direct Care For Continental United States (CONUS) For DoD Affiliates

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

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

8.1.1.5.2 Assigned Health Care Plan: Direct Care For Outside The Continental United States (OCONUS) DoD Affiliates

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

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

8.1.1.5.3 Enrolled Health Care Plan: TRICARE Standard For CONUS DoD Affiliates

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

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

8.1.2 Enrolled Plans

8.1.2.1 Enrolled Health Care Plan: TRICARE Prime - ADSM

ADSMs eligible for DC benefits are required to enroll into TRICARE Prime. Beneficiaries then select or are assigned a PCM in a MTF.

8.1.2.2 Enrolled Health Care Plan: TRICARE Prime Remote - ADSM (TPRADSM)

The National Defense Authorization Act (NDAA) of 1998 requires medical care coverage for active duty members of the armed forces assigned to remote locations. This coverage is provided through the TRICARE Prime Remote (TPR) Program.

Eligibility for this health care coverage requires that the ADSM's permanent duty location and residence be more than 50 miles or approximately one hour's drive from a MTF or designated clinic or in a authorized zip code. Under this program, the ADSM may enroll and select a civilian or USFHP PCM. Since in some locations PCMs are not available, Active Duty personnel may be enrolled in TPR without a PCM assignment.

8.1.2.3 Enrolled Health Care Plan: TRICARE Prime - ADFM

Beneficiaries who are eligible for TRICARE Standard as defined in paragraph 8.1.1.2 may elect to enroll into TRICARE Prime, with an MTF, a civilian network provider, or a USFHP coverage. Beneficiaries must enroll through an authorized enrolling organization. Beneficiaries then select or are assigned a PCM, and under some coverage plans may pay an annual fee for coverage. All the TRICARE Prime enrolled populations will share the same HCDPs and may be differentiated only by the network provider type code.

8.1.2.4 Enrolled Health Care Plan: TRICARE Prime Remote - ADFM (TPRADFM)

Eligibility for this health care coverage requires that the ADSM's permanent duty location and residence be more than 50 miles or approximately one hour's drive from an MTF or designated clinic, as determined by residential and daily work location zip codes; and that the family member has the same residential zip code as the sponsor. Resides with rules vary based on the status of the sponsor. Under this program the family members may enroll and select a civilian PCM. Since in some locations PCMs are not available, ADFMs may be enrolled in TPR without a PCM assignment.

8.1.2.5 Enrolled Health Care Plan: TRICARE Plus

The TRICARE Plus program is an MTF-based primary care program. There are two types of TRICARE Plus coverage to differentiate between those beneficiaries with a CHC entitlement and those without. Coverage is at the individual level; each enrolled person will have an individual policy.

8.1.2.6 Enrolled Health Care Plan: Uniformed Services Family Health Plan (USFHP)

The USFHPs cover beneficiaries age 65 and over that are Medicare-eligible, as well as dependent parent and parent-in-laws that have been grandfathered into the program. These beneficiaries are enrolled in separate USFHP plans for persons only having a DC entitlement. Other

categories of beneficiaries who enroll to the USFHP are enrolled into the appropriate TRICARE Prime plan with a USFHP network provider type code.

8.1.2.7 Enrolled Health Care Plan: Continued Health Care Benefit Program (CHCBP)

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

8.1.2.8 Enrolled Health Care Plan: TRICARE Reserve Select (TRS) Program

The TRS program is optional coverage to which Reserve Component (RC) members may subscribe while in the Selected Reserve.

8.1.2.9 Enrolled Health Care Plan: TRICARE Retired Reserve (TRR) Program

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

8.1.2.10 Health Care Plan: TRICARE Young Adult (TYA) Standard

TYA Standard is a premium-based TRICARE health plan available for purchase by qualified young adult dependents/survivors of ADSMs, retired service members, members of the Selected Reserve, and members of the Retired Reserve. This plan allows young adult dependents to purchase TRICARE Standard coverage until reaching the age of 26, after they have lost eligibility for TRICARE due to age and not otherwise eligible for TRICARE Program medical coverage. Beneficiaries purchasing TYA Standard coverage are entitled to space available care at the MTF.

8.1.2.11 Health Care Plan: TRICARE Young Adult (TYA) Prime

TYA Prime is a premium-based TRICARE health plan available for purchase by qualified young adult dependents/survivors of ADSMs and retired service members. These plans allow young adult dependents to purchase TRICARE Prime coverage until reaching the age of 26 after they have lost eligibility for TRICARE due to age and not otherwise eligible for TRICARE Program medical coverage. Beneficiaries may enroll to a PCM in their regional contractor network, within a MTF, or a USFHP.

8.2 Special Health Care Programs

DEERS supports any special health care program mandated by the DoD. These special health care programs are programs into which a beneficiary can enroll or register concurrently with other assigned or enrolled health care coverage plans to which they are entitled. Information needed for claims processing purposes shall be returned as a Special Health Care Program within the Health Care Coverage Claims Response. Contractors may also utilize the web-based General Inquiry of DEERS (GIOD) application to obtain special program coverage information. See the TPM and the

TRICARE Operations Manual (TOM) for details regarding these programs.

8.2.1 TRICARE Extended Care Health Option (ECHO)

ECHO beneficiaries must be ADFMs, have a qualifying condition, and be registered to receive ECHO benefits on DEERS. MCSCs and USFHP providers are required to review appropriate documentation, including registration documents, and ascertain that individuals are ECHO eligible. Once a determination that an individual is ECHO eligible, MCSCs and USFHP providers must register the individual on DEERS. Registration will be performed through DOES and will include entering at least the following information: 1) ECHO, as a Special Health Care Coverage Plan Code and 2) Registration Start Date. If the Begin Date is not entered, DOES will enter a default date using the 20th of the month rule. (NOTE: Many ECHO enrollees may have received benefits and had claims under the Program for Persons with Disabilities (PFPWD) in the past.)

8.2.2 Community Based Health Care Organizations (CBHCO)

CBHCO is a program that allows Guard and Reserve members injured while on active duty to return home for continued health care while they are evaluated for return to duty, medical release, or medical board. CBHCO enrollees must also be enrolled in TRICARE Prime or TRICARE Prime Remote, depending on where they reside. Enrollment in the program requires approval by the member's service.

8.2.3 Medical Retention Processing Unit (MRPU)

MRPU is a program assigned to service members who are medically non-deployable but who are retained in the MTF's service area for medical reasons. MRPU enrollees must be enrolled to TRICARE Prime at that MTF that retained medical management.

8.2.4 Smoking Cessation

Smoking Cessation is a demonstration program restricted to certain states. This plan may be shown in eligibility history or claims responses.

8.2.5 TRICARE Dental Program (TDP)

The TDP offers worldwide coverage to all eligible family members of Uniformed Service active duty personnel and to members of the Selected Reserve and Individual Ready Reserve (IRR) and their eligible family members. ADSMs, former spouses, parents, in-laws, disabled veterans, foreign personnel, and retirees and their families are not eligible for the TDP. For purposes of this contract, the geographic area of coverage for the CONUS includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. OCONUS service area includes Canada, all other countries, island masses and territorial waters.

8.2.6 Active Duty Dental Program (ADDP)

The ADDP provides worldwide dental coverage to all ADSMs of the Uniformed Services, eligible members of the Reserves and National Guard, and those Foreign Force Members (FFMs) eligible for care pursuant to an approved agreement (e.g., reciprocal health care agreement, NATO Status of Forces Agreement (SOFA), Partnership for Peace (PFP) SOFA). The Uniformed Services

include the U.S. Army, the U.S. Navy (USN), the U.S. Air Force (USAF), the U.S. Marine Corps (USMC), the U.S. Coast Guard (USCG), the Commissioned Corps of the NOAA, and the Commissioned Corps of USPHS. The Commissioned Corps of the USPHS is not included in this program. The ADDP shall supplement care provided in the DoD's Dental Treatment Facilities (DTFs), and shall provide care to those ADSMs living in regions without access to DTFs. The ADDP has two components:

- ADSMs referred from military DTFs for civilian dental care; and
- ADSMs having a duty location and residence greater than 50 miles from a DTF will be required to comply with the requirements and limitations of the Remote Active Duty Dental Program (RADDP) before receiving dental care.

9.0 IDENTIFICATION SCHEMA FOR ELECTRONIC DATA INTERCHANGE

9.1 Primary And Secondary Identifiers

Identification of persons in the DEERS database is established via primary identifiers and secondary identifiers. A primary identifier must be unambiguous, so that information systems and software can process it without the need for intervention by users. Secondary identifiers can be ambiguous and must be processed by users who match these secondary identifiers to persons in the DEERS database. More information on primary and secondary identifiers is explained in the next section of this document.

9.2 Beneficiary Identification

DEERS is the definitive system for person identification. Beneficiaries in the DEERS database are positively identified using a system-generated DEERS Identifier (DEERS ID). DEERS IDs are intended to be system-to-system identifiers and may not be assigned or altered by users. Each DEERS ID is formed by a combination of the following:

- Family Identifier (Family ID), a DEERS-assigned nine digit number unique to each family, plus a
- Beneficiary Identifier (Beneficiary ID), a DEERS-assigned two digit number unique to each individual in a family

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

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

- A person may be entitled to DoD benefits via his or her simultaneous association to more than one sponsor. For example, a person may be a family member in two sponsored families at the same time, such as when both spouses in a family are sponsors. This condition is known as multiple entitlements. While beneficiaries may have multiple entitlements in such situations, they may only receive benefits under one entitlement at any given moment in time.

- Entitlement periods may be sequential, such as when a son or daughter of a sponsor joins a Uniformed Service and becomes a sponsor. In this case, the person would have a DEERS ID as a family member and a second DEERS ID as a sponsor. However, becoming a sponsor terminates the individual's previous eligibility for benefits as a family member.

9.3 Patient Identification

All persons in DEERS have a primary identifier called the Electronic Data Interchange Person Identifier (EDIPI), which is a DEERS-assigned 10 digit number. This field is also known as the Electronic Data Interchange Person Number (EDIPN) or the Patient Identifier (PatID). The primary purpose is to reliably access patient and person level information.

9.4 Person Identification and Secondary Identification

Sources external to DEERS identify persons initially in the DEERS database using only secondary identifiers. The secondary identifiers are:

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

Any one secondary identifier, such as the sponsor SSN, could be duplicated across several beneficiaries. Therefore, each beneficiary must be positively identified using at least two secondary identifiers. Usually, a person may be positively identified by an end user by matching an SSN along with the first three characters of the last name and/or the DOB. Data for both sponsors and individual family members may be accessed in this manner.

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

In order to obtain a DEERS ID for a beneficiary, a system interfacing with DEERS must provide secondary identification information in one of several forms. This ensures the correct beneficiary is found, received, and stored with a DEERS Identifier. In Figure 3.1.2-1, the "Inquiry Information" column describes required information entering DEERS, and the "Response" column describes information returned by DEERS.

FIGURE 3.1.2-1 SECONDARY IDENTIFICATION

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

FIGURE 3.1.2-1 SECONDARY IDENTIFICATION (CONTINUED)

INQUIRY INFORMATION	RESPONSE
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and DOB (optional). **AND** Family Member's Person Identifier and Person Identifier Type Code (S=SSN, D=DEERS assigned Temporary ID, F=DEERS assigned foreign ID).	Returns one beneficiary.
Sponsor's Person Identifier and Person Identifier Type Code (S=SSN, F=DEERS assigned foreign ID), Last Name and DOB (optional). **AND** Family Member's First Name and DOB.	Usually returns only one beneficiary except in some rare cases of same named twins.

9.5 Person Identification For Business Events

The following table identifies the options and type of data necessary to perform a DEERS/ Medical business event for system-to-system interactions. Legend (an "X" in a column indicates that the information may be used):

- Secondary identification: refer to the secondary identification section above.
- Individual (I)/Family (F): indicates if the business event can be done for an individual, a family, or both.

FIGURE 3.1.2-2 PERSON IDENTIFICATION FOR BUSINESS EVENTS

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

9.6 HCDP Enrollment Management Contractor (EMC) Identification

HCDP EMCs are entities that are authorized to enroll MHS-eligible sponsors and family members into DoD coverage plans and are responsible for maintaining an individual's HCDP policy. These organizations include MCSCs, USFHP providers, and the OCONUS TRICARE Area Organizations (TAOs). DEERS tracks the enrolling organization that is responsible for an individual's policy. A person only has one EMC that is responsible for managing their coverage at any given point in time. DEERS creates a system identifier for each enrolling organization, and distributes the identifier to each system. This system identifier is used to identify the enrolling organization system in system-to-system interactions with DEERS.

9.7 PCM Enrolling Division Identification

Within the MHS, enrollment locations are identified using the identifiers within Defense Medical Information System (DMIS). These DMISs may represent an actual physical location such as an MTF, or a grouping of providers within the DC, Civilian, or USFHP network. Examples include MTFs, satellite clinics of MTFs, and possibly clinics within the MTF, USFHPs, and designated administrative DMISs.

Downloads are available on the DMIS web site (http://www.dmisid.com).

9.8 PCM Identification

DEERS uses the NPI as the National Provider ID. The MCSC is responsible for assigning and providing it to DEERS. The MCSC is also responsible for maintaining a crosswalk from the MCSC provider ID to the national provider ID. MCSCs must not re-use PCM IDs.

9.9 Policy Identification

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

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

A sponsor can be a subscriber to multiple policies but may be enrolled as a beneficiary only to one.

- END -