

CHAPTER 3  
ADDENDUM D

**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)                          |
| C         | Disenrollment   |
| D         | Modification of Enrollment (PCM Change)/ <b>PCM Panel Reassignment</b>  |
| 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         | <b>Online</b> Enrollment Fee Payment                                    |
| K         | <b>Batch Fee</b>  |
| L         | Enrollment Fee Waiver Update for an Individual                          |
| M         | <b>Enrollment Fee Payment Transaction History Request</b>               |
| N         | Beneficiary Update  |
| O         | Policy Notification   |
| P         | PCM Input File  |
| Q         | Patient ID Change   |
| R         | Partial Match Inquiry   |
| S         | Coverage Inquiry  |
| T         | CC&D Totals Inquiry   |
| U         | CC&D Amounts Update   |
| V         | CC&D Transaction History Request  |
| W         | OHI Policy Inquiry  |
| X         | OHI Policy Add  |
| Y         | OHI Policy Update   |
| Z         | OHI Policy Cancellation   |
| AA        | SIT Inquiry   |
| AB        | SIT Add   |
| AC        | SIT Update  |
| AD        | SIT Cancellation  |
| AE        | CMS File  |

Indicates DOES business events

Within each sheet (DOES business events):

Indicates fields that the user will NOT enter in DOES

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).

DP's are referred to as "USFHP providers" in this document.

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. <b>However</b> , if they are already enrolled, their enrollments can be modified but the PCM selection <b>MUST</b> remain within the USFHP provider network. |               |
|   |            | Foreign military are not eligible to enroll in any TRICARE program.   |               |
| <b>Eligibility for Enrollment Inquiry</b>   |            |   |               |
| 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, 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             |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |            |   |               |
| ** Enforced By: M=MCSC/DP; D=DEERS  |            |   |               |

**BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM**

| <b>GENERAL BUSINESS RULES</b>  | <b>ENFORCED BY**</b> |
|--|----------------------|
| Length of enrollment is indefinite 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/DPs 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 enrollments 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/DP should waive fees for this period and set a fee exception reason. It is also the MCSC/DPs 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                 |
| 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 DP Network.  | D                    |
| Foreign Military are not eligible to enroll in any TRICARE program.  | D                    |









**BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)**

|                                 |                                | ENROLLMENT IS REQUIRED FOR THESE PLANS.  |                  |
|---------------------------------|--------------------------------|--|------------------|
|                                 |                                | PLAN AND DATA TYPE*  |                  |
|                                 |                                | TRICARE PRIME PLANS  | TRICARE DP PLANS |
|                                 |                                | TRICARE PLUS PLANS   |                  |
|                                 |                                | Enforced By**  |                  |
| Business Rules By Coverage Plan |                                |  |                  |
|                                 |                                | (a) TRICARE Plus Coverage for Survivors of Guard/ Reserve Deceased Sponsors                        | S                |
|                                 |                                | (Ad) TRICARE Plus with CHC Coverage for Survivors of Guard/ Reserve Deceased Sponsors              | S                |
|                                 |                                | (Ap) TRICARE Plus Coverage for Transitional Survivors of Guard/ Reserve Deceased Sponsors          | S                |
|                                 |                                | (A) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/ Reserve Deceased Sponsors  | S                |
|                                 |                                | (Ab) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal of Honor        | S                |
|                                 |                                | (Ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor                 | S                |
|                                 |                                | (Ad) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors                          | S                |
|                                 |                                | (Ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors                 | S                |
|                                 |                                | (Af) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors    | S                |
|                                 |                                | (Ag) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors    | S                |
|                                 |                                | (Ah) TRICARE Plus Coverage for Active Duty Family Members  | S                |
|                                 |                                | (Ai) TRICARE Plus with CHC Coverage for Active Duty Family Members                                 | S                |
|                                 |                                | (Aj) TRICARE DP Direct Care Family Coverage for Survivors of Guard/ Reserve Deceased Sponsors      | N/A              |
|                                 |                                | (Ak) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/ Reserve Deceased Sponsors  | N/A              |
|                                 |                                | (Al) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members                | N/A              |
|                                 |                                | (Am) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members            | N/A              |
|                                 |                                | (An) TRICARE DP Direct Care Coverage for Active Duty Survivors of Active Duty Sponsors             | N/A              |
|                                 |                                | (Ao) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors                  | N/A              |
|                                 |                                | (Ap) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors                  | N/A              |
|                                 |                                | (Aq) Prime Individual Coverage for Transitional Survivors of Guard/ Reserve Deceased Sponsors      | S                |
|                                 |                                | (Ar) Prime Family Coverage for Transitional Survivors of Guard/ Reserve Deceased Sponsors          | S                |
|                                 |                                | (As) Prime Individual Coverage for Transitional Survivors of Guard/ Reserve Deceased Sponsors      | S                |
|                                 |                                | (At) Prime Family Coverage for Transitional Survivors of Guard/ Reserve Deceased Sponsors          | S                |
|                                 |                                | (Au) TRICARE Prime Family Coverage for Transitional Assistants Sponsors and Family Members         | S                |
|                                 |                                | (Av) TRICARE Prime Family Coverage for Retired Sponsors and Family Members                         | S                |
|                                 |                                | (Aw) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members                     | S                |
|                                 |                                | (Ax) TRICARE Prime Family Coverage for Retired Sponsors and Family Members                         | S                |
|                                 |                                | (Ay) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors              | S                |
|                                 |                                | (Az) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors                  | S                |
|                                 |                                | (Ba) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors | S                |
|                                 |                                | (Bb) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors     | S                |
|                                 |                                | (Bc) TRICARE Prime Family Coverage for Active Duty Family Members                                  | S                |
|                                 |                                | (Bd) TRICARE Prime Individual Coverage for Active Duty Family Members                              | S                |
|                                 |                                | (Be) TRICARE Remote Family Coverage for Active Duty Family Members                                 | S                |
|                                 |                                | (Bf) TRICARE Remote Individual Coverage for Active Duty Family Members                             | S                |
|                                 |                                | (Bg) TRICARE Remote for Active Duty Service Members  | S                |
| 58.                             | PCM Default Assignment UIC     | S  | D                |
| 59.                             | PCM Assigned Enrollee Quantity | R  | D                |

\*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*Enforced By: M=MCSC/DP; D=DEERS

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

| <b>GENERAL BUSINESS RULES</b>   | <b>ENFORCED BY**</b> |
|---|----------------------|
| 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** |
|---|---|---|--|---------------|
|   | (a) Continued Health Care Benefit Program Individual Coverage | (b) Continued Health Care Benefit Program Family Coverage |  |               |
| <b>EVENT AND DATA FLOW</b>  |   |   |  |               |
| 60. HCDF Plan Coverage Code   | R   | R   | Valid with DEERS "eligible for" coverage.  | D             |
| 61. Enrollment Management Contractor Enrollment Begin Calendar Date | R   | R   | DOES sets this field to the beginning of eligibility for CHCBP coverage.   | D             |
| 62. Enrollment Management Contractor Enrollment End Calendar Date   | R   | R   | A. Cannot exceed end of eligibility. DOES defaults to a 36 month enrollment period.<br>B. Must be greater than or equal to enrollment begin date. Enrollment period may not be greater than 36 months except for URFs.<br>DEERS enforces that enrollment periods do not overlap. | M, D          |

\*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*Enforced By: M=MCSC/DP; D=DEERS

**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.  | 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 MCSC'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 DP 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 DP 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            |

**BUSINESS RULES: C. DISENROLLMENT**

| EVENT AND DATA FLOW  | DATA TYPE*  | BUSINESS RULES BY PROGRAM |   | ENFORCED By* |
|--|---|---------------------------|---|--------------|
|  |   |                           |   |              |
| Disenrollment Unsolicited Notification from DEERS                  |   |                           | Unsolicited notification sent by DEERS.   |              |
| Disenrollment performed for all health care plans in these groups: | TRICARE Prime (including Remote) and TRICARE Plus | a                         | Refer to Policy Notification.   |              |
|  | TRICARE DP Direct Care                            | b                         | Refer to Policy Notification.   |              |
|  | CHCBP   | c                         | No notification will be sent from DEERS because there is no EDI solution for management of these plans.   |              |
| Disenrollment - Voluntary/Involuntary                              |   |                           | Disenrollment sent to DEERS by MCSC/DP 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/DP in the new region will be permitted to disenroll the beneficiary. | M, D         |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: C. DISENROLLMENT**

|    | EVENT AND DATA FLOW  | DATA TYPE*  |                        |       | BUSINESS RULES BY PROGRAM   | ENFORCED By* |
|----|--|---|------------------------|-------|---|--------------|
|    |  | TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS | TRICARE DP DIRECT CARE | CHCBP |   |              |
|    | <i>Disenrollment performed for all health care plans in these health care delivery programs:</i> |   |                        |       |   |              |
| 1. | DEERS ID (Insured)   | R   | R                      | R     | Handled by DOES.  | D            |
| 2. | HCDP Enrollment Update Code  | Update  |                        |       | Handled by DOES.  | D            |
| 3. | HCDP Type Code   | R   | R                      | R     | M=Health Care; handled by DOES.   | D            |
| 4. | HCDP Plan Coverage Code  | R   | R                      | R     | Applicable for latest unterminated enrollment only.   | D            |
| 5. | Enrollment Management Contractor Enrollment Begin Calendar Date                                  | R   | R                      | R     | Latest unterminated enrollment begin date.  | D            |
| 6. | Enrollment Management Contractor Enrollment End Calendar Date                                    | R   | R                      | R     | Must not be more than 60 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     | 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         |

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\*\*Enforced By: M=MCSC/DP; D=DEERS









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

| GENERAL BUSINESS RULES   | ENFORCED BY** |
|--|---------------|
| Does will list all family members enrolled in different MCSC/DP contracts for the user to select.  | D             |
| A transfer of enrollment is done for each family member being transferred.   | M             |
| When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.   | M, D          |
| DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning message but will allow the transfer.                  | M, D          |
| If there are current and future enrollments for the person being transferred, the future segment must first be cancelled by the MCSC/DP managing that future enrollment.   | D             |
| DEERS will set the EMC Enrollment End Calendar Date and the PCM Selection End Calendar Date for the losing organization, and the EMC Enrollment Begin Calendar Date and PCM Selection Begin Calendar Date for the gaining organization based on the transfer effective date. | D             |
| DEERS will send policy change notifications to all systems participating in the management of the enrollment.  | D             |
| Parents and Parents-in-Law are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the DP network  | D             |

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

| ENROLLMENT TRANSFER<br><i>Transfer of Enrollment allowed for these plans:</i>                                  | PLAN AND DATA TYPE* |     |     |     |     |     |     |     |     |     |                  |   |   |   |     |     |     |     |     |     | BUSINESS RULES BY COVERAGE PLAN  | ENFORCED BY** |
|--|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------------|---|---|---|-----|-----|-----|-----|-----|-----|--|---------------|
|  | TRICARE PRIME PLANS |     |     |     |     |     |     |     |     |     | TRICARE DP PLANS |   |   |   |     |     |     |     |     |     |  |               |
| EVENT AND DATA FLOW  |                     |     |     |     |     |     |     |     |     |     |                  |   |   |   |     |     |     |     |     |     |  |               |
| 1. DEERS ID (Insured)  | 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 Type Code  | 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             |
| 3. PCM Selection Update Code   |                     |     |     |     |     |     |     |     |     |     |                  |   |   |   |     |     |     |     |     |     | This is an update to an existing HCDP because the person is still covered within the same coverage plan; 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   | Latest current or future coverage plan.  | 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   | A. The date that the enrollment transfer is effective. Must not be more than 60 days in the past or 90 days in the future, within eligibility and at least two days after the current EMC Enrollment Begin Calendar Date.<br>B. DEERS will set the PCM Selection Begin Calendar Date equal to this date. | 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   | A. DEERS will terminate the enrollment with the previous MCSC/DP one day prior to this date.<br>B. DEERS sets this field to the end of eligibility for the enrolled coverage plan.<br>C. DEERS enforces that enrollment periods do not 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 | N/A | S                | S | S | S | 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   |  | 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   |  | M             |
| 10. Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code            | R                   | R   | R   | R   | R   | R   | R   | R   | R   | R   | R                | R | R | R | R   | R   | R   | R   | R   | R   | Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the residential address ZIP Code (or mailing address ZIP Code if there is no residential address on DEERS), but user may change it. | M, D          |

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 \*\*Enforced By: M=MCSC/DP; D=DEERS



**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.   | 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             |
|                     |            | <b>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.</b> 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. | 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             |
|                     |            | DEERS will <b>notify all systems participating in the management of the enrollment</b> as necessary.  | 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             |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*\* 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.

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD**

| EVENT AND DATA FLOW   |   | DATA TYPE*          |                    |                        | BUSINESS RULES BY COVERAGE PLAN  | ENFORCED By** |
|---|---|---------------------|--------------------|------------------------|--|---------------|
| Enrollment Period Change for an Individual  |   |                     |                    |                        |  |               |
| Change of enrollment period allowed for all health care plans in these health care delivery programs: |   | (INCLUDING REMOVED) | TRICARE PRIME CARE | TRICARE DP DIRECT CARE | TRICARE Plus   |               |
| 1.  | DEERS ID (Insured)  | 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                      | M=Health Care; handled by DOES.  | M, D          |
| 4.  | HCDP Plan Coverage Code   | 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                      | A. The EMC Enrollment Begin Calendar Date can be changed only if it is currently not more than 60 days in the past or 90 days in the future.<br>B. The new EMC Enrollment Begin Calendar Date must be within eligibility and must be within 60 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.<br>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.<br>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                      | A. For enrollments terminated by an enrolling organization, this date must not be more than 60 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.<br>B. For enrollments terminated by DEERS, this date may only be changed to a later date if the enrollee's eligibility has been extended.<br>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 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. | M, D          |
|   |   |                     |                    |                        | A. DOES will set the last PCM Selection End Calendar Date equal to this date.<br>B. If this is the last active enrollment in the policy, the EMC Policy Enrollment Period End Calendar Date will reflect this date.  | D             |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*\* 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.

\*\*Enforced By: M=MCSC/DP; D=DEERS

**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.  | 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**

| EVENT AND DATA FLOW  | DATA TYPE*    |                        |              | BUSINESS RULES BY COVERAGE PLAN   | ENFORCED BY** |
|--|---------------|------------------------|--------------|---|---------------|
| Enrollment End Reason Code Change  | TRICARE PRIME | TRICARE DP DIRECT CARE | TRICARE PLUS |   |               |
| <i>Change of enrollment end reason allowed for plans in these health care delivery programs:</i> |               |                        |              |   |               |
| 1. DEERS ID (Insured)  | R             | R                      | R            | Handled by DOES.  | D             |
| 2. HCDP Enrollment Update Code   |               | Update                 |              | Handled by DOES.  | D             |
| 3. HCDP Type Code  | R             | R                      | R            | M=Health Care; handled by DOES.   | D             |
| 4. HCDP Plan Coverage Code   | R             | R                      | R            | The latest coverage plan.   | D             |
| 5. Enrollment Management Contractor Enrollment Begin Calendar Date                               | R             | R                      | R            | Enrollment period being changed.  | M, D          |
| 6. Enrollment Management Contractor Enrollment End Calendar Date                                 | R             | R                      | R            | Enrollment period being changed.  | M, D          |
|  |               |                        |              | May not be more than 60 days in the past.   | D             |
| 7. EMC Enrollment End Reason Code  | 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          |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION**

| EVENT AND DATA FLOW | DATA TYPE* | GENERAL BUSINESS RULES   | ENFORCED BY** |
|---------------------|------------|--|---------------|
|                     |            | DOES will display all family members <b>who</b> may have <b>an</b> 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.  | 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. | 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             |
|                     |            | <b>An enrollment cannot be cancelled if there is more than one PCM segment with a different DMIS Id than the first PCM segment**.</b>  | D             |

21

**BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION**

| EVENT AND DATA FLOW   | DATA TYPE*  | BUSINESS RULES BY COVERAGE PLAN  | ENFORCED BY** |
|---|---|--|---------------|
| <b>Enrollment/Disenrollment Cancellation</b>  |   |  |               |
| <i>Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:</i>  | TRICARE PRIME<br>TRICARE DP DIRECT CARE<br>TRICARE PLUS |  |               |
| 1. DEERS ID (Insured)   | R R R   | Handled by DOES.   | D             |
| 2. HCDP Enrollment Update Code  | Cancel  | This is the cancellation of a current or future HCDP; handled by DOES.   | D             |
| 3. HCDP Type Code   | R R R   | M=Health Care; handled by DOES.  | D             |
| 4. HCDP Plan Coverage Code  | 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   | A. The begin date of the enrollment/disenrollment selected for cancellation.<br>B. For an enrollment cancellation, this date must be no longer than 60 days in the past or 90 days in the future.                              | M, D          |
| 6. Enrollment Management Contractor Enrollment End Calendar Date  | R R R   | A. The end date of the enrollment/disenrollment selected for cancellation.<br>B. For a disenrollment cancellation, this date must be no longer than 60 days in the past or 30 days in the future.                              | M, D          |
| 7. EMC Enrollment End Reason Code   | R R R   | "Invalid Entry"  | M, D          |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |   | **Enforced By: M=MCSC/DP; D=DEERS  |               |
| *** 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.   |   |  |               |

C-3, November 7, 2002

**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             |
| 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          |

**BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT**

| Online Enrollment Fee Payment<br><i>Enrollment fees required for these plans:</i> | PLAN AND DATA TYPE*  |  |   |   |   |   |  |  |  |  |  |  |   |   |  |  | BUSINESS RULES BY COVERAGE PLAN   | ENFORCED BY** |
|---|--|--|---|---|---|---|--|--|--|--|--|--|---|---|--|--|---|---------------|
|   | TRICARE PRIME PLANS  |  |   |   |   |   |  |  | TRICARE DP DIRECT CARE PLANS   |  |  |  |   |   |  |  |   |               |
| 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 and Family Members | (e) Prime Individual Coverage for Transitional Survivors of Guard/Reserve/Deceased Sponsors | (f) Prime Family Coverage for Transitional Survivors of Guard/Reserve/Deceased Sponsors | (g) Prime Individual Coverage for Survivors of Guard/Reserve/Deceased Sponsors | (h) Prime Family Coverage for Survivors of Guard/Reserve/Deceased Sponsors | (i) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors | (j) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors | (k) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members | (l) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members | (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 | (o) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members | (p) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members |   |               |
| Subscriber Information  | R  | R  | 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   | R  | R  |   | M, D          |
| Health Care Delivery Program Plan Coverage Code                                   | R  | R  | 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          |
| Health Care Delivery Program Policy Enrollment Period Begin Calendar Date         | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R  | R  | If the Health Care Delivery Program Enrollment Fee Payment Plan Type Code is "Request for Allotment" and there are less than 3 months in the Policy Enrollment Period, DEERS will create the new Policy Enrollment Period and apply the fee coverage.   | D             |
| Health Care Delivery Program Enrollment Fee Payment Calendar Date                 | R  | R  | 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 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). For disenrollment for failure to pay fees, this date should reflect the disenrollment date. | M             |
| 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   | 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 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). For disenrollment for failure to pay fees, this date should reflect the disenrollment date. | M, D          |
| Health Care Delivery Program Enrollment Fee Payment Plan Type Code                | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R  | R  | 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          |
| Health Care Delivery Program Enrollment Fee Payment Type Code                     | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R  | R  | 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          |
| Health Care Delivery Program Enrollment Year Fee Payment Amount                   | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R  | R  | 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          |
| Health Care Delivery Program Enrollment Fee Payment Exception Reason Code         | S  | S  | S   | S   | S   | S   | S  | S  | S  | S  | S  | S  | S   | S   | S  | S  | 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             |
| Health Care Delivery Program Enrollment Fee Action Code                           | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R  | R  | Specifies the type of action: payment, adjustment, or disenrollment request.  | M, D          |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: K. BATCH FEE**

| GENERAL BUSINESS RULES   | ENFORCED BY** |
|--|---------------|
| This transaction is used for making enrollment fee payments and adjustments, <b>and for disenrollment requests for failure to pay fees.</b>  | 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             |
| 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) <b>and disenrollment requests</b> 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 <b>or if the person is waived from paying fees.</b>   | 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          |

**BUSINESS RULES: K. BATCH FEE**

| Batch Enrollment Fee Payment<br><i>Enrollment fees required for these plans:</i>  | PLAN AND DATA TYPE*  |  |   |   |   |   |  |  |  |  |  |  |   |   | BUSINESS RULES BY COVERAGE PLAN | ENFORCED BY** | ERROR/WARNING MESSAGE IF BUSINESS RULES NOT MET PROCESS STEP TEXT: PROCESS STEP RETURN STATUS CODE |  |      |  |
|---|--|--|---|---|---|---|--|--|--|--|--|--|---|---|---------------------------------|---------------|--|--|------|--|
|   | TRICARE PRIME PLANS  |  |   |   |   |   |  | TRICARE DP DIRECT CARE PLANS   |  |  |  |  |   |   |                                 |               |  |  |      |  |
| <b>EVENT AND DATA FLOW</b>  | (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 Transitional Survivors of Guard/Reserve Deceased Sponsors | (f) Prime Family Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors | (g) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors | (h) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors | (i) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors | (j) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members | (k) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members | (l) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members | (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 |                                 |               |  |  |      |  |
| <b>Subscriber Information:</b>  |  |  |   |   |   |   |  |  |  |  |  |  |   |   |                                 |               |  |  |      |  |
| 1. DEERS ID   | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R                               | R             | R  | Must identify a sponsor on DEERS.  | M, D |  |
| <b>Fee Information:</b>   |  |  |   |   |   |   |  |  |  |  |  |  |   |   |                                 |               |  |  |      |  |
| 2. Health Care Delivery Program Plan Coverage Code                                | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R                               | R             | R  |  | M, D | NO HCDP_PEP_SEGMENT: 104   |
| 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   | R                               | R             | R  | The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS.   | M, D | INCOMPLETE FEE INFO: 203<br>NO HCDP_PEP_SEGMENT: 104                         |
|   |  |  |   |   |   |   |  |  |  |  |  |  |   |   |                                 |               |  | If the Health Care Delivery Program Enrollment Fee Payment Plan Type Code is "Request for Allotment" and there are less than 3 months in the Policy Enrollment Period, DEERS will create the new Policy Enrollment Period and apply the fee coverage.  | D    |  |
| 4. Health Care Delivery Program Enrollment Fee Payment Calendar Date              | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R                               | R             | R  |  | M    | INCOMPLETE FEE INFO: 203   |
| 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   | 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 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). For disenrollment for failure to pay fees, this date should reflect the disenrollment date. | M, D | INVALID PD THRU DT: 300  |
| 6. Health Care Delivery Program Enrollment Fee Payment Plan Type Code             | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R                               | R             | R  | 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 | INCOMPLETE FEE INFO: 203<br>INVALID PMT PLAN TYP: 500                        |
| 7. Health Care Delivery Program Enrollment Fee Payment Type Code                  | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R                               | R             | R  | 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 | INVALID PMT TYP: 501   |
| 8. Health Care Delivery Program Enrollment Year Fee Payment Amount                | R  | R  | R   | R   | R   | R   | R  | R  | R  | R  | R  | R  | R   | R   | R                               | R             | R  | 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 | INCOMPLETE FEE INFO: 203<br>NEED DECIMAL AMT: 301<br>INVALID PMT AMT: 502    |
| 9. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code      | S  | S  | S   | S   | S   | S   | S  | S  | S  | S  | S  | S  | S   | S   | S                               | S             | S  | Required if partial payment or non-payment of fees. This field must be re-set 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   | R   | R                               | R             | R  | Specifies the type of action: payment, adjustment, or disenrollment request.   | M, D | INCOMPLETE FEE INFO: 203<br>Disenrollment: BR - FEE RECORDED/<br>WAIVED: 320 |

\* Data Type: O=Optional, R=Required, S=Situational, B=Subscriber, I=Insured, DC=Direct Care, CV=Civilian, DP=Designated Provider, RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: L. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL**

|   |                      |
|---|----------------------|
| <b>GENERAL BUSINESS RULES</b>   | <b>ENFORCED BY**</b> |
| 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: L. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL**

| ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL  | PLAN AND DATA TYPE* |   |   |   |   |   |                              |   |   |   |   |                                   | BUSINESS RULES BY COVERAGE PLAN  | ENFORCED BY** |
|---|---------------------|---|---|---|---|---|------------------------------|---|---|---|---|-----------------------------------|--|---------------|
|   | TRICARE PRIME PLANS |   |   |   |   |   | TRICARE DP DIRECT CARE PLANS |   |   |   |   |                                   |  |               |
| Enrollment fees required for these plans:   |                     |   |   |   |   |   |                              |   |   |   |   |                                   |  |               |
| EVENT AND DATA FLOW   | R                   | R | R | R | R | R | R                            | R | R | R | R | R                                 |  |               |
| 1. DEERS ID (Insured)   | R                   | R | R | R | R | R | R                            | R | R | R | R | R                                 | The beneficiary who is exempt from paying enrollment fees; handled by DOES.                                      | M, D          |
| 2. HCDF Enrollment Update Code  |                     |   |   |   |   |   |                              |   |   |   |   |                                   | Handled by DOES.   | D             |
| 3. HCDF Type Code   | R                   | R | R | R | R | R | R                            | R | R | R | R | R                                 | M=Health Care; handled by DOES.  | M, D          |
| 4. HCDF Plan Coverage Code  | R                   | R | R | R | R | R | R                            | R | R | R | R | R                                 | The latest current or future coverage plan.  | M, D          |
| 5. Enrollment Management Contractor Enrollment Begin Calendar Date  | R                   | R | R | R | R | R | R                            | R | R | R | R | R                                 | A. The enrollment period for which the enrollment fee waiver is effective.<br>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                                 | A. The enrollment period for which the enrollment fee waiver is effective.<br>B. Enrollment must exist in DEERS. | M, D          |
| 7. HCDF Individual Enrollment Fee Waiver Reason Code  | R                   | R | R | R | R | R | R                            | R | R | R | R | R                                 | The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.                | M             |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |                     |   |   |   |   |   |                              |   |   |   |   | **Enforced By: M=MCSC/DP; D=DEERS |  |               |

**BUSINESS RULES: M. ENROLLMENT FEE PAYMENT TRANSACTION HISTORY REQUEST**

|    | EVENT AND DATA FLOW                               | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|----|---|------------|--|---------------|
|    | <b>Inquiry Options</b>                            |            |  |               |
|    | <u>Inquiry Information:</u>                       |            |  |               |
| 1. | HCDP Type Code                                    | R          | M=Health Care  | D             |
| 2. | Person/Family Transaction Type Code               | R          | DEERS will default to "F".   | D             |
| 3. | Inquiry Person Type Code                          | R          | Identifies whose ID is being submitted, sponsor or family member. DEERS defaults to sponsor.   | D             |
| 4. | Inquiry Person Identifier                         | R          | Must identify a sponsor on DEERS.  | M, D          |
| 5. | Inquiry Person Identifier Type Code               | R          | SSN  | D             |
| 6. | Person Last Name                                  | O          | Optional, but recommended to insure correct person identification.   | M, D          |
| 7. | Person Birth Calendar Date                        | O          | Optional, but recommended to insure correct person identification.   | M, D          |
|    | <u>Inquiry Period:</u>                            |            |  |               |
| 8. | Inquiry Period Begin Calendar Date                | R          | This date cannot be more that three years in the past for online transactions. DEERS will return fee payment information for all policies that span this date. | M, D          |
| 9. | Inquiry Period End Calendar Date                  | R          | This date cannot be more that three years in the past for online transactions. DEERS will return fee payment information for all policies that span this date. | M, D          |
|    | <b>Response</b>                                   |            |  |               |
|    | <u>Subscriber Information:</u>                    |            |  |               |
|    | DEERS Identifier                                  |            |  |               |
|    | Person Identifier                                 |            |  |               |
|    | Person Identifier Type Code                       |            |  |               |
|    | Person Last Name                                  |            |  |               |
|    | Person First Name                                 |            |  |               |
|    | Person Middle Name                                |            |  |               |
|    | Person Cadency Name                               |            |  |               |
|    | Person Birth Calendar Date                        |            |  |               |
|    | <u>Policy Information:</u>                        |            |  |               |
|    | HCDP Type Code                                    |            |  |               |
|    | HCDP Contractor Code                              |            |  |               |
|    | HCDP Plan Coverage Code                           |            |  |               |
|    | HCDP Policy Enrollment Period Begin Calendar Date |            |  |               |
|    | HCDP Policy Enrollment Period End Calendar Date   |            |  |               |
|    | <u>Enrolled Information:</u>                      |            |  |               |
|    | DEERS Identifier                                  |            |  |               |
|    | Person Identifier                                 |            |  |               |
|    | Person Identifier Type Code                       |            |  |               |
|    | Person Last Name                                  |            |  |               |
|    | Person First Name                                 |            |  |               |
|    | Person Middle Name                                |            |  |               |
|    | Person Cadency Name                               |            |  |               |
|    | Person Birth Calendar Date                        |            |  |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: M. ENROLLMENT FEE PAYMENT TRANSACTION HISTORY REQUEST (CONTINUED)**

|   | EVENT AND DATA FLOW   | DATA TYPE* | BUSINESS RULES                    | ENFORCED BY** |
|---|---|------------|-----------------------------------|---------------|
|   | Enrollment Management Contractor Enrollment Begin Calendar Date |            |                                   |               |
|   | Enrollment Management Contractor Enrollment End Calendar Date   |            |                                   |               |
|   | HCDP Individual Fee Waiver Reason Code                          |            |                                   |               |
|   | <u>Enrollment Fee Payment Information:</u>                      |            |                                   |               |
|   | HCDP Enrollment Fee Payment Calendar Date                       |            |                                   |               |
|   | HCDP Enrollment Fee Payment Paid-Through Calendar Date          |            |                                   |               |
|   | HCDP Enrollment Fee Payment Plan Type Code                      |            |                                   |               |
|   | HCDP Enrollment Fee Payment Type Code                           |            |                                   |               |
|   | HCDP Enrollment Year Fee Payment Amount                         |            |                                   |               |
|   | HCDP Enrollment Fee Payment Exception Reason Code               |            |                                   |               |
|   | HCDP Enrollment Fee Action Code                                 |            |                                   |               |
|   | HCDP Enrollment Fee System Name                                 |            |                                   |               |
|   | HCDP Enrollment Fee Payment Transaction Calendar Date           |            |                                   |               |
|   | HCDP Enrollment Fee Payment Transaction Time                    |            |                                   |               |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |   |            | **Enforced By: M=MCSC/DP; D=DEERS |               |

**BUSINESS RULES: N. 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 DP, CHCS, or a military personnel update.   | D             |
|     |   |            | For OCONUS addresses, ZIP Codes should be entered on Address Line 2 in DOES.   | M             |
|     | <b>Person Information</b>                           |            |  |               |
| 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.<br>B. Address is a complete unit. All required elements must be included for a successful update.<br>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.<br>B. Address is a complete unit. All required elements must be included for a successful update.<br>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/DP, 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.<br>B. Address is a complete unit. All required elements must be included for a successful update.<br>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.<br>B. Address is a complete unit. All required elements must be included for a successful update.<br>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.<br>B. Address is a complete unit. All required elements must be included for a successful update.<br>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.<br>B. Address is a complete unit. All required elements must be included for a successful update.<br>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.<br>If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.  | M<br>D        |
| 16. | Mailing Address Country Code                        | S          | Address is a complete unit. All required elements must be included for a successful update.<br>If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.   | M, D<br>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          |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: O. POLICY NOTIFICATION**

|     |  |  |
|-----|--|--|
|     | <u>Contractor Information:</u>   |  |
| 1.  | Contractor Operator Identifier   |  |
|     | <u>Sponsor Information:</u>  |  |
| 2.  | Sponsor DEERS Family Identifier  |  |
| 3.  | Sponsor DEERS Beneficiary Identifier   |  |
| 4.  | Sponsor Patient Identifier   |  |
| 5.  | Sponsor Person Last Name   |  |
| 6.  | Sponsor Person First Name  |  |
| 7.  | Sponsor Person Middle Name   |  |
| 8.  | Sponsor Person Cadency Name  |  |
| 9.  | Sponsor Person Birth Calendar Date   |  |
| 10. | Sponsor Person Death Calendar Date   |  |
|     | <u>Policy Information:</u>   |  |
| 11. | Health Care Delivery Program Plan Coverage Code                                |  |
| 12. | Health Care Delivery Program Policy Enrollment Period Begin Calendar Date      |  |
| 13. | Health Care Delivery Program Policy Enrollment Period End Calendar Date        |  |
|     | <u>Enrollment Fee Information:</u>   |  |
| 14. | Health Care Delivery Program Enrollment Fee Payment Update Code                |  |
| 15. | Health Care Delivery Program Policy Enrollment Period Begin Calendar Date      |  |
| 16. | Health Care Delivery Program Enrollment Fee Payment Calendar Date              |  |
| 17. | Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date |  |
| 18. | Health Care Delivery Program Enrollment Fee Payment Plan Type Code             |  |
| 19. | Health Care Delivery Program Fiscal Year Fee Payment Amount                    |  |
| 20. | Payment Type Code  |  |
| 21. | Payment Identifier   |  |
| 22. | Credit Card Type Code  |  |
| 23. | Health Care Delivery Program Enrollment Fee Payment Exception Reason Code      |  |
| 24. | Health Care Delivery Program Enrollment Fee Action Code                        |  |
| 25. | Health Care Delivery Program Fiscal Year Fee Cumulative Amount                 |  |
| 26. | <b>Credit Card Number Identifier</b>   |  |
| 27. | <b>Credit Card Expiration Calendar Date</b>                                    |  |
| 28. | <b>Credit Card Person First Name</b>   |  |
| 29. | <b>Credit Card Person Middle Name</b>  |  |
| 30. | <b>Credit Card Person Last Name</b>  |  |
| 31. | <b>Financial Institution Name</b>  |  |
| 32. | <b>Financial Institution Mailing Address Line 1 Text</b>                       |  |
| 33. | <b>Financial Institution Mailing Address Line 2 Text</b>                       |  |
| 34. | <b>Financial Institution Mailing Address City Name</b>                         |  |
| 35. | <b>Financial Institution Mailing Address US Postal Region State Code</b>       |  |
| 36. | <b>Financial Institution Mailing Address US Postal Region ZIP Code</b>         |  |

**BUSINESS RULES: O. POLICY NOTIFICATION (CONTINUED)**

|     |   |  |
|-----|---|--|
| 37. | Financial Institution Mailing Address US Postal Region ZIP Extension Code                                   |  |
| 38. | Financial Institution Mailing Address Country Code  |  |
| 39. | Financial Institution Line Number Identifier  |  |
| 40. | Bank Routing Transit Number Identifier  |  |
| 41. | Bank Account Number Identifier  |  |
| 42. | Account Type Code   |  |
| 43. | Account Person First Name   |  |
| 44. | Account Person Middle Name  |  |
| 45. | Account Person Last Name  |  |
| 46. | Health Care Delivery Program Enrollment Fee Payment Error Code  |  |
|     | <u>Family Member Information:</u>   |  |
| 47. | DEERS Family Identifier   |  |
| 48. | DEERS Beneficiary Identifier  |  |
| 49. | Patient Identifier  |  |
| 50. | Person Last Name  |  |
| 51. | Person First Name   |  |
| 52. | Person Middle Name  |  |
| 53. | Person Cadency Name   |  |
| 54. | Person Birth Calendar Date  |  |
| 55. | Person Sex Code   |  |
| 56. | Person Association Reason Code  |  |
|     | <u>Enrollment Process Information:</u>  |  |
| 57. | Health Care Delivery Program Enrollment Management Contractor Plan Status Code                              |  |
| 58. | Health Care Delivery Program Enrollment Management Contractor Plan Status Date                              |  |
| 59. | Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code                                   |  |
| 60. | Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code             |  |
| 61. | Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code     |  |
| 62. | Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code                  |  |
| 63. | Health Care Delivery Program Enrollment Card Request Code   |  |
| 64. | Health Care Delivery Program Enrollment Card Request Calendar Date  |  |
| 65. | Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date |  |
| 66. | TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date           |  |
|     | <u>Primary Care Manager Information:</u>  |  |
| 67. | Primary Care Manager Plan Status Code   |  |
| 68. | Primary Care Manager Plan Status Date   |  |
| 69. | Primary Care Manager Region Code  |  |
| 70. | Primary Care Manager Enrolling Division DMIS Identifier   |  |
| 71. | Primary Care Manager Network Provider Type Code   |  |
| 72. | Primary Care Manager Identifier   |  |
| 73. | Primary Care Manager Identifier Type Code   |  |

**BUSINESS RULES: O. POLICY NOTIFICATION (CONTINUED)**

|     |  |  |
|-----|--|--|
| 74. | Primary Care Manager Location Identifier             |  |
| 75. | Primary Care Manager Selection Begin Calendar Date   |  |
| 76. | Primary Care Manager Selection End Calendar Date     |  |
| 77. | Primary Care Manager Selection End Reason Code       |  |
| 78. | Prior Primary Care Manager Selection End Reason Code |  |
|     | Email Address Information:                           |  |
| 79. | Email Address Use Priority Code                      |  |
| 80. | Email Address Text                                   |  |
|     | Mailing Address Information:                         | This information will repeat for each address a person has on DEERS. |
| 81. | Mailing Address Type Code                            |  |
| 82. | Mailing Address Quality Code                         |  |
| 83. | Mailing Address Effective Calendar Date              |  |
| 84. | Mailing Address Expiration Calendar Date             |  |
| 85. | Mailing Address Line 1 Text                          |  |
| 86. | Mailing Address Line 2 Text                          |  |
| 87. | Mailing Address City Name                            |  |
| 88. | Mailing Address US Postal Region State Code          |  |
| 89. | Mailing Address US Postal Region ZIP Code            |  |
| 90. | Mailing Address US Postal Region ZIP Extension Code  |  |
| 91. | Mailing Address Country Code                         |  |
| 92. | Mailing Address Maintenance Source Code              |  |
|     | Telephone Number Information:                        |  |
| 93. | Home Telephone Number Code                           |  |
| 94. | Work Telephone Number Code                           |  |
| 95. | Fax Telephone Number Code                            |  |

**BUSINESS RULES: P. PCM INPUT FILE**

|     |  |  |
|-----|--|--|
|     | <u>Action Information:</u>                                       |  |
| 1.  | Primary Care Manager Information Update Code                     |  |
|     | <u>Contractor Information:</u>                                   |  |
| 2.  | Health Care Delivery Program Contractor Code                     |  |
|     | <u>Primary Care Manager Information:</u>                         |  |
| 3.  | Primary Care Manager Region Code                                 | If this cannot be validated against the HCDP Contractor Code, DEERS rejects the record.  |
| 4.  | Primary Care Manager Enrolling Division DMIS Identifier          | If this ID cannot be validated against the PCM Region Code, DEERS rejects the record.  |
| 5.  | Primary Care Manager Network Provider Type Code                  |  |
| 6.  | Primary Care Manager Identifier                                  |  |
| 7.  | Primary Care Manager Identifier Type Code                        |  |
| 8.  | Primary Care Manager License Identifier                          |  |
| 9.  | Primary Care Manager Name  |  |
| 10. | Primary Care Manager Location Identifier                         | Must be unique for every location at which the PCM practices.  |
| 11. | Primary Care Manager Location Sequence Identifier                | Identifies a specific location for a specific PCM; must be incremented for each location for a given PCM (i.e., not reused for PCMs at the same location). |
| 12. | Primary Care Manager Group Name                                  |  |
| 13. | Primary Care Manager Telephone Number Code                       |  |
| 14. | Primary Care Manager Mailing Address Line 1 Text                 |  |
| 15. | Primary Care Manager Mailing Address Line 2 Text                 |  |
| 16. | Primary Care Manager Mailing Address City Name                   |  |
| 17. | Primary Care Manager Mailing Address US Postal Region State Code |  |
| 18. | Primary Care Manager Mailing Address US Postal Region ZIP Code   |  |
| 19. | Primary Care Manager Mailing Address Country Code                |  |
| 20. | Primary Care Manager Location Begin Calendar Date                |  |
| 21. | Primary Care Manager Location End Calendar Date                  |  |
| 22. | Primary Care Manager Sex Code                                    |  |
| 23. | Primary Care Manager Specialty Code                              |  |
| 24. | Remote Enrollee Primary Care Manager Assignment Indicator Code   |  |
| 25. | Primary Care Manager Assignment Remark Text                      |  |
| 26. | Primary Care Manager Assigned Enrollee Quantity                  | by location  |

**BUSINESS RULES: Q. PATIENT ID CHANGE**

|   | EVENT AND DATA FLOW  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---|--|------------|---|---------------|
| <b>Inquiry Information</b>  |  |            |   |               |
| 1.  | Total Records Changed Request Indicator Code<br>OR                               | R          | Required for an inquiry to retrieve all Patient Identification Change records.  | M             |
| 2.  | Last Records Changed Request Calendar Date                                       | S          | Required for an inquiry to retrieve all changes as of a specific date, <b>such as</b> all Patient ID changes that have occurred since the last inquiry was performed. | M             |
| <b>Inquiry Response Information</b>   |  |            |   |               |
|   |  |            | These three elements will be repeated for each Patient ID Change listed in the response file.   |               |
|   | DoD Electronic Data Interchange Person Identifier                                | R          | This is the individual's old identifier.  |               |
|   | DoD Electronic Data Interchange Cross-Reference Person Identifier                | R          | This is the new identifier for this individual.   |               |
|   | DoD Electronic Data Interchange Person Identifier Change Effective Calendar Date | R          | This is the date that the new identifier became effective.  |               |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |  |            | **Enforced By: M=MCSC/DP; D=DEERS   |               |

**BUSINESS RULES: R. PARTIAL MATCH INQUIRY**

| EVENT AND DATA FLOW           |   | DATA TYPE* | BUSINESS RULES  | ENFORCED By** |
|-------------------------------|---|------------|---|---------------|
| <b>Partial Match Response</b> |   |            |   |               |
|                               | <u>Sponsor Information:</u>                         |            | If coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. If there is a duplicate on the sponsor SSN, this information will repeat. |               |
| 1.                            | DEERS Identifier                                    |            |   |               |
| 2.                            | Patient Identifier                                  |            |   |               |
| 3.                            | Person Identifier                                   |            |   |               |
| 4.                            | Person Identifier Type Code                         |            |   |               |
| 5.                            | Person Last Name                                    |            |   |               |
| 6.                            | Person First Name                                   |            |   |               |
| 7.                            | Person Middle Name                                  |            |   |               |
| 8.                            | Person Cadency Name                                 |            |   |               |
| 9.                            | Person Birth Calendar Date                          |            |   |               |
| 10.                           | Person Sex Code                                     |            |   |               |
| 11.                           | Person Death Calendar Date                          |            |   |               |
| 12.                           | Mailing Address Type Code                           |            |   |               |
| 13.                           | Mailing Address Effective Calendar Date             |            |   |               |
| 14.                           | Mailing Address Line 1 Text                         |            |   |               |
| 15.                           | Mailing Address Line 2 Text                         |            |   |               |
| 16.                           | Mailing Address City Name                           |            |   |               |
| 17.                           | Mailing Address US Postal Region State Code         |            |   |               |
| 18.                           | Mailing Address US Postal Region ZIP Code           |            |   |               |
| 19.                           | Mailing Address US Postal Region ZIP Extension Code |            |   |               |
| 20.                           | Mailing Address Country Code                        |            |   |               |
| 21.                           | Home Telephone Number Code                          |            |   |               |
| 22.                           | Work Telephone Number Code                          |            |   |               |
| 23.                           | Fax Telephone Number Code                           |            |   |               |
|                               | <u>Sponsor Personnel Information:</u>               |            | This information will repeat if dual-eligibility exists.  |               |
| 24.                           | Personnel Category Code                             |            |   |               |
| 25.                           | Service Branch Classification Code                  |            |   |               |
| 26.                           | Pay Plan Code                                       |            |   |               |
| 27.                           | Pay Grade Code                                      |            |   |               |
| 28.                           | Pay Grade Calendar Date                             |            |   |               |
| 29.                           | Rank Code   |            |   |               |
| 30.                           | Unit Identification Code                            |            |   |               |
| 31.                           | Unit Location US Postal Region ZIP Code             |            |   |               |
| 32.                           | Unit Location US Postal Region ZIP Extension Code   |            |   |               |
| 33.                           | Unit Location Country Code                          |            |   |               |
|                               | <u>Insured Information:</u>                         |            | If there is a duplicate on the family member identification, this information will repeat. If a person has more than one address, this information will repeat.   |               |
| 34.                           | DEERS Identifier                                    |            |   |               |
| 35.                           | Patient Identifier                                  |            |   |               |
| 36.                           | Person Identifier                                   |            |   |               |
| 37.                           | Person Identifier Type Code                         |            |   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: R. PARTIAL MATCH INQUIRY (CONTINUED)**

| EVENT AND DATA FLOW   |   | DATA TYPE* | BUSINESS RULES                    | ENFORCED By** |
|---|---|------------|-----------------------------------|---------------|
| 38.   | Person Last Name                                    |            |                                   |               |
| 39.   | Person First Name                                   |            |                                   |               |
| 40.   | Person Middle Name                                  |            |                                   |               |
| 41.   | Person Cadency Name                                 |            |                                   |               |
| 42.   | Person Birth Calendar Date                          |            |                                   |               |
| 43.   | Person Sex Code                                     |            |                                   |               |
| 44.   | Person Association Reason Code                      |            |                                   |               |
| 45.   | Person Association Begin Calendar Date              |            |                                   |               |
| 46.   | Person Association End Calendar Date                |            |                                   |               |
| 47.   | Person Association End Reason Code                  |            |                                   |               |
| 48.   | Person Death Calendar Date                          |            |                                   |               |
| 49.   | Mailing Address Type Code                           |            |                                   |               |
| 50.   | Mailing Address Effective Calendar Date             |            |                                   |               |
| 51.   | Mailing Address Line 1 Text                         |            |                                   |               |
| 52.   | Mailing Address Line 2 Text                         |            |                                   |               |
| 53.   | Mailing Address City Name                           |            |                                   |               |
| 54.   | Mailing Address US Postal Region State Code         |            |                                   |               |
| 55.   | Mailing Address US Postal Region ZIP Code           |            |                                   |               |
| 56.   | Mailing Address US Postal Region Zip Extension Code |            |                                   |               |
| 57.   | Mailing Address Country Code                        |            |                                   |               |
| 58.   | Home Telephone Number Code                          |            |                                   |               |
| 59.   | Work Telephone Number Code                          |            |                                   |               |
| 60.   | Fax Telephone Number Code                           |            |                                   |               |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |   |            | **Enforced By: M=MCSC/DP; D=DEERS |               |

**BUSINESS RULES: S. COVERAGE INQUIRY**

| EVENT AND DATA FLOW   |  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---|--|------------|---|---------------|
| <b>Coverage Inquiry</b>   |  |            |   |               |
| 1.  | Person/Family Transaction Type Code  | R          | "P" for person/"F" for family. If value is blank, DEERS will default to "P".  | D             |
| 2.  | Inquiry Sponsor Person Type Code<br>(refer to Inquiry Person Type Code in the DEERS New Medical Data Dictionary)                             | S          | Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.                         | D             |
| 3.  | Inquiry Sponsor Person Identifier<br>(refer to Inquiry Person Identifier in the DEERS New Medical Data Dictionary)                           | S          |   | D             |
| 4.  | Inquiry Sponsor Person Identifier Type Code<br>(refer to Inquiry Person Identifier Type Code in the DEERS New Medical Data Dictionary)       | S          | Acceptable values are SSN, TIN, FIN, and HICN.  | D             |
| 5.  | Sponsor Person Last Name<br>(refer to Person Last Name in the DEERS New Medical Data Dictionary)   | O          | Optional, but recommended to ensure correct person identification.  | M, D          |
| 6.  | Sponsor Person First Name<br>(refer to Person First Name in the DEERS New Medical Data Dictionary)   | O          | Optional, but recommended to ensure correct person identification.  | M, D          |
| 7.  | Sponsor Person Birth Calendar Date<br>(refer to Person Birth Calendar Date in the DEERS New Medical Data Dictionary)                         | O          | Optional, but recommended to ensure correct person identification.  | M, D          |
| 8.  | Inquiry Family Member Person Type Code<br>(refer to Inquiry Person Type Code in the DEERS New Medical Data Dictionary)                       | S          | Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.                         | D             |
| 9.  | Inquiry Family Member Person Identifier<br>(refer to Inquiry Person Identifier in the DEERS New Medical Data Dictionary)                     | S          |   | D             |
| 10.   | Inquiry Family Member Person Identifier Type Code<br>(refer to Inquiry Person Identifier Type Code in the DEERS New Medical Data Dictionary) | S          | Acceptable values are SSN, TIN, FIN, and HICN.  | D             |
| 11.   | Family Member Person Last Name<br>(refer to Person Last Name in the DEERS New Medical Data Dictionary)                                       | O          | Optional, but recommended to ensure correct person identification.  | M, D          |
| 12.   | Family Member Person First Name<br>(refer to Person First Name in the DEERS New Medical Data Dictionary)                                     | O          | Optional, but recommended to ensure correct person identification.  | M, D          |
| 13.   | Family Member Person Birth Calendar Date<br>(refer to Person Birth Calendar Date in the DEERS New Medical Data Dictionary)                   | O          | Optional, but recommended to ensure correct person identification.  | M, D          |
| 14.   | Health Care Delivery Program Type Code   | R          | M=Health Care.  | D             |
| 15.   | Health Care Coverage Inquiry Period Begin Calendar Date  | R          | A. Inquiry period may be a date range or single date where begin date equals the end date.<br>B. Not more than 3 years in the past. | D             |
| 16.   | Health Care Coverage Inquiry Period End Calendar Date  | R          | Must be ≥ inquiry begin date.   | D             |
| 17.   | Inquiry Option   | R          | Indicates whether or not CC&D totals will be returned on response.  | M, D          |
| 18.   | Catastrophic Cap and Deductible Lock Update Code   | R          | Required if lock is being sent.   | M, D          |
| 19.   | Catastrophic Cap and Deductible Detail Update Identifier   | S          | Required if lock is being sent.   | M, D          |
| 20.   | Catastrophic Cap and Deductible Detail Type Code   | S          | Required if lock is being sent.   | M, D          |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |  |            |   |               |
| **Enforced By: M=MCSC/DP; D=DEERS   |  |            |   |               |

**BUSINESS RULES: S. COVERAGE INQUIRY (CONTINUED)**

| EVENT AND DATA FLOW                     | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|---|------------|--|---------------|
| <b>Coverage Inquiry Response</b>        |            |  |               |
| Sponsor Information:                    |            | If a coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. <b>This information may repeat if family member information is used to query and the person belongs to more than one family.</b>   |               |
| DEERS Identifier                        |            |  |               |
| Patient Identifier                      |            |  |               |
| Person Identifier                       |            |  |               |
| Person Identifier Type Code             |            |  |               |
| Person Last Name                        |            |  |               |
| Person First Name                       |            |  |               |
| Person Middle Name                      |            |  |               |
| Person Cadency Name                     |            |  |               |
| Person Birth Calendar Date              |            |  |               |
| Person Sex Code                         |            |  |               |
| Person Death Calendar Date              |            |  |               |
| Sponsor Personnel Information:          |            | This information will be current at time of inquiry. MCSC shall not use this information for claims processing. This information is intended for the TED only. This information will repeat if dual-eligibility exists. <b>This information may also repeat if family member information is used to query and the person belongs to more than one family.</b>  |               |
| Pay Plan Code                           |            |  |               |
| Pay Grade Code                          |            |  |               |
| Rank Code                               |            |  |               |
| Service Branch Classification Code      |            |  |               |
| Personnel Category Code                 |            |  |               |
| AGR Service Legal Authority Code        |            |  |               |
| Family Member Information:              |            | This information will repeat for each person included in the response. For example, in a family inquiry, this information would repeat for the sponsor and all associated family members. In a person inquiry (e.g., spouse), only the <b>person's</b> information would be included in the response. If a person has more than one address, this information will repeat. <b>This information may also repeat if family member information is used to query and the person belongs to more than one family.</b> |               |
| DEERS Identifier                        |            |  |               |
| Patient Identifier                      |            |  |               |
| Person Identifier Type Code             |            |  |               |
| Person Last Name                        |            |  |               |
| Person First Name                       |            |  |               |
| Person Middle Name                      |            |  |               |
| Person Cadency Name                     |            |  |               |
| Person Birth Calendar Date              |            |  |               |
| Person Sex Code                         |            |  |               |
| Mailing Address Type Code               |            |  |               |
| Mailing Address Effective Calendar Date |            |  |               |
| Mailing Address Line 1 Text             |            |  |               |
| Mailing Address Line 2 Text             |            |  |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: S. COVERAGE INQUIRY (CONTINUED)**

| EVENT AND DATA FLOW  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|--|------------|---|---------------|
| Mailing Address City Name  |            |   |               |
| Mailing Address US Postal Region State Code                          |            |   |               |
| Mailing Address US Postal Region ZIP Code                            |            |   |               |
| Mailing Address US Postal Region ZIP Extension Code                  |            |   |               |
| Mailing Address Country Code   |            |   |               |
| Home Telephone Number Code   |            |   |               |
| Work Telephone Number Code   |            |   |               |
| Fax Telephone Number Code  |            |   |               |
| Person Association Reason Code                                       |            |   |               |
| Health Care Coverage Information:                                    |            | This information will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code, Health Care Coverage Begin and End Calendar Dates, and Health Care Coverage End Reason Code with an indication that there is no coverage. <b>This information may repeat if family member information is used to query and the person belongs to more than one family.</b> |               |
| Health Care Delivery Program Type Code                               |            |   |               |
| Health Care Delivery Program Plan Coverage Code                      |            |   |               |
| Health Care Coverage Begin Calendar Date                             |            |   |               |
| Health Care Coverage End Calendar Date                               |            |   |               |
| Health Care Coverage End Reason Code                                 |            |   |               |
| Health Care Coverage Copayment Factor Code                           |            |   |               |
| Health Care Coverage Service Branch Classification Code              |            |   |               |
| Health Care Coverage Member Category Code                            |            |   |               |
| Health Care Coverage Member Relationship Code                        |            |   |               |
| Special Entitlement Information:                                     |            | This information may repeat.  |               |
| Health Care Delivery Program Special Entitlement Code                |            |   |               |
| Health Care Delivery Program Special Entitlement Begin Calendar Date |            |   |               |
| Health Care Delivery Program Special Entitlement End Calendar Date   |            |   |               |
| Health Care Delivery Program Special Entitlement Type Code           |            |   |               |
| PCM Information:   |            | This information may repeat.  |               |
| Health Care Delivery Program Plan Coverage Code                      |            |   |               |
| PCM Region Code  |            |   |               |
| PCM Enrolling Division DMIS Identifier                               |            |   |               |
| PCM Network Provider Type Code                                       |            |   |               |
| PCM Identifier   |            |   |               |
| PCM Identifier Type Code   |            |   |               |
| PCM Name   |            |   |               |
| PCM Telephone Number Code  |            |   |               |
| PCM Mailing Address US Postal Region Zip Code                        |            | Only for civilian PCMs.   |               |
| PCM Mailing Address US Postal Region Zip Extension Code              |            | Only for civilian PCMs.   |               |
| PCM Mailing Address Country Code                                     |            | Only for civilian PCMs.   |               |
| PCM Selection Begin Calendar Date                                    |            |   |               |
| PCM Selection End Calendar Date                                      |            |   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: S. COVERAGE INQUIRY (CONTINUED)**

| EVENT AND DATA FLOW  | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|--|------------|--|---------------|
| PCM Selection End Reason Code  |            |  |               |
| Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information:     |            | Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period. <b>This information may repeat if family member information is used to query and the person belongs to more than one family.</b>   |               |
| Health Care Delivery Program Policy Fiscal Year Date                             |            |  |               |
| Family Fiscal Year Deductible Cumulative Amount                                  |            |  |               |
| Family Fiscal Year Catastrophic Cap Cumulative Amount                            |            |  |               |
| Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information: |            | Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period. Individual totals are given for the requested individual insured. <b>This information may repeat if family member information is used to query and the person belongs to more than one family.</b> |               |
| Health Care Delivery Program Fiscal Year Identifier                              |            |  |               |
| Individual Fiscal Year Deductible Cumulative Amount                              |            |  |               |
| Individual Fiscal Year Catastrophic Cap Cumulative Amount                        |            |  |               |
| OHI Information: (available when OHI consolidated in DEERS)                      |            | Shows all OHI in effect for inquiry period, if any.  |               |
| Health Insurance Carrier Identifier  |            |  |               |
| Health Insurance Carrier Identifier Type Code                                    |            |  |               |
| OHI Policy Identifier  |            |  |               |
| OHI Effective Calendar Date  |            |  |               |
| OHI Expiration Calendar Date   |            |  |               |
| OHI Status Code  |            |  |               |
| OHI Transaction Calendar Date  |            |  |               |
| OHI Transaction System Name  |            |  |               |
| OHI Medical Coverage Indicator Code  |            |  |               |
| OHI Dental Coverage Indicator Code   |            |  |               |
| OHI Inpatient Coverage Indicator Code  |            |  |               |
| OHI Outpatient Coverage Indicator Code   |            |  |               |
| OHI Long Term Care Coverage Indicator Code                                       |            |  |               |
| OHI Pharmacy Coverage Indicator Code   |            |  |               |
| OHI Mental Health Coverage Indicator Code  |            |  |               |
| OHI Vision Coverage Indicator Code   |            |  |               |
| OHI Partial Hospitalization Coverage Indicator Code                              |            |  |               |
| OHI Skilled Nursing Care Coverage Indicator Code                                 |            |  |               |
| OGP Information:   |            | Shows all OGP in effect for inquiry period, if any.  |               |
| OGP Type Code  |            |  |               |
| OGP Begin Reason Code  |            |  |               |
| OGP Effective Calendar Date  |            |  |               |
| OGP Expiration Calendar Date   |            |  |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: T. CATASTROPHIC CAP AND DEDUCTIBLE TOTALS INQUIRY**

| EVENT AND DATA FLOW                  |  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|--------------------------------------|--|------------|---|---------------|
|                                      |  |            | Health Care Coverage Inquiry for Catastrophic Cap and Deductible Activity is required for CC&D totals to be locked and updates made.  | D             |
|                                      |  |            | CC&D totals will be displayed for inquiry period requested, showing family and individual fiscal year totals.   | D             |
|                                      |  |            | DEERS will derive the Catastrophic Cap/Deductible Detail Source System Name, Catastrophic Cap/Deductible Lock Calendar Date, and Catastrophic Cap/Deductible Lock Time from the message header information.   | D             |
| <b>Inquiry Options</b>               |  |            |   |               |
| <u>Insured Information:</u>          |  |            |   |               |
| 1.                                   | DEERS Identifier   | R          |   | D             |
| <u>Inquiry Period Information:</u>   |  |            |   |               |
| 2.                                   | Inquiry Begin Health Care Delivery Program Fiscal Year Identifier                | S          | A. May inquire using a specific fiscal year.<br>B. This date cannot be more than three years in the past for online transactions.   | M, D          |
| 3.                                   | Inquiry End Health Care Delivery Program Fiscal Year Identifier                  | S          | A. This date cannot be more than three years in the past for online transactions.<br>B. This date must be greater than the Inquiry Begin Health Care Delivery Program Fiscal Year Identifier.<br>C. This date will only be populated when inquiring on multiple fiscal years.   | M, D          |
| <u>Lock Information:</u>             |  |            |   |               |
|                                      |  |            | MCSC must lock the record if the intent is to update CC&D amounts. DEERS will then lock the subscriber and all associated insured family member's cat cap and deductible totals and prevent updates from other entities during the lock period. The detail identifier used for locking must match the detail identifier used for updating.<br>The claims lock period is 48 hours or until the lock is released, whichever comes first. If the MCSC needs more than 48 hours for updates, they may extend the lock by performing another CC&D Totals Inquiry to relock a locked record. When this happens, a new lock date and time will be set. Only the same locking organization who placed the lock may extend the lock, and only if the claim lock identifier matches the identifier used to lock the record initially. |               |
| 4.                                   | Catastrophic Cap/Deductible Lock Update Code                                     | R          |   | M, D          |
| 5.                                   | Catastrophic Cap/Deductible Detail Update Identifier                             | R          |   | M, D          |
| 6.                                   | Catastrophic Cap and Deductible Detail Type Code                                 | R          | Specifies type of update: claim, enrollment fee, or adjustment.   | M, D          |
| <b>Response with CC&amp;D totals</b> |  |            |   |               |
| <u>Insured Information:</u>          |  |            |   |               |
|                                      | DEERS ID   |            |   |               |
|                                      | Patient ID   |            |   |               |
|                                      | Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information:     |            | Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period.   |               |
|                                      | Health Care Delivery Program Fiscal Year Identifier                              |            |   |               |
|                                      | Family Fiscal Year Deductible Cumulative Amount                                  |            |   |               |
|                                      | Family Fiscal Year Catastrophic Cap Cumulative Amount                            |            |   |               |
|                                      | Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information: |            | Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.   |               |
|                                      | Health Care Delivery Program Fiscal Year Identifier                              |            |   |               |
|                                      | Individual Fiscal Year Deductible Cumulative Amount                              |            |   |               |
|                                      | Individual Fiscal Year Catastrophic Cap Cumulative Amount                        |            |   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: T. CATASTROPHIC CAP AND DEDUCTIBLE TOTALS INQUIRY (CONTINUED)**

| EVENT AND DATA FLOW                                 | DATA TYPE* | BUSINESS RULES                                  | ENFORCED BY** |
|---|------------|---|---------------|
| Lock Information:                                   |            | Note: These fields will be blank if not locked. |               |
| Catastrophic Cap/Deductible Lock Source System Name |            |   |               |
| Catastrophic Cap/Deductible Lock Calendar Date      |            |   |               |
| Catastrophic Cap/Deductible Lock Time               |            |   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: U. CATASTROPHIC CAP AND DEDUCTIBLE AMOUNTS UPDATE**

| EVENT AND DATA FLOW  |   | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|--|---|------------|--|---------------|
|  |   |            | MCSC must lock CC&D totals before updating CC&D amounts.   | M, D          |
|  |   |            | If any update sent to DEERS causes the accumulated catastrophic cap or deductible totals to be less than \$0, DEERS will accept the update, but will return a warning.   | D             |
|  |   |            | Catastrophic Cap/Deductible Detail Update Source System Identifier is derived from the message Header and must be the same as the Catastrophic Cap/Deductible Detail Lock Source System Identifier or an error will occur. If the organization who locked the record needs more than 48 hours to adjudicate the claim, they may extend the lock by performing another Claims Total Inquiry, as long as the claim lock identifier matches the identifier used to lock the record initially. | D             |
|  |   |            | DEERS will send an acknowledgment for all updates.   | D             |
| <b>Update CC&amp;D Amounts</b>   |   |            |  |               |
| <u>Insured Information:</u>  |   |            |  |               |
| 1.   | DEERS ID  | R          | If the update is for a newborn that has not yet been added to DEERS, the DEERS_FAM_ID must be sent, with a null DEERS_BFNRY_ID.  | D             |
| 2.   | Newborn Addition Indicator Code                           | R          | Indicates if this update is for a newborn that has not yet been added to DEERS. When the newborn is added to DEERS with the CC&D update, DEERS will include the TIN, DEERS Id, and Patient Id in the CC&D Update Response.   | M, D          |
| 3.   | Person Last Name  | S          | Required if this update is for a newborn that has not yet been added to DEERS.   | M             |
| 4.   | Person First Name   | S          | Required if this update is for a newborn that has not yet been added to DEERS.   | M             |
| 5.   | Person Middle Name  | O          | Optional; only applicable when the update is for a newborn that has not yet been added to DEERS.   | M             |
| 6.   | Person Cadency Name                                       | O          | Optional; only applicable when the update is for a newborn that has not yet been added to DEERS.   | M             |
| 7.   | Person Birth Calendar Date                                | S          | Required if this update is for a newborn that has not yet been added to DEERS. This date must not be less than 120 days prior to the Claim Service Period Begin Calendar Date.   | M, D          |
| <u>Lock Removal Information:</u>                                       |   |            |  |               |
| 8.   | Catastrophic Cap/Deductible Lock Update Code              | R          | The MCSC may elect to lock or not unlock the totals. If the MCSC wishes only to remove the lock, they must do so with this update. They would indicate to remove the lock and send a zero update dollar amount.<br>Indicate whether to remove or not remove a lock.  | M, D          |
| <u>Catastrophic Cap/Deductible Detail Identification Information:</u>  |   |            |  |               |
| 9.   | Catastrophic Cap/Deductible Detail Update Identifier      | R          | Must be the same identifier used to lock CC&D totals.  | M, D          |
| 10.  | Catastrophic Cap/Deductible Detail Split Claim Identifier | O          | The extension identifier is used for split fiscal year claims.   | M, D          |
| 11.  | Catastrophic Cap/Deductible Detail Type Code              | R          | Specifies type of update: claim, enrollment fee, or adjustment. If this is an adjustment, the System ID must be the System ID used to post the original amount.  | M, D          |
| <u>Claim Period Information:</u>                                       |   |            |  |               |
| 12.  | Claim Service Period Begin Calendar Date                  | R          | Claim updates include adding new amounts, adjusting a claim (sending an update with the net change), and cancels (sending an update with the exact negative amount of claim). At least one payment amount must be sent with the update, even if a zero amount.<br>This date will be used for fiscal year updates. DEERS does not validate if the service period spans fiscal years. DEERS just stores this with the update. Single date or date range required.                            | M             |
| 13.  | Claim Service Period End Calendar Date                    | R          | Single date or date range required. This date will be used for fiscal year updates. DEERS does not validate if the service period spans fiscal years. DEERS just stores this with the update.  | M             |
| <u>Fiscal Year Catastrophic Cap and Deductible Update Information:</u> |   |            |  |               |
| 14.  | Health Care Delivery Program Fiscal Year Identifier       | R          |  | M, D          |
| 15.  | Fiscal Year Deductible Payment Amount                     | R          |  | M             |
| 16.  | Fiscal Year Catastrophic Cap Payment Amount               | R          |  | M             |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: V. CATASTROPHIC CAP AND DEDUCTIBLE TRANSACTION HISTORY REQUEST**

| EVENT AND DATA FLOW  | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|--|------------|--|---------------|
| <b>Inquiry Options</b>   |            |  |               |
| <u>Inquiry Information:</u>  |            |  |               |
| 1. HCDP Type Code  | R          | M=Health Care  | D             |
| 2. Person/Family Transaction Type Code                                 | R          | Family.  | D             |
| 3. Inquiry Person Type Code  | S          | Identifies whose ID is being submitted, sponsor or family member. <b>The application defaults to sponsor; if Id is not found as sponsor, DEERS will look for the Id as a family member.</b>  | D             |
| 4. Inquiry Person Identifier   | R          |  | D             |
| 5. Inquiry Person Identifier Type Code                                 | R          | Acceptable values are SSN, TIN, and FIN. DEERS will default to SSN.  | D             |
| <u>Inquiry Period:</u>   |            |  |               |
| 6. Inquiry Begin Health Care Delivery Program Fiscal Year Identifier   | S          | May inquire either using a Fiscal Year or a date range.<br>A. May inquire using a specific fiscal year.<br>B. This date cannot be more than <b>three</b> years in the past for online transactions.  | M, D          |
| 7. Inquiry End Health Care Delivery Program Fiscal Year Identifier     | S          | A. This date cannot be more than three years in the past for online transactions.<br>B. This date must be greater than the Inquiry Begin Health Care Delivery Program Fiscal Year Identifier<br>C. This date will only be populated when inquiring on multiple fiscal years. | M, D          |
| <b>OR</b>  |            |  |               |
| 8. Catastrophic Cap/Deductible Detail Update Identifier                | S          | The inquirer may or may not opt to query using a specific detail identifier. If a Detail ID is entered, DEERS will only return posted CC&D updates that match the specified detail identifier and any related detail extension identifiers (for split claims).               | M             |
| <b>Response</b>  |            |  |               |
| <u>Sponsor Information:</u>  |            |  |               |
| DEERS Identifier   |            |  |               |
| Person Identifier  |            |  |               |
| Person Identifier Type Code  |            |  |               |
| Person Last Name   |            |  |               |
| Person First Name  |            |  |               |
| Person Middle Name   |            |  |               |
| Person Cadency Name  |            |  |               |
| Person Birth Calendar Date   |            |  |               |
| <u>Person Information:</u>   |            |  |               |
| DEERS Identifier   |            |  |               |
| Person Identifier  |            |  |               |
| Person Identifier Type Code  |            |  |               |
| Person Last Name   |            |  |               |
| Person First Name  |            |  |               |
| Person Middle Name   |            |  |               |
| Person Cadency Name  |            |  |               |
| Person Birth Calendar Date   |            |  |               |
| <u>Current Lock Information:</u>                                       |            |  |               |
| Lock information will be returned only if totals are currently locked. |            |  |               |
| Catastrophic Cap/Deductible Lock Source System Name                    |            |  |               |
| Catastrophic Cap/Deductible Lock Calendar Date                         |            |  |               |
| Catastrophic Cap/Deductible Lock Time                                  |            |  |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: V. CATASTROPHIC CAP AND DEDUCTIBLE TRANSACTION HISTORY REQUEST (CONTINUED)**

| EVENT AND DATA FLOW  | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|--|------------|--|---------------|
| <u>Claim Period Information:</u>                                       |            |  |               |
| Claim Service Period Begin Calendar Date                               |            |  |               |
| Claim Service Period End Calendar Date                                 |            |  |               |
|  |            |  |               |
| <u>Fiscal Year Catastrophic Cap and Deductible Detail Information:</u> |            | DEERS will return posted cat cap and deductible amounts. These could either a positive or negative number. |               |
| Health Care Delivery Program Fiscal Year Identifier                    |            | Fiscal Year to which cat cap and deductible amounts are applied.   |               |
| Fiscal Year Deductible Payment Amount                                  |            |  |               |
| Fiscal Year Catastrophic Cap Payment Amount                            |            |  |               |
|  |            |  |               |
| <u>Catastrophic Cap/Deductible Identification Information:</u>         |            |  |               |
| Catastrophic Cap/Deductible Detail Update Identifier                   |            |  |               |
| Catastrophic Cap/Deductible Detail Split Claim Identifier              |            |  |               |
| Catastrophic Cap/Deductible Detail Type Code                           |            |  |               |
|  |            |  |               |
| <u>Update System Identification Information:</u>                       |            |  |               |
| Catastrophic Cap/Deductible Source System Name                         |            | DEERS-derived from the message header at time of update.   |               |
|  |            |  |               |
| <u>Transaction Information:</u>  |            |  |               |
| Catastrophic Cap/Deductible Detail Transaction Calendar Date           |            | DEERS-derived from the message header at time of update.   |               |
| Catastrophic Cap/Deductible Detail Transaction Time                    |            | DEERS-derived from the message header at time of update.   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing  
 \*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: W. OHI POLICY INQUIRY**

| EVENT AND DATA FLOW                                 |   | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|---|---|------------|--|---------------|
|   |   |            | Other Health Insurance (OHI) identifies non-DoD health insurance.  |               |
| <b>Inquiry Options</b>                              |   |            |  |               |
| <u>Inquiry Information:</u>                         |   |            |  |               |
| 1.  | Inquiry Patient Identifier                    | R          |  | D             |
| <u>OHI Inquiry Period:</u>                          |   |            |  |               |
| 2.  | OHI Inquiry Period Begin Calendar Date        | S          | Required to inquire on OHI policies within a date range if not inquiring using the Carrier Identifier.   | M, D          |
| 3.  | OHI Inquiry Period End Calendar Date          | S          | Required to inquire on OHI policies within a date range if not using the Carrier Identifier. The End Calendar Date must be greater than the Begin Calendar Date. | M, D<br>D     |
| OR  |   |            |  |               |
| <u>OHI Policy Information:</u>                      |   |            |  |               |
| 4.  | Health Insurance Carrier Identifier           | S          | Required to inquire on a specific OHI policy if not using an inquiry period. Must be a valid entry on the SIT.   | D             |
| 5.  | Health Insurance Carrier Identifier Type Code | S          | Required to inquire on a specific OHI policy if not using an inquiry period. Must be a valid entry on the SIT.   | D             |
| 6.  | OHI Policy Identifier                         | S          | Required to inquire on a specific OHI policy if not using an inquiry period.   | D             |
| 7.  | OHI Coverage Indicator Type Code              | O          | Used to inquire on a specific OHI coverage.  | D             |
| <b>OHI Inquiry Response</b>                         |   |            |  |               |
| <u>Person/Patient Information:</u>                  |   |            |  |               |
| Patient Identifier                                  |   |            |  |               |
| <u>OHI Information:</u>                             |   |            |  |               |
| Health Insurance Carrier Identifier                 |   |            |  |               |
| Health Insurance Carrier Identifier Type Code       |   |            |  |               |
| OHI Policy Identifier                               |   |            |  |               |
| OHI Card Holder Identification Number               |   |            |  |               |
| OHI Status Code                                     |   |            |  |               |
| OHI Transaction System Name                         |   |            |  |               |
| OHI Transaction Calendar Date                       |   |            |  |               |
| OHI Effective Calendar Date                         |   |            |  |               |
| OHI Effective Calendar Date Source Code             |   |            |  |               |
| OHI Expiration Calendar Date                        |   |            |  |               |
| OHI End Reason Source Code                          |   |            |  |               |
| OHI Medical Coverage Indicator Code                 |   |            |  |               |
| OHI Dental Coverage Indicator Code                  |   |            |  |               |
| OHI Inpatient Coverage Indicator Code               |   |            |  |               |
| OHI Outpatient Coverage Indicator Code              |   |            |  |               |
| OHI Long Term Care Coverage Indicator Code          |   |            |  |               |
| OHI Pharmacy Coverage Indicator Code                |   |            |  |               |
| OHI Mental Health Coverage Indicator Code           |   |            |  |               |
| OHI Vision Coverage Indicator Code                  |   |            |  |               |
| OHI Partial Hospitalization Coverage Indicator Code |   |            |  |               |
| OHI Skilled Nursing Care Coverage Indicator Code    |   |            |  |               |
| OHI Policy Precedence Indicator                     |   |            |  |               |
|   |   |            | Returned if this data is available on this patient.  |               |
|   |   |            | Identifies the Source of the Effective Date: Insurance Provider or Individual.   |               |
|   |   |            | Identifies if the End Date is a reported end, a default date, or an expired date.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned if this coverage is provided by this OHI policy.  |               |
|   |   |            | Returned for each coverage to indicate if this coverage is Primary, Secondary or Tertiary for that type of coverage indicator.                                   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: W. OHI POLICY INQUIRY (CONTINUED)**

| EVENT AND DATA FLOW  | DATA TYPE* | BUSINESS RULES | ENFORCED BY** |
|--|------------|----------------|---------------|
| OHI Policyholder Person Association Reason Code                        |            |                |               |
| OHI Policyholder Surname Text  |            |                |               |
| OHI Policyholder Forename Text   |            |                |               |
| OHI Policyholder Middle Name Text                                      |            |                |               |
| OHI Policyholder Identifier  |            |                |               |
| OHI Group Policy Name  |            |                |               |
| OHI Group Plan Identifier  |            |                |               |
| OHI Group Employer Name  |            |                |               |
| OHI Group Employer Mailing Address Line 1 Text                         |            |                |               |
| OHI Group Employer Mailing Address Line 2 Text                         |            |                |               |
| OHI Group Employer Mailing Address City Name                           |            |                |               |
| OHI Group Employer Mailing Address US Postal Region State Code         |            |                |               |
| OHI Group Employer Mailing Address US Postal Region ZIP Code           |            |                |               |
| OHI Group Employer Mailing Address US Postal Region ZIP Extension Code |            |                |               |
| OHI Group Employer Mailing Address Country Code                        |            |                |               |
| OHI Group Employer Telephone Number Code                               |            |                |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: X. OHI POLICY ADD**

| EVENT AND DATA FLOW |   | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---------------------|---|------------|---|---------------|
|                     |   |            | Other Health Insurance (OHI) identifies non-DoD health insurance. OHI transactions allow adding, updating, cancelling, or viewing all OHI information. OHI adds can accompany enrollments or be performed alone.  | D             |
|                     |   |            | OHI information can be added or updated on DEERS through multiple mechanisms. At the time of enrollment the MCSC will determine the existence of OHI. The MCSC can add or update OHI through the DOES application used by the MCSC to enter enrollments into DEERS. Other MHS systems can add or update the OHI through the Web application provided by DEERS. The presence of an OHI Policy discovered during routine claims processing shall be updated on DEERS within two business days of receipt of the required information. All messages sent to DEERS will receive an acknowledgment accepting or rejecting the add or update. | D             |
|                     | <u>Insured Information:</u>                   |            |   |               |
| 1.                  | Patient Identifier                            | R          |   | M, D          |
|                     |   |            |   |               |
|                     | <u>OHI Add Information:</u>                   |            |   |               |
| 2.                  | OHI Update Code                               | R          | Add.  | M, D          |
| 3.                  | Health Insurance Carrier Identifier           | R          | Required to add a new OHI policy. Must be a valid entry on the SIT.   | D             |
| 4.                  | Health Insurance Carrier Identifier Type Code | R          |   | D             |
| 5.                  | OHI Policy Identifier                         | R          |   | M, D          |
| 6.                  | OHI Card Holder Identification Number         | S          | Required if this data is available for this patient.  | C, M          |
| 7.                  | OHI Effective Calendar Date                   | S          | Required to add a complete OHI policy.  | C, M          |
| 8.                  | OHI Expiration Calendar Date                  | S          | Required to add a complete OHI policy.  | C, M          |
| 9.                  | OHI Medical Coverage Indicator Code           | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |
| 10.                 | OHI Dental Coverage Indicator Code            | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |
| 11.                 | OHI Inpatient Coverage Indicator Code         | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |
| 12.                 | OHI Outpatient Coverage Indicator Code        | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |
| 13.                 | OHI Long Term Care Coverage Indicator Code    | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |
| 14.                 | OHI Pharmacy Coverage Indicator Code          | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |
| 15.                 | OHI Mental Health Coverage Indicator Code     | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.   | M, D          |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS; C=CHCS

**BUSINESS RULES: X. OHI POLICY ADD (CONTINUED)**

| EVENT AND DATA FLOW |  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---------------------|--|------------|---|---------------|
| 16.                 | OHI Vision Coverage Indicator Code                                     | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 17.                 | OHI Partial Hospitalization Coverage Indicator Code                    | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 18.                 | OHI Skilled Nursing Care Coverage Indicator Code                       | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 19.                 | OHI Policy Precedence Indicator  | R          | Required for each coverage to indicate if this coverage is Primary, Secondary or Tertiary for that type of coverage indicator.  | C, M          |
| 20.                 | OHI Policyholder Person Association Reason Code                        | S          |   | M             |
| 21.                 | OHI Policyholder Surname Text  | S          |   | M             |
| 22.                 | OHI Policyholder Forename Text   | S          |   | M             |
| 23.                 | OHI Policyholder Middle Name Text                                      | S          |   | M             |
| 24.                 | OHI Policyholder Identifier  | O          | Recommended if known.   | M             |
| 25.                 | OHI Group Policy Name  | O          |   | M             |
| 26.                 | OHI Group Plan Identifier  | O          |   | M             |
| 27.                 | OHI Group Employer Name  | O          |   | M             |
| 28.                 | OHI Group Employer Mailing Address Line 1 Text                         | O          |   | M             |
| 29.                 | OHI Group Employer Mailing Address Line 2 Text                         | O          |   | M             |
| 30.                 | OHI Group Employer Mailing Address City Name                           | O          |   | M             |
| 31.                 | OHI Group Employer Mailing Address US Postal Region State Code         | O          |   | M             |
| 32.                 | OHI Group Employer Mailing Address US Postal Region ZIP Code           | O          |   | M             |
| 33.                 | OHI Group Employer Mailing Address US Postal Region ZIP Extension Code | O          |   | M             |
| 34.                 | OHI Group Employer Mailing Address Country Code                        | O          |   | M             |
| 35.                 | OHI Group Employer Telephone Number Code                               | O          |   | M             |

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\*\*Enforced By: M=MCSC/DP; D=DEERS; C=CHCS

**BUSINESS RULES: Y. OHI POLICY UPDATE**

| EVENT AND DATA FLOW |   | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---------------------|---|------------|---|---------------|
|                     |   |            | Other Health Insurance (OHI) means non-DoD health insurance. OHI transactions allow adding, updating, cancelling, or viewing all OHI information. OHI updates can accompany enrollments or be performed alone.  | D             |
|                     | <u>Insured Information:</u>                   |            |   |               |
| 1.                  | Patient Identifier                            | R          |   | D             |
|                     | <u>OHI Update Information:</u>                |            |   |               |
| 2.                  | OHI Update Code                               | R          | Update.   | M, D          |
| 3.                  | Health Insurance Carrier Identifier           | R          | Sent to identify an OHI policy and cannot be updated.   | D             |
| 4.                  | Health Insurance Carrier Identifier Type Code | R          | Sent to identify an OHI policy and cannot be updated.   | D             |
| 5.                  | OHI Policy Identifier                         | R          | Sent to identify an existing OHI policy and cannot be updated.  | D             |
| 6.                  | OHI Card Holder Identification Number         | S          | Required if this data is available for this patient.  | C, M          |
| 7.                  | OHI Effective Calendar Date                   | R          | Sent to identify an existing OHI policy and cannot be updated.  | D             |
| 8.                  | OHI Expiration Calendar Date                  | R          | May be updated.   | M, D          |
| 9.                  | OHI Medical Coverage Indicator Code           | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 10.                 | OHI Dental Coverage Indicator Code            | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 11.                 | OHI Inpatient Coverage Indicator Code         | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 12.                 | OHI Outpatient Coverage Indicator Code        | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 13.                 | OHI Long Term Care Coverage Indicator Code    | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 14.                 | OHI Pharmacy Coverage Indicator Code          | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 15.                 | OHI Mental Health Coverage Indicator Code     | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 16.                 | OHI Vision Coverage Indicator Code            | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |

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\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: Y. OHI POLICY UPDATE (CONTINUED)**

| EVENT AND DATA FLOW |  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---------------------|--|------------|---|---------------|
| 17.                 | OHI Partial Hospitalization Coverage Indicator Code                    | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 18.                 | OHI Skilled Nursing Care Coverage Indicator Code                       | S          | A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.<br>B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code. | M, D          |
| 19.                 | OHI Policy Precedence Indicator  | R          | Required for each coverage to indicate if this coverage is Primary, Secondary or Tertiary for that type of coverage indicator.  | C, M          |
| 20.                 | OHI Group Policy Name  | O          |   | M             |
| 21.                 | OHI Group Plan Identifier  | O          |   | M             |
| 22.                 | OHI Group Employer Name  | O          |   | M             |
| 23.                 | OHI Group Employer Mailing Address Line 1 Text                         | O          |   | M             |
| 24.                 | OHI Group Employer Mailing Address Line 2 Text                         | O          |   | M             |
| 25.                 | OHI Group Employer Mailing Address City Name                           | O          |   | M             |
| 26.                 | OHI Group Employer Mailing Address US Postal Region State Code         | O          |   | M             |
| 27.                 | OHI Group Employer Mailing Address US Postal Region ZIP Code           | O          |   | M             |
| 28.                 | OHI Group Employer Mailing Address US Postal Region ZIP Extension Code | O          |   | M             |
| 29.                 | OHI Group Employer Mailing Address Country Code                        | O          |   | M             |
| 30.                 | OHI Group Employer Telephone Number Code                               | O          |   | M             |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: Z. OHI POLICY CANCELLATION**

|    | EVENT AND DATA FLOW                           | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|----|---|------------|--|---------------|
|    |   |            | Other Health Insurance (OHI) identifies non-DoD health insurance.  | D             |
|    |   |            | An OHI policy can be cancelled if the OHI should not have been added to the person. Must use OHI Update to correct data on an existing OHI policy. | D             |
|    | <u>Insured Information:</u>                   |            |  |               |
| 1. | Patient ID                                    | R          |  | D             |
|    | <u>OHI Cancellation Information:</u>          |            |  |               |
| 2. | OHI Update Code                               | R          | Cancel.  | M, D          |
| 3. | Health Insurance Carrier Identifier           | R          | Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT).  | M, D          |
| 4. | Health Insurance Carrier Identifier Type Code | R          |  | M, D          |
| 5. | OHI Policy Identifier                         | R          | Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT).  | M, D          |
| 6. | OHI Effective Calendar Date                   | R          | Required to identify the OHI policy being cancelled.   | M, D          |
| 7. | OHI Expiration Calendar Date                  | R          | Required to identify the OHI policy being cancelled.   | M, D          |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: AA. SIT INQUIRY**

| EVENT AND DATA FLOW         |   | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|-----------------------------|---|------------|---|---------------|
|                             |   |            | The Standard Insurance Table (SIT) is maintained in DEERS by the DoD SIT validation agency.   | D             |
|                             |   |            | A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a person, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency. | D             |
| <b>Inquiry Information</b>  |   |            |   |               |
| 1.                          | Health Insurance Carrier Identifier   | S          | Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.   | M, D          |
| 2.                          | Health Insurance Carrier Identifier Type Code                                     | S          | Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.   | M, D          |
|                             | OR  |            |   |               |
| 3.                          | Health Insurance Carrier Name   | S          | Required for an inquiry to view a specific Insurance Company when the Carrier ID is not known and the Company Name is known.  | M, D          |
| 4.                          | Health Insurance Carrier Mailing Address US Postal Region State Code              | S          | Required for an inquiry when only the Company Name is known.  | M, D          |
| 5.                          | Health Insurance Carrier Mailing Address County Code                              | S          | Required for an inquiry when only the Company Name is known.  | M, D          |
| <b>SIT Inquiry Response</b> |   |            |   |               |
| <u>SIT Information:</u>     |   |            |   |               |
|                             | Health Insurance Carrier Identifier   |            |   |               |
|                             | Health Insurance Carrier Identifier Type Code                                     |            |   |               |
|                             | Health Insurance Carrier Verification Status Code                                 |            |   |               |
|                             | Health Insurance Carrier Deactivation Calendar Date                               |            |   |               |
|                             | Health Insurance Carrier Coverage Indicator Type Code                             |            | Identifies HIC information for a specific type of coverage.   |               |
|                             | Health Insurance Carrier Name   |            |   |               |
|                             | Health Insurance Carrier Mailing Address Line 1 Text                              |            |   |               |
|                             | Health Insurance Carrier Mailing Address Line 2 Text                              |            |   |               |
|                             | Health Insurance Carrier Mailing Address City Name                                |            |   |               |
|                             | Health Insurance Carrier Mailing Address US Postal Region State Code              |            |   |               |
|                             | Health Insurance Carrier Mailing Address US Postal Region ZIP Code                |            |   |               |
|                             | Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code      |            |   |               |
|                             | Health Insurance Carrier Mailing Address Country Code                             |            |   |               |
|                             | Health Insurance Carrier Telephone Number 1 Code                                  |            |   |               |
|                             | Health Insurance Carrier Telephone Number 2 Code                                  |            |   |               |
|                             | Health Insurance Carrier Fax Telephone Number Code                                |            |   |               |
|                             | Health Insurance Carrier Electronic Data Interchange Batch Indicator Code         |            |   |               |
|                             | Health Insurance Carrier Electronic Data Interchange Batch Remark Text            |            |   |               |
|                             | Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code   |            |   |               |
|                             | Health Insurance Carrier Electronic Data Interchange Interactive Remark Text      |            |   |               |
|                             | Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code |            |   |               |
|                             | Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text    |            |   |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: AB. SIT ADD**

| EVENT AND DATA FLOW |   | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|---------------------|---|------------|--|---------------|
|                     |   |            | The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency. | D             |
|                     |   |            | Submission of all carrier information in the add transaction will assist the rapid validation of the SIT by the DoD SIT validation agency.   | D             |
|                     | <b>SIT Add</b>  |            |  |               |
| 1.                  | SIT Update Code   | R          | Add.   | M, D          |
| 2.                  | Health Insurance Carrier Coverage Indicator Type Code                             | O          | Identifies HIC information for a specific type of coverage.  | M             |
| 3.                  | Health Insurance Carrier Name   | R          |  | M, D          |
| 4.                  | Health Insurance Carrier Mailing Address Line 1 Text                              | R          | Required to add a new Carrier to the SIT.  | M, D          |
| 5.                  | Health Insurance Carrier Mailing Address Line 2 Text                              | O          | Required to add a new Carrier to the SIT.  | M, D          |
| 6.                  | Health Insurance Carrier Mailing Address City Name                                | R          | Required to add a new Carrier to the SIT.  | M, D          |
| 7.                  | Health Insurance Carrier Mailing Address US Postal Region State Code              | S          | Required to add a new Carrier to the SIT, if the Carrier is in the US.   | M, D          |
| 8.                  | Health Insurance Carrier Mailing Address US Postal Region ZIP Code                | S          | Required to add a new Carrier to the SIT, if the Carrier is in the US.   | M, D          |
| 9.                  | Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code      | O          | Required to add a new Carrier to the SIT, if the Carrier is in the US.   | M, D          |
| 10.                 | Health Insurance Carrier Mailing Address Country Code                             | R          | Required to add a new Carrier to the SIT.  | M, D          |
| 11.                 | Health Insurance Carrier Telephone Number 1 Code                                  | R          | Required to add a new Carrier to the SIT.  | M, D          |
| 12.                 | Health Insurance Carrier Telephone Number 2 Code                                  | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 13.                 | Health Insurance Carrier Fax Telephone Number Code                                | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 14.                 | Health Insurance Carrier Electronic Data Interchange Batch Indicator Code         | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 15.                 | Health Insurance Carrier Electronic Data Interchange Batch Remark Text            | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 16.                 | Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code   | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 17.                 | Health Insurance Carrier Electronic Data Interchange Interactive Remark Text      | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 18.                 | Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
| 19.                 | Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text    | O          | Sent if it is part of the data being added for a Carrier in the SIT.   | M             |
|                     |   |            |  |               |
|                     | <b>SIT Add Acknowledgement</b>  |            |  |               |
|                     | Health Insurance Carrier Identifier   |            |  |               |
|                     | Health Insurance Carrier Identifier Type Code                                     |            |  |               |
|                     | Health Insurance Carrier Name   |            |  |               |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: AC. SIT UPDATE**

| EVENT AND DATA FLOW                 |   | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|-------------------------------------|---|------------|--|---------------|
|                                     |   |            | The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation Agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency. | D             |
|                                     |   |            | Submission of all carrier information in the update transaction will assist the rapid validation of the SIT by the DoD SIT validation agency.  | D             |
| <b>SIT Update</b>                   |   |            |  |               |
| <u>SIT Identifying Information:</u> |   |            |  |               |
| 1.                                  | Health Insurance Carrier Identifier   | R          | A. Required if carrier has been validated by the TMA SIT agency.<br>B. Carrier ID is obtained from an inquiry to the local SIT - if the Carrier is not resident on the SIT DEERS will provide the DEERS Temporary Carrier ID.  | M, D          |
| 2.                                  | Health Insurance Carrier Identifier Type Code                                     | R          |  | M, D          |
| <u>SIT Information:</u>             |   |            |  |               |
| 3.                                  | SIT Update Code   | R          | Update.  | D             |
| 4.                                  | Health Insurance Carrier Coverage Indicator Type Code                             | O          | Identifies HIC information for a specific type of coverage.  | M             |
| 5.                                  | Health Insurance Carrier Name   | R          |  | M, D          |
| 6.                                  | Health Insurance Carrier Mailing Address Line 1 Text                              | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 7.                                  | Health Insurance Carrier Mailing Address Line 2 Text                              | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 8.                                  | Health Insurance Carrier Mailing Address City Name                                | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 9.                                  | Health Insurance Carrier Mailing Address US Postal Region State Code              | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 10.                                 | Health Insurance Carrier Mailing Address US Postal Region ZIP Code                | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 11.                                 | Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code      | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 12.                                 | Health Insurance Carrier Mailing Address Country Code                             | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 13.                                 | Health Insurance Carrier Telephone Number 1 Code                                  | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 14.                                 | Health Insurance Carrier Telephone Number 2 Code                                  | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 15.                                 | Health Insurance Carrier Fax Telephone Number Code                                | S          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M, D          |
| 16.                                 | Health Insurance Carrier Electronic Data Interchange Batch Indicator Code         | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M             |
| 17.                                 | Health Insurance Carrier Electronic Data Interchange Batch Remark Text            | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M             |
| 18.                                 | Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code   | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M             |
| 19.                                 | Health Insurance Carrier Electronic Data Interchange Interactive Remark Text      | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M             |
| 20.                                 | Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M             |
| 21.                                 | Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text    | O          | Sent if it is part of the data being updated for a Carrier in the SIT.   | M             |

\* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing

\*\*Enforced By: M=MCSC/DP; D=DEERS

**BUSINESS RULES: AD. SIT CANCELLATION**

| EVENT AND DATA FLOW   |   | DATA TYPE* | BUSINESS RULES   | ENFORCED BY** |
|---|---|------------|--|---------------|
|   |   |            | A SIT Cancellation can only be performed prior to the verification of the Health Insurance Carrier by the TMA SIT Validation Agency. Only the system that submitted the SIT add or update may cancel that transaction. | D             |
| <b>SIT Cancellation</b>   |   |            |  |               |
| <u>SIT Information:</u>   |   |            |  |               |
| 1.  | SIT Update Code                               | R          | Cancel.  | M, D          |
| 2.  | Health Insurance Carrier Identifier           | R          | Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)  | M, D          |
| 3.  | Health Insurance Carrier Identifier Type Code | R          | Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)  | M, D          |
| 4.  | Health Insurance Carrier Name                 | R          | Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)  | M, D          |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |   |            | **Enforced By: M=MCSC/DP; D=DEERS  |               |

**BUSINESS RULES: AE. CMS FILE**

| EVENT AND DATA FLOW   |  | DATA TYPE* | BUSINESS RULES  | ENFORCED BY** |
|---|--|------------|---|---------------|
| <b>CMS FEED</b>   |  |            |   |               |
| Monthly feed from DEERS to the <u>TRICARE Dual Eligibility Fiscal Intermediary Contractor</u> to pass Medicare data.                                  |  |            |   |               |
| <b>Insured Information:</b>   |  |            |   |               |
| 1.  | Patient ID   |            | The MCSC should match internally in their system on this field for person identification information. |               |
| 2.  | HICN<br>(refer to Health Insurance Claim Number Identifier in the DEERS New Medical Data Dictionary) |            |   |               |
| 3.  | Medicare A Begin Reason Code   |            |   |               |
| 4.  | Medicare A Effective Calendar Date   |            |   |               |
| 5.  | Medicare A Expiration Calendar Date  |            |   |               |
| 6.  | Medicare B Begin Reason Code   |            |   |               |
| 7.  | Medicare B Effective Calendar Date   |            |   |               |
| 8.  | Medicare B Expiration Calendar Date  |            |   |               |
| 9.  | Medicare End Reason Code   |            |   |               |
| * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing |  |            | **Enforced By: M=MCSC/DP; D=DEERS   |               |

