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TRICARE
MANAGEMENT ACTIVITY

PRD

CHANGE 43
7950.1-M
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# PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR TRICARE SYSTEMS MANUAL (TSM)

**The TRICARE Management Activity has authorized the following addition(s)/ revision(s) to 7950.1-M, reissued August 2002.**

**CHANGE TITLE:** **DEERS UPDATE (PHASE II)**

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** This change consists of changes to update the TRICARE System Manual (TSM) to reflect current processes being followed by TRICARE contractors. Chapter 1, Section 1.1 modified to address contractor participation in system integration, implementation, and testing meetings. Chapter 3 updated program description and background information; referenced documents; concepts and definitions; the interface overview; DEERS functions specific to beneficiary web enrollment; policy consolidation; proration offices and catastrophic cap required by abbreviated policy periods; newborn placeholders; point of sale pharmacy inquiries; OHI business rules; and DMDC Support, Production, and Test Environment information.

**EFFECTIVE AND IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

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**ATTACHMENT(S): 145 PAGES**
**DISTRIBUTION: 7950.1-M**

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

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# SUMMARY OF CHANGES

## CHAPTER 1

1. Section 1.1., paragraph 1.4. Added information specific to data correction activities.

2. Section 1.1., paragraph 2.0. Added information specific to System Integration, Implementation and Testing Meetings with contractor and Government representatives.

## CHAPTER 3

3. Section 1.1., paragraph 2.1. Added language clarifying DEERS is the definitive data source for identification and verification of DoD affiliation.

4. Section 1.1., paragraph 2.2. Modified language to indicate DMDC and not the DEERS Rapids Program Office maintains contact with DEERS users through the JUSPAC, JUSMAC and JUSDAC.

5. Section 1.1., paragraph 2.3., page 7. Updated language to indicate the TRICARE Mail Order Pharmacy Program succeeded NMOP in the fall of 2003.

6. Section 1.1., paragraph 2.3., page 8. Updated language specific to DoD Smart Card technology.

7. Section 1.1., paragraph 2.3., page 9. Added language specific to the Personnel Identity Protection Program and implementation of the Final Policy Consolidation of enrollments for portability.

8. Section 1.2., paragraph 1.0. Added reference to DoDD 1000.25, "DoD Personnel Identity Protection (PIP) Program," dated July 19, 2004.

9. Section 1.2., paragraph 2.0. Added, "Beneficiary Web Enrollment (BWE) Enrollment Fee Gateway" specification to listing of Technical Specifications and removed reference to National Enrollment Database DOES Training document from listing.

10. Section 1.2., paragraph 3.0. Changed link to indicate a secure server must be utilized to access the DMDC web site.

11. Section 1.3., paragraph 2.1.1. Added language to clarify that an internal identifier is considered to be the "Patient ID" and/or "DEERS ID".

## SUMMARY OF CHANGES (Continued)

### CHAPTER 3 (Continued)

12. Section 1.3., paragraph 2.3.1. Added information indicating that DEERS does not track "fee exceptions" in the Enrollment fee accumulation and fee details.

13. Section 1.3., paragraph 3.2. Added information clarifying that distinct member category codes have been added to identify member status.

14. Section 1.3., paragraph 3.4. Added "Also known as the DoD EDI Person Identifier" to further clarify the patient identifier.

15. Section 1.3., paragraph, 6.1.2.6. Added clarifying language to identify USFHP use of Provider Type Option Codes and TRICARE Prime Coverage Plan Codes enrollments in accordance with information already provided in TSM, Chapter 3, Addendum C.

16. Section 1.3., paragraph 6.2. Corrected definition of GIQD from "Government Inquiry of DEERS" to "General Inquiry of DEERS."

17. Section 1.3., paragraph 7.6, Figure 3-1.3-2. Modified business events for OHI Inquiry, OHI Policy Add/Update and OHI Cancellation to indicate these events would also be applicable to Family enrollments.

18. Section 1.4., paragraph 2.1. Added "Department of Veterans Affairs" and "TRICARE Dual Eligible Fiscal Intermediary Contractor" to listing of communities DEERS interfaces with.

19. Section 1.4., paragraph 2.2. Added language clarifying the "Security Application" is specific to "Site Security" and added the listing of the SIT Verification to the Government Furnished Equipment applications list.

20. Section 1.4., paragraph 2.2.4. Added language to clarify the use of the OHI Maintenance Application and added the description of the SIT Verification Application.

21. Section 1.4., paragraph 2.2.6., Figure 3-1.4-1. Updated "Sending and Receiving Nodes" to include PDTS as appropriate. Also added Business Events for Point of Sale Inquiry; Point of Sale Response; Person Demographics Service Inquiry; Person Demographic Service Response and SIT Add/Update/Cancellation/ Deactivation.

## SUMMARY OF CHANGES (Continued)

**CHAPTER 3 (Continued)**

22. Section 1.4., paragraph 2.3. Removed reference to "Patient repository"; modified "OHI/SIT repository" to "OHI repository" and added "SIT database."

23. Section 1.4., paragraph 2.4. Corrected reference to "Privacy Act Information" from "Privacy level information".

24. Section 1.5., paragraph 1.1. Added language clarifying need for applications to allow operators to view and select correct individual when using partial match information.

25. Section 1.5., paragraph 1.2.1. Changed "enrollment fee history transaction" to identify the application used to view detailed information for a specified policy, "Fee/CCDD History application".

26. Section 1.5., paragraph 1.2.2. Added "Confirm Enrollment/PCM change (to support beneficiary web enrollment" to the listing of contractor performed enrollment functions through DOES.

27. Section 1.5., paragraph 1.2.3. Updated language specific to the Beneficiary Web Enrollment application, the enrollment events that may be accomplished through the application and the reference to the BWE Enrollment Fee Gateway Technical Specification. Also modified the requirement for contractor review of enrollments from four calendar days to six calendar days. Removed language specific to the provision of a daily report of web based pending enrollment by DEERS.

28. Section 1.5., paragraph 1.2.5. Added language clarifying that policies created by DEERS encompass all enrollments for a family and health care delivery plan. Also modified references from individual "plans" to "policies".

29. Section 1.5., paragraph 1.2.5.1.3. Updated language specific to the proration of enrollment fees required due to abbreviated policies.

30. Section 1.5., paragraph 1.2.5.1.4. Added clarifying language specific to the proration of the cat cap credit and removed transition language specific to the alignment of the enrollment year to the fiscal year.

31. Section 1.5., paragraph 1.2.5.2. Removed referenced to USFHP provider systems as the DEERS centralized PCM file contains MCSC civilian and Direct Care PCMs, not USFHP providers.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 3 (Continued)

32. Section 1.5., paragraph 1.2.5.3. Added "and BWE".

33. Section 1.5., paragraph 1.2.5.4. Added reference to BWE application to indicate PCM assignments can also be requested via that application.

34. Section 1.5., paragraph 1.2.5.5. Removed reference to PCM Batch Reassignment Access through TRICARE On Line.

35. Section 1.5., paragraph 1.2.7.3. Removed information specific to Direct Care PCM Panel Reassignment via the TRICARE On Line.

36. Section 1.5., paragraph 1.2.8.1. Added clarifying language that enrollment fee overpayments must be reported to DEERS and information specific to the posting of fee payments and adjustments through DOES or the Enrollment Fee Payment interface.

37. Section 1.5., paragraph 1.2.8.2. Removed language specific to split enrollments and enrollment fee payments since this information is obsolete due to the implementation of the Final Policy Consolidation of enrollments.

38. Section 1.5., paragraph 1.2.8.3. Added statement clarifying that DEERS will automatically apply any fees to beneficiary's catastrophic cap when posted through DOES or Enrollment Fee Payment interface.

39. Section 1.5., paragraph 1.2.10. Removed reference to "Split Enrollment and Enrollment Fee Payments".

40. Section 1.5., paragraph 1.2.11. Added information on "Beneficiary Web Enrollment Confirmation" actions by MCSCs or DPs.

41. Section 1.5., paragraph 1.4.1. Added language specific to "Notifications" received as a result of Beneficiary Web Enrollment actions.

42. Section 1.5., paragraph 1.4.3. Added information on the merging of OHI information by DEERS.

43. Section 1.5., paragraph 1.6. Modified reference to DEERS as a "centralized database" to a "centralized repository".

## SUMMARY OF CHANGES (Continued)

**CHAPTER 3 (Continued)**

44. Section 1.5., paragraph 1.6.1.1.3. Added reference to TSM, Chapter 3, Section 1.3, for more information on the identification of beneficiaries.

45. Section 1.5., paragraph 1.6.1.2.1. Added Note indicating newborn coverage information will only be reflected upon addition of the newborn to DEERS.

46. Section 1.5., paragraph 1.6.1.3., Figure 3-1.5-8 Added reference to the Technical Specification for information on Return Codes.

47. Section 1.5., paragraph 1.6.1.4.1.2. Changed language to clarify other "persons" not "beneficiaries" who are not on DEERS would not have a catastrophic cap record.

48. Section 1.5., paragraph 1.6.1.4.1.3. Added information to clarify the three years that may be used for CCDD Totals Inquiry is limited to the current year and two prior years.

49. Section 1.5., paragraph 1.6.1.5. Added language clarifying the use of a claim extension identifier for claims that do not span multiple Fiscal Years. And added information that indicates cost shares, copays or deductibles collected must be posted to CCDD even if limit has been met.

50. Section 1.5., paragraph 1.6.1.5.2.6. Updated information specific to the addition of newborn children to DEERS and the process used to identify multiple births.

51. Section 1.5., paragraph 1.6.2.3. Added "Under previous contracts," and "Under current contracts," to the second paragraph.

52. Section 1.5., paragraph 1.6.2.4. Removed statement indicating DEERS stores and archives CCDD data due to redundancy and added "…and fiscal year…" to the first paragraph.

53. Section 1.5., paragraph 1.6.3. Added new Section for Point of Sale Pharmacy Inquiries.

## SUMMARY OF CHANGES (Continued)

### CHAPTER 3 (Continued)

54. Section 1.5., paragraph 1.7. Added additional minimum information that must be provided in order to add OHI to a person record. Added clarification of timeframe for MCSC development requirements to 15 "business" days. Added information clarifying that DEERS is not the system of record for OHI information. Added information specific to the DEERS default to Comprehensive Medical Coverage for OHI unless indicated otherwise. Updated statement with regard to the retention of OHI policy data from three to five years.

55. Section 1.5., paragraph 1.7.1.1. Changed last sentence for clarification purposes.

56. Section 1.5., paragraph 1.7.1.2. Updated information specific to OHI Person Inquiries to include the OHI/SIT web application.

57. Section 1.5., paragraph 1.7.1.3. Modified information to indicate a specific time period must be indicated for an OHI information query to be performed.

58. Section 1.5., paragraph 1.7.1.4. Added statement clarifying the OHI/SIT web application will return OHI for a beneficiary, sponsor or family.

59. Section 1.5., paragraph 1.7.2. Updated OHI Policy Add section to reflect current processes being followed and fields used to add an OHI policy for a person.

60. Section 1.5., paragraph 1.7.3. Updated OHI Policy Update section to reflect current processes being followed.

61. Section 1.5., paragraph 1.7.4. Corrected typos.

62. Section 1.5., paragraph 1.8. Updated Standard Insurance Table section to reflect current processes being followed. Added Note indicating only requesting organization can cancel the request to add a carrier.

63. Section 1.5., paragraph 1.8.2. Added information clarifying the rejection of the addition of the Carrier to the SIT by the VPOC results in the cancellation of all policies associated with the Carrier.

64. Section 1.5., paragraph 1.8.3. Added information specific to the provision of SIT updates to subscribers.

65. Section 1.5., paragraph 1.8.4. Added language clarifying OHI policies associated with "unverified" (formerly referenced as "temporary") carriers will be cancelled.

## SUMMARY OF CHANGES (Continued)

**CHAPTER 3 (Continued)**

66. Section 1.5., paragraph 1.8.5. Added language clarifying that if a SIT add or update is rejected by the VPOC, DEERS will cancel any OHI policy associated with the rejected carrier.

67. Section 1.5., paragraph 1.8.6. Added language clarifying MHS organizations can request the VPOC to deactivate any carrier.

68. Section 1.5., paragraph 1.9. Updated information specific to data provided by DEERS to TDEFIC.

69. Section 1.6. Updated entire section to reflect current levels of support provided by DMDC.

70. Section 1.7., paragraph 1.2. Removed information specific to the recycling of the DEERS Production and Test environment.

71. Addendum D. Updated Business Rules to add information specific to the Disenrollment of beneficiaries from the TCDP or WMDP and Transitional Survivors of Active Duty Deceased Sponsors. Added Business Rule M (OHI Business Rules) and N (Patient ID).

72. Addendum F. Added new Addendum to provide "Newborn Placeholder Request Process for Retail Pharmacy and Pharmacy Data Transaction System" currently used today by Purchased Care contractors.