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TRICARE
MANAGEMENT ACTIVITY

IMTR

CHANGE 6
7950.1-M
JANUARY 16, 2004

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM)

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

CHANGE TITLE: DEERS CHANGES FOR THE NEXT GENERATION OF TRICARE CONTRACTS

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): The following changes reflect the current processes contractors must follow for eligibility verification, enrollments, claims adjudication, and transition.

EFFECTIVE DATE: December 19, 2003.

IMPLEMENTATION DATE: Upon start of Health Care Delivery.

This change is made in conjunction with Aug 2002 TOM, Change No. 7 and Aug 2002 TPM, Change No. 6.


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Director, Program Requirements Division

ATTACHMENT(S): 167 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.
 - a. Subsection 2.1.3., revised paragraph to reflect current requirements for Continuity of Operations Plan testing.
 - b. Subsection 2.2., revised entire section to update DOD Information Technology Security Certification and Accreditation Process (DITSCAP) Requirements.
 - c. Subsection 3.0., added Health Insurance Portability and Accountability Act (HIPAA) requirements for contractor compliance.
 - d. Subsection 4.0., added Physical Security Requirements.
 - e. Subsection 5.0., revised entire section, "Technical Services Required" to "Personnel Security ADP/IT Requirements, updating existing requirements.
 - f. Subsection 6.0., updated Public Key Infrastructure (PKI) requirements to require certification of individuals directly accessing applications residing on a DOD Local Area Network or a DoD private Web server. Added to bulleted list of DoD applications that require PKI certification, to include, Civilian PCM Panel Reassignment, Cat Cap and Deductible/Fee Research, PCM Research, DEERS Security Web Application, OHI/SIT and Direct Care PCM Panel Reassignment.
 - g. Subsection 7.0., revised section to address requirements for use of Business to Business Gateway.
 - h. Subsection 7.2.1., modified paragraph to more accurately reflect platform requirements required for interconnectivity with DoD facilities.
 - i. Subsection 7.3.1., added clarifying language for DISA Form 41 submission requirements.

CHAPTER 2

2. Section 2.6., Element Name: Other Government Program (OGP) Type Code, added Notes and instructions for handling of TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC) claims.

SUMMARY OF CHANGES (Continued)

CHAPTER 3

3. Table of Contents, added new paragraphs to Section 1.2. and Section 1.5. and added new Addendums D and E.
4. Section 1.2.
 - a. Subsection 2.0., identified DEERS Technical Specifications required by contractors for use of DEERS.
 - b. Page 2, added references to Website Resources for technical documents.
5. Section 1.3.
 - a. Page 3, added information advising contractors of the identification of former spouses as sponsors in their own right, effective October 1, 2003.
 - b. Subsection 3.2., added clarifying information specific to unremarried former spouses and abused dependents and program entitlement.
 - c. Subsection 6.2., corrected typographical errors in the second paragraph.
 - d. Subsection 7.8., removed 4th paragraph referencing Chapter 3, Addendum E.
 - e. Subsection 7.9., corrected field length for PCM ID, from 18 bytes to 32 bytes.
6. Section 1.4.
 - a. Subsection 2.2., revised list of Government Furnished Equipment applications.
 - b. Subsection 2.2.1., removed sentence, ""Client server applications will operate over the NIPRNet.
 - c. Subsection 2.2.4., added information about PCM Research application that will be available for contractor use. Second paragraph, changed the word "minimum" to "total". Sixth paragraph removed information about web based Line of Duty Application. Seventh paragraph, modified first sentence to "The Security application is a web-based application."

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

6. Section 1.4. (Continued)

- d. Subsection 2.2.5., added contractor guidance for “System Downtime” and the process for identification, research and resolution of telecommunications, hardware or software problems. Modified first sentence of paragraph to “When DMDC identifies a telecommunications....”, from “When DMDC encounters a telecommunications....”.
- e. Subsection 2.2.6, Figure 3.1.4-1, updated figure. Revised figure as follows:
 - 1.2.5.2., PCM Interface – changed frequency to ‘event driven’
 - 1.2.8.3., Batch Fee Payment – changed frequency to ‘nightly’
 - 1.6.1.1., Health Care Coverage Inquiry – added sending node of ‘TRRx’
 - 1.6.1.2., Health Care Coverage Response – added receiving node of ‘TRRx’
 - 1.6.1.3., Partial Match Response to HCC Inq. – added receiving node of ‘TRRx’
 - 1.6.1.4.1., CC&D Totals Inq. – added sending node of ‘TRRx’
 - 1.6.1.4.1.4., CC&D Totals Resp. – added receiving node of ‘TRRx’
 - 1.6.1.5., CC&D Update – added sending node of ‘TRRx’ and ‘USHFP’
 - 1.7.1., OHI Policy Inq. – added sending node of ‘TRRx’, and deleted ‘USHFP Provider’
 - 1.7.1.4., OHI Policy Inq. Resp. – added receiving node of ‘TRRx’, and deleted ‘USHFP Provider’
 - 1.7.1.2., 1.7.1.3., 1.7.1.4., OHI Policy Add/Update/Cancellation – added sending node of ‘TRRx’, and deleted ‘USHFP Provider’
 - 1.8.2, 1.8.3, 1.8.4, SIT Add/Update/Cancellation – deleted sending node of ‘USHFP Provider’
 - 1.8.5., Publish and Subscribe for.... Added sending node of ‘TRRx’

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

7. Section 1.5.

- a. Subsection 1.0., changed initial capitalization of Catastrophic Cap and Deductible to lower case letters.
- b. Subsection 1.1., added additional guidance for contractors when trying to validate a partial match response for Eligibility for Enrollment and Coverage.
- c. Subsection 1.2., added "Designated Provider" after "MCSC".
- d. Subsection 1.2.1., removed fifth sub-bullet of third bullet. Modified tenth bullet and deleted eleventh bullet.
- e. Subsection 1.2.2., deleted bullets for "Standard Insurance Table (SIT) Add, Update or Cancel Request", "Other Health (OHI) Update" and "OHI cancel", since the contractor's system is the database of record for OHI information.
- f. Subsection 1.2.3., added information on availability of web application for beneficiary performance of enrollment related activities.
- g. Subsection 1.2.5.1., Enrollment Fees, added section to address alignment of enrollment fees to fiscal year, enrollment policy anniversary, end and paid through dates and the proration of enrollment fees and catastrophic cap amounts.
- h. Subsection 1.2.5.1.2., added text, as indicated in bold, for clarification purposes.
- i. Subsection 1.2.5.1.3., added text to the end of the first paragraph, as indicated in bold for clarification purposes. And added clarifying language to last paragraph in section indicating DEERS will store enrollment fee amounts and apply dollars to the next enrollment policy.
- j. Subsection 1.2.5.1.4., added the words "one time" to the third sentence indicating the cat cap credit will only occur once during the enrollment realignment period. Added sentence to the fifth paragraph indicating DEERS will automatically apply cat cap credit for enrollment realignment period.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

7. Section 1.5. (Continued)

- k. Subsection 1.2.5.1.5., added language specific to the realignment of enrollments under the USFHP.
- l. Subsection 1.2.5.2., changed "USFHP" to "Designated Provider". Deleted information addressing DOES logic to search for providers.
- m. Subsection 1.2.5.3., added language addressing use of preference filters in DOES for the selection of a PCM.
- n. Subsection 1.2.5.4., added section on Civilian PCM Assignment.
- o. Subsection 1.2.5.5., added section on PCM Batch Reassignment Access through TRICARE On-Line.
- p. Subsection 1.2.6., added clarifying information regarding notification of beneficiaries of changes or loss of coverage upon disenrollment and added note indicating DEERS will not send disenrollment letters to beneficiaries when loss of eligibility is due to death.
- q. Subsection 1.2.6.1., added information indicating end of eligibility will be sent to the MCSC or Designated Provider at the time of enrollment. Removed language regarding DEERS' receipt of loss of eligibility from the Uniformed Services and requirements for reinstatement.
- r. Subsection 1.2.6.2., added section addressing Retroactive Eligibility/ Enrollment Maintenance.
- s. Subsection 1.2.6.4., added guidance that disenrollment may be entered into DOES or through the failure to pay fees batch interface.
- t. Subsection 1.2.7.1., removed language indicating DEERS will send a daily file of beneficiaries for whom PCM change letters were sent to the MCSC/ USFHP providers.
- u. Subsection 1.2.7.2., revised PCM Panel Reassignment section to include contractor guidance on reassignment of Resource Sharing PCMs and use of the Direct Care PCM Batch Reassignment application.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

7. Section 1.5. (Continued)

- v. Subsection 1.2.7.3., added examples of coverage plans and changed "HCDP" to health care plan.
- w. Subsection 1.2.7.4., added clarifying language pertinent to enrollment end date.
- x. Subsection 1.2.7.5., added language indicating that end reasons cannot be changed without changing the end date.
- y. Subsection 1.2.8., added clarifying information to bullets delineating enrollment fee related transactions.
- z. Subsection 1.2.8.1., changed "USFHP" to "Designated Provider". Added note addressing paid through dates that cross the fiscal year.
- aa. Subsection 1.2.8.2., added clarifying language for split enrollments and enrollment fee payments.
- ab. Subsection 1.2.8.3., changed "USFHP" to "Designated Providers". Added requirement for contractors and Designated Providers to correct and resubmit enrollment fee payments rejected by DEERS or research, correct and resubmit fee payments.
- ac. Subsection 1.2.9., changed "USFHP" to "Designated Providers".
- ad. Subsection 1.2.9.1., changed "USFHP" to "Designated Provider". Added requirement for contractors or Designated Provider to set fee payment exception reason codes based on the existence of fee waivers.
- ae. Subsection 1.2.10., added language indicating enrollment year will be aligned to the fiscal year. Changed "USFHP" to "Designated Provider".
- af. Subsection 1.3., removed information about MHS personnel updating beneficiary address and telephone number information in DEERS database.
- ag. Subsection 1.4., modified "USFHP" to "Designated Providers" or "Designated Provider Integrators" as appropriate.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

7. Section 1.5. (Continued)

- ah. Subsection 1.4.2., deleted language from second bullet that indicated DEERS validated updated address using a Commercial Off the Shelf product online. Changed "USFHP" to "Designated Provider".
- ai. Subsection 1.5., added the words coverage plans to clarify second sentence in first paragraph. Changed "USFHP" to "Designated Provider".
- aj. Subsection 1.6., modified fourth bullet. Added the word "adjudication" to "claims process" in third full paragraph. Revised fourth paragraph to indicate DEERS data storage limitations.
- ak. Revised "CC&D" to "CCDD" in first two bullets on page.
- al. Subsection 1.6.1.1., revised "CC&D" to "CCDD".
- am. Subsection 1.6.1.1.1., added third exception to DEERS Eligibility Query Process.
- an. Subsection 1.6.1.1.2., added bullet to indicate Person identification information is required to perform type of coverage inquiry.
- ao. Subsection 1.6.1.1.3., removed reference to DEERS ID section for information on obtaining the DEERS ID.
- ap. Subsection 1.6.1.1.4., removed reference to Duplicate Person Identification section.
- aq. Subsection 1.6.1.1.6., revised information regarding lock functionality.
- ar. Subsection 1.6.1.1.7., deleted entire subsection.
- as. Subsection 1.6.1.2., revised section to reflect current information returned in the Health Care Coverage Inquiry for claims.
- at. Subsection 1.6.1.2.2., deleted information regarding reflection of year to date CCDD totals for each HCDP on DEERS response.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

7. Section 1.5. (Continued)

- au. Subsection 1.6.1.3., changed last paragraph to indicate DEERS overrides cannot be processed verbally.
- av. Subsection 1.6.1.4.1.5., updated date examples.
- aw. Subsection 1.6.1.4.1.6., changed "USFHP" to "Designated Provider".
- ax. Subsection 1.6.1.5., modified language to indicate CCDD amounts can be updated for the current year and two prior fiscal years rather than the previous three years as originally indicated.
- ay. Subsection 1.6.1.5., last paragraph, modified language to clarify last sentence.
- az. Subsection 1.6.2.2., removed repetitive information regarding lock on CCDD totals. Information addressed in earlier section.
- ba. Subsection 1.6.2.3., added language indicating TRICARE Point of Service deductible data will be stored by DEERS for enrollees under the new Regional contracts.
- bb. Subsection 1.7., revised Other Health Insurance section to update information and transaction requirements.
- bc. Subsection 1.7.1.3., revised second sentence for clarification. Changed "specific OHI Coverage Indicator" to "OHI Coverage Type" code.
- bd. Subsection 1.7.2., added requirement for contractors to provide all OHI data not initially entered within 15 days. Added information regarding additional field requirements for the addition of an OHI policy for a person. Added contractor guidance for handling situation when the Health Insurance Carrier Name is not on the Standard Insurance Table. Removed bullets indicating the additional fields required to add a complete OHI record for a person. Removed language addressing health insurance carriers Ids with no corresponding Standard Insurance Table entry.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

7. Section 1.5. (Continued)

- be. Subsection 1.7.3., added language addressing policy updates and the inclusion of modifications to existing policy information. Modified requirement for OHI policy information to be updated on DEERS by contractors within two business days of receipt of the required information identified during routine claims processing. Removed requirement for contractor to provide OHI information to the PDTS contractor using the form and protocol mutually agreed upon and approved by TMA.
- bf. Subsection 1.7.4., revised language to clarify use of cancellations for OHI policies.
- bg. Subsection 1.8., revised section to reflect responsibilities of DoD Verification Point of Contact for validation of Standardized Insurance Table (SIT) and contractor use of the SIT.
- bh. Subsection 1.8.1., deleted text that indicated SIT inquiries can be performed by local holders of the SIT.
- bi. Subsection 1.8.2., removed information on the process of adding an OHI policy to the SIT. Modified language regarding request to add Health Insurance Carriers to the SIT.
- bj. Subsection 1.8.3., removed language that indicated DEERS retains the system identifier of the site performing the SIT update. Added language indicating rejection of SIT updates by the DoD VPOC is reported to all local holders of the SIT. Added language clarifying that DEERS does not allow an update to a health insurance carrier with a status code of “temporary” or “unverified”.
- bk. Subsection 1.8.4., revised section to address cancellation of “adds” to the SIT.
- bl. Subsection 1.8.5., updated information on the SIT validation process.
- bm. Subsection 1.8.6., revised section to indicated DEERS will not allow deactivation of a health insurance carrier with a status code of “temporary or verification status code of “unverified”.

SUMMARY OF CHANGES (Continued)

CHAPTER 3 (Continued)

8. Section 1.6.
 - a. Changed all references to NED/DOES Help Desk to DMDC Support Center
 - b. Subsection 2.0., added requirement for contractor to have a quality control process in place for reporting issues to DSO.
 - c. Subsection 2.1., added requirement for contractors to use TMA/MCSC Interface, web based on-line system to report discrepancies to DSO. Added information clarifying the types of enrollment corrections that cannot be performed in DOES and requirements for resolution efforts.
 - d. Subsection 2.2, revised requirements for Submission of Requests for DSO assistance.
9. Section 1.7.
 - a. Subsection 1.1., added requirement for contractor to upgrade/comply with any changes to the DOES software.
 - b. Subsection 1.2., added information regarding availability of testing environment to contractors.
10. Addendum A, page 2, added "DP" for Designated Provider.
11. Addendum C, pages 5-8, updated to include USFHP providers.
12. Addendum D, updated to reflect current Business Rules. Removed Business Rules, K, M, O through AF, as information is provided in the DEERS technical specifications.
13. Addendum E, new addendum added demonstrating alignment of enrollment year to fiscal year. Added demonstration of realignment process for USFHP.

SUMMARY OF CHANGES (Continued)

CHAPTER 4

14. Table of Contents, added a new paragraph to Section 1.1 and added new Addendums A, B, and C.
15. Section 1.1.
 - a. Updated to reflect current MHS Referral and Authorization System requirements.
 - b. Subsection 2.1., added inadvertently omitted language to the fourth sentence, to now read, "If received by means other than electronic, the MCSC can access the EWRAS and manually enter the referral request into the EWRAS or enter the referral into their own system and securely send it through the EWRAS to the appropriate MTF via ANSI ASC X12N 278 standard transactions....", in order to make the statement consistent with similar language at subsection 2.3.
16. Addendum A, new addendum added to reflect "DEERS Nonavailability Statement File Layout and Corresponding 278 Locations".
17. Addendum B, new addendum added to provide "Example 278 NAS".
18. Addendum C.
 - a. New addendum added to provide the "278 NAS Message Layout".
 - b. Row ISA02, added "EWRAS Value" of "7GW0141VAQ" and deleted comment in the "EWRAS Value Comment" column.

