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TRICARE
MANAGEMENT ACTIVITY

PCSIB

CHANGE 86
7950.1-M
SEPTEMBER 13, 2010

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE SYSTEMS MANUAL (TSM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA), FISCAL YEAR (FY)
2009, SECTION 732, FINAL IMPLEMENTATION OF EXTENDED CARE
HEALTH OPTION (ECHO) CAP

CONREQ: 15032

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change package eliminates the \$2,500 per month limit for the following ECHO benefits; diagnostic services, treatment, respite care, assistive services, and durable equipment.

EFFECTIVE DATE: August 9, 2010.

IMPLEMENTATION DATE: November 1, 2010.

This change is made in conjunction with Aug 2002 TOM, Change No. 106, Aug 2002 TPM, Change No. 130, and Aug 2002 TRM, Change No. 120.


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ATTACHMENT(S): 4 PAGES
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PCM. Since in some locations PCMs are not available, **ADFM**s may be enrolled in TPR without a PCM assignment.

There is a Point of Service (POS) option under this program. TRICARE utilization review and utilization management requirements do apply to this program.

6.1.2.5. Health Care Plan: TRICARE Plus

The TRICARE Plus program is a **DC**-based program that became effective October 1, 2001. Enrolled beneficiaries must be eligible for DC, and may or may not have an entitlement to **CHC**. There are two types of TRICARE Plus coverage to differentiate between those beneficiaries with a CHC entitlement and those without. Coverage is at the individual level. There are no family policies. A family may have more than one individual policy, with each family member holding an individual policy.

6.1.2.6. Health Care Plan: USFHP

The USFHP is a TRICARE program for major medical health care, preventive care, and medically necessary care including prescription drug coverage. The USFHP is currently composed of civilian health care facilities contracted by the DoD to provide health care through the USFHP. USFHP enrollees are enrolled into the TRICARE Prime coverage plans with a USFHP PCM **Network Provider Type Option Code of 'U'**. The USFHP also covers beneficiaries age 65 and over that are Medicare-eligible, as well as dependent parent and parent-in-laws that have been grandfathered into the program. The beneficiaries are enrolled in separate USFHP plans for persons only having a DC entitlement. (See [Chapter 3, Addendum C for HCDP and PCM Network Provider Type Codes.](#))

6.1.2.7. Health Care Plan: TRICARE Senior Prime (TSP)

This coverage plan is referenced for historical purposes only.

Beneficiaries who were eligible for DC as well as Medicare may have chosen to enroll into the **TSP** coverage plan demonstration. Enrollees in this program selected a PCM in a participating MTF and were enrolled for the longevity of the program, which ended on December 31, 2001. Enrollment fees did not apply to this program. **TSP** did not offer a family coverage option, but allowed more than one individual plan for a family.

6.1.2.8. Health Care Plan: FEHBP Demonstration Project

The **NDAA** FY 1999 directed the DoD and the Office of Personnel Management (OPM) to develop a demonstration project to allow Medicare eligible military retirees age 65 and over, their family members, certain unremarried former spouses of military members or former members, and family members of deceased military members or former members to enroll into an FEHBP coverage plan for their health care.

The FEHBP demonstration project lasts three years at ten demonstration sites. Health care coverage began January 1, 2000 and ends December 31, 2002. Enrollment is managed through the FEHBP Demonstration Project Information Processing Center. The eligibility criteria and program requirements are beyond the scope of this document.

MCSCs do not perform enrollments for FEHBP.

6.1.2.9. Health Care Plan: CHCBP

The CHCBP is optional coverage to which beneficiaries may subscribe for a specified period (not to exceed 36 months) after the sponsor's entitlement to DoD benefits ends. Enrollment into the CHCBP program is performed by the CHCBP enrollment contractor. Details of this program are beyond the scope of this document (see the TPM, [Chapter 10, Section 4.1](#)).

6.1.2.10. Health Care Plan: TRICARE Reserve Select (TRS) Program

The TRS program is optional coverage to which Reserve Component (RC) members may subscribe when they commit to continued service in the Selected Reserve after release from AD to which the member was called or ordered for a period of more than 30 days on or after September 11, 2001, under one of the activation authorities in Section 101(a)(13)(B) of Title 10, U.S. Code and have served continuous for 90 days or more pursuant to such call or order to AD unless such continuous service on AD is less than 90 days solely due to an injury, illness or disease incurred or aggravated while deployed. Beneficiaries enrolled in the TRS program are not entitled to care at the MTF and must pay a premium for coverage.

6.1.2.11. Health Care Plan: TRICARE Retired Reserve (TRR) Program

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

6.2. Special Health Care Programs

6.2.1. DEERS supports any special health care program mandated by the DoD. These special health care programs are programs into which a beneficiary can enroll or register, regardless of other assigned or enrolled health care coverage plans to which they are entitled.

6.2.2. TRICARE Extended Care Health Option (ECHO). ECHO beneficiaries must be ADFMs, have a qualifying condition, and be registered to receive ECHO benefits on DEERS. MCSCs and USFHP providers are required to review appropriate documentation, including registration documents, and ascertain that individuals are ECHO eligible. Once a determination that an individual is ECHO eligible, MCSCs and USFHP providers must register the individual on DEERS. Registration will be performed through a Government Furnished Equipment (GFE) application and will include entering at least the following information, 1) ECHO, as a Special Health Care Coverage Plan Code, and 2) Registration Start Date. (NOTE: If the Begin Date is not entered, DOES will enter a default date using the 20th of the month rule.) ECHO-related codes needed for claims processing purposes shall be returned as a Special Health Care Program within the Health Care Coverage Claims Response. Contractors may also utilize the web-based General Inquiry of DEERS (GIQD)

application to obtain ECHO coverage information. See the TPM and TRICARE Operations Manual (TOM) for details regarding this program.

7.0. IDENTIFICATION SCHEMA FOR ELECTRONIC DATA INTERCHANGE (EDI)

7.1. Primary And Secondary Identifiers

Identification of persons in the DEERS database is established via primary identifiers and secondary identifiers. A primary identifier must be unambiguous, so that information systems and software can process it without the need for intervention by users or artificial intelligence technology. Secondary identifiers can be ambiguous and must be processed by users who match these secondary identifiers to persons in the DEERS database. Because secondary identifiers are ambiguous, system users generally use more than one secondary identifier to minimize mistakes in the identification process. More information on primary and secondary identifiers is explained in the next section of this document.

7.2. Person Identification

Sources external to DEERS identify persons initially in the DEERS database using only secondary identifiers. DEERS is the definitive system for person identification. The secondary identifiers are:

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

If only the SSN is provided, duplicate records are often resolved manually and thus system-to-system identification cannot be done. The last name and DOB are used to resolve duplications when two or more individuals have the same SSN, and to correct inaccurate identification of persons caused by using only the SSN. Usually, a person may be positively identified by an end user by matching an SSN along with the first three characters of the last name and the DOB. Data for both sponsors and individual family members may be accessed in this manner.

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

7.3. Beneficiary Identification

Beneficiaries in the DEERS database are positively identified using a system-generated DEERS ID. DEERS IDs are internal to DEERS and its interface systems, and therefore are not entered by users. As previously stated, each DEERS ID is a primary identifier, and formed by a combination of the following:

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

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

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

- A person may be entitled to DoD benefits via his or her simultaneous association to more than one sponsor. For example, a person may be a family member in two sponsored families at the same time. This situation occurs when both spouses in a family are sponsors. This condition is known as multiple entitlements.
- Entitlement periods may be sequential, such as when a son or daughter of a sponsor joins a Uniformed Service and he or she becomes a sponsor. In this case, the person would have a DEERS ID as a family member and as a sponsor. However, becoming a sponsor terminates the individual's previous eligibility for benefits as a family member.

7.4. Secondary Identification

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

FIGURE 3-1.3-1 SECONDARY IDENTIFICATION

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