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

CHANGE TITLE: DENTAL PROGRAM REQUIREMENT

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PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change moves requirements that are currently attachments to the Active Duty Dental Program (ADDP) and TRICARE Dental Program (TDP) contracts, and publishes them in the TRICARE Operations Manual (TOM) and TRICARE System Manual (TSM).

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

This change is made in conjunction with Feb 2008 TOM, Change No. 61.



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Chapter 3

Defense Enrollment Eligibility Reporting System (DEERS)

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4.0 DESCRIPTION

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

5.0 TYPES OF DATA DEERS USES AND STORES

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

5.1 Person/Personnel Information

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

5.1.1 Person Data

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

5.1.2 Personnel Data

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

5.2 Beneficiary Information

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

Examples of this information are:

- DoD HCDPs: DoD HCDPs are defined by DEERS as the methods of providing basic health benefits. Examples of these include TRICARE Prime, TRICARE Plus, and Continued Health Care Benefit Program (CHCBP).
- Other Government Programs (OGPs): OGP are defined by DEERS as programs or plans provided and supported by a U.S. Government agency other than the DoD.
- Other Health Insurance (OHI) (Commercial): OHI information is stored in DEERS to support third party collections.

5.3 Health Care Benefit Information

5.3.1 General Policy

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

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

5.3.2 Person Related

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

- OHI
- Enrollment fee waiver information

6.0 SPECIFIC DEERS ROLES

6.1 Person Role

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

6.2 Sponsor And Family Member Roles

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

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

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

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

6.3 Beneficiary Role - Multiple Entitlements/Dual Eligibility

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

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

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

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

6.4 Patient Role

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

6.5 Beneficiary Roles Within HCDPs

6.5.1 Subscriber Role

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

6.5.2 Insured Role

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

6.6 Sponsor, Subscriber, Beneficiary, And Insured Roles

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Special Health Care Programs

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

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

8.2.1 TRICARE Extended Care Health Option (ECHO)

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

8.2.2 Community Based Health Care Organizations (CBHCO)

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

8.2.3 Medical Retention Processing Unit (MRPU)

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

8.2.4 Smoking Cessation

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

8.2.5 TRICARE Dental Program (TDP)

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

8.2.6 Active Duty Dental Program (ADDP)

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

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

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

9.0 IDENTIFICATION SCHEMA FOR ELECTRONIC DATA INTERCHANGE

9.1 Primary And Secondary Identifiers

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

9.2 Beneficiary Identification

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

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

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

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

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

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

9.3 Patient Identification

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

9.4 Person Identification and Secondary Identification

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

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

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

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

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

FIGURE 3.1.2-1 SECONDARY IDENTIFICATION

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

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DEERS Concepts And Definitions

FIGURE 3.1.2-1 SECONDARY IDENTIFICATION (CONTINUED)

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

9.5 Person Identification For Business Events

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

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

FIGURE 3.1.2-2 PERSON IDENTIFICATION FOR BUSINESS EVENTS

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

9.6 HCDP Enrollment Management Contractor (EMC) Identification

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

9.7 PCM Enrolling Division Identification

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

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

9.8 PCM Identification

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

9.9 Policy Identification

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

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

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

- END -

completed in DOES.

The DEERS Enrollment Reports application provides a number of reports at different intervals. These include:

- PCM Panel Downloads
- Enrollment and disenrollment reports
- Management reports for fees, cat cap, etc.

2.2.2 System Maintenance/Downtime

DMDC has routinely scheduled times for system maintenance and will schedule additional downtimes as required. The routinely scheduled downtimes are:

- Weekly: 2100 Eastern Saturday to 0600 Eastern Sunday
- Daily, if needed: 2355 Eastern to 0100 Eastern

When DMDC identifies a telecommunications, hardware, or software problem outside a scheduled maintenance window that results in downtime of the contractor interface for two contiguous or cumulative hours within a business day, DMDC must notify the TMA of the problem and approximately when it is expected to be corrected. TMA contractors reliant upon DEERS will be notified of the situation and provided guidance as appropriate.

In addition to the standard problem resolution procedures as referenced in DMDC documentation, when the contractor experiences downtime in the DEERS interface for **two** hours contiguously or cumulatively within a business day and has not been contacted by TMA, the contractor must report the downtime to the TMA representative and shall report an updated status every two hours until the problem is resolved. A final report upon resolution is also required.

2.2.3 DEERS System To System Interfaces/Interactions

FIGURE 3.1.3-1 SYSTEM TO SYSTEM INTERACTION

BUSINESS EVENT	SENDING NODE	RECEIVING NODE	FORMAT	FREQUENCY
PCM Interface Sending node organizations send addition and modification records.	MCSC USFHP	DEERS	XML	Event Driver
Fee Payment/Failure To Pay Fees	MCSC TDP USFHP	DEERS	Fixed Length DEERS Defined	At least daily
Fee Gateway for BWE	DEERS	MCSC TDP USFHP	Fixed Length DEERS Defined	Event Driven

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Chapter 3, Section 1.3

Interface Overview

FIGURE 3.1.3-1 SYSTEM TO SYSTEM INTERACTION (CONTINUED)

BUSINESS EVENT	SENDING NODE	RECEIVING NODE	FORMAT	FREQUENCY
Notification of Policy Information and Enrollment Information for Dental (EID) This message sends a new image of demographic, address, policy, PCM, fee, premium, and other pass through information.	DEERS	MCSC TDP USFHP provider	Variable Length DEERS Defined	Event Driven
Notification of Patient ID Change (This is a publish and subscribe model.)	DEERS	MCSC Rx TDP USFHP	XML	Weekly
DEERS Claims Web Services (DCWS) Inquiry	ADDP MCSC Rx TDP USFHP	DEERS	Fixed Length DEERS Defined	Event Driven
DCWS Response	DEERS	ADDP MCSC Rx TDP USFHP	Variable Length DEERS Defined	Event Driven
Partial Match Response to a DCWS Inquiry	DEERS	ADDP MCSC Rx TDP USFHP	Variable Length DEERS Defined	Event Driven
CC&D Totals Inquiry	MCSC Rx USFHP	DEERS	Variable Length DEERS Defined	Event Driven
CC&D Totals Response	DEERS	MCSC Rx USFHP	Variable Length DEERS Defined	Event Driven
CC&D Update	Claims Processor MCSC Rx USFHP	DEERS	Fixed Length DEERS Defined	Event Driven
OHI Policy Inquiry	CHCS Claims Processor MCSC Rx TDP	DEERS	XML	Event Driven
OHI Policy Inquiry Response	DEERS	CHCS Claims Processor MCSC Rx TDP	XML	Event Driven

FIGURE 3.1.3-1 SYSTEM TO SYSTEM INTERACTION (CONTINUED)

BUSINESS EVENT	SENDING NODE	RECEIVING NODE	FORMAT	FREQUENCY
OHI Policy Add/Update/Cancellation	CHCS Claims Processor MCSC Rx TDP	DEERS	XML	Event Driven
SIT Add/Update/Cancellation/Deactivation	CHCS Claims Processor MCSC Rx TDP	DEERS	XML	Event Driven
SIT Add/Update/Cancellation/Deactivation	DEERS	CHCS Claims Processor MCSC Rx TDP	XML	Event Driven
Publish and Subscribe for the SIT Table Change Any change to the SIT Table (e.g., adds, deactivation, temp to perm on a Carrier ID, or updates) requires all holders of the SIT to download the SIT.	CHCS Claims Processor MCSC Rx TDP	DEERS	XML	Check Nightly
File of CMS Information	DEERS	TDEFIC	Fixed Length DEERS Defined	Monthly

2.3 DEERS Major System Components

Major components of DEERS include:

- Person repository
- National Enrollment Database (NED)
- Centralized CC&D repository
- PCM repository
- OHI repository
- SIT Database

2.4 External Systems

All system to system interfaces to DEERS must use TCP/IP, File Transfer Protocol (FTP), HTTP, or HTTPS as specified by DEERS.

- DEERS utilizes standard message protocols where appropriate.
- DEERS defines the content and format of messages between DEERS and the MCSC.

- DEERS, **all contractors**, and USFHP providers must utilize encryption for all messages that contain privacy level information.
- DEERS specifies the method of encryption and authentication for all external interfaces.
- All notifications are sent as full database images; they are not transaction-based. The contractor must accept and apply the full image sent by DEERS. The contractor shall add the information, if not present in their system. The contractor shall update their system, if the information is present, by replacing their information with what is newly received from DEERS. Notifications are only intended to synchronize the most current information between DEERS and the MCSC. They do not synchronize history between DEERS and the contractor.
- DMDC centrally enforces all business rules for enrollment and enrollment-related events.
- DEERS is the database of record for all eligibility and enrollment information.

2.5 Data Sequencing

Since DEERS is tasked with resolving data conflicts from external systems using rules-based applications, **all contractors** shall ensure proper data sequencing of transactions sent to DEERS. This aids in maintaining data validity and integrity.

- END -

entitlements.

Examples are:

- Special entitlement for participation in Operation Joint Endeavor. This code, when returned from a claims inquiry to DEERS, will waive or reduce the annual deductible charges of the beneficiary for the period indicated by the effective and expiration dates of the special entitlement section of the data returned.
- Special entitlement for participation in Operation Noble Eagle. This code, when returned from a claims inquiry to DEERS, will waive or reduce the annual deductible charges of the beneficiary for the period indicated by the effective and expiration dates of the special entitlement section of the data returned. In addition, non-participating physicians will be paid up to 115% of the CHAMPUS Maximum Allowable Charge (CMAC) or billed charges whichever is less.

1.7.1.3 Multiple Responses To A Single HCC Inquiry for Claims

DEERS may need to send multiple responses to a single HCC Inquiry for Claims if a person has multiple DEERS IDs within the inquiry period. It is necessary for DEERS to capture family member entitlements and benefit coverage corresponding to each instance of the person's DEERS ID. For example, in a joint service marriage, a child may be covered by the mother from January through May (DEERS ID #1) and covered by the father from June through December (DEERS ID #2). These responses are returned in a single transaction. (Note: multiple responses are returned only when an individual inquiry is submitted.) Family inquiries will not produce multiple responses. Upon receiving a multiple response, the contractor shall select the correct beneficiary and resubmit a properly configured claims inquiry.

Contractors shall deny a claim (either totally or partially) if the services were received partially or entirely outside any period of eligibility.

If the contractor is unable to select a patient from the family listing provided by DEERS, the contractor shall check the patient's **DOB**. If the **DOB** is within 365 days of the date of the query (i.e., a newborn less than one year old), the contractor shall release the claim for normal processing.

CHAMPVA claims shall be forwarded to Health Administration Center, CHAMPVA Program, PO Box 65024, Denver CO 80206-5024.

A list of key DSO personnel and the Joint Uniformed Services Personnel Advisory Committee (JUSPAC) and the Joint Uniformed Services Medical Advisory Committee (JUSMAC) Members is provided at the TMA web site at <http://www.tricare.osd.mil>. These individuals are designated by the TMA to assist DoD beneficiaries on issues regarding claims payments. In extreme cases the DSO may direct the claims processor to override the DEERS information; however, in most cases the DSO is able to correct the database to allow the claim to be reprocessed appropriately. The procedure the contractor shall use to request data corrections is in [Section 1.7](#).

Any overrides issued by the DSO will be in writing detailing the information needed to process the claim. Overrides cannot be processed verbally, and overrides are not allowed in cases where correction of the data is the appropriate action. Only in cases of aged data that can not be

corrected will DSO authorize an override. The contractor will provide designated Point Of Contact (POC) for the DSO personnel and the JUSPAC/JUSMAC members identified on the TMA web site.

1.7.1.4 CCDD Totals Inquiry

The CCDD Totals Inquiry is used to obtain CCDD balances for the year(s) that correspond to the requested inquiry period. The contractor must inquire and lock CCDD totals before updating DEERS CCDD amounts.

Note: A catastrophic cap record is not required for persons who are authorized benefits but are not on DEERS or eligible for medical benefits, such as prisoners or government employees. The purpose of the catastrophic cap is to benefit those beneficiaries who are eligible for MHS benefits. Those persons that are authorized benefits who would not under any other circumstances be eligible, are not subject to catastrophic cap requirements.

1.7.1.4.1 Information Required To Inquire For Totals

The following information details the data required to inquire for CCDD totals.

1.7.1.4.1.1 Person Information

The contractor must use the DEERS ID for the beneficiary whose claim is being processed for this inquiry. The DEERS ID is returned by DEERS on the policy notification or coverage response. Even though only one person's DEERS ID is used, both individual and family totals will be returned in the response.

1.7.1.4.1.2 CCDD Totals Inquiry Period

The inquiry period used for the CCDD Totals Inquiry may be a single date or a date range, not more than five years in the past (current FY and four prior FYs). Future dates are not valid.

1.7.1.4.1.3 Lock Indicator

If the contractor intends to update the CCDD amounts, the contractor must lock the CCDD totals.

1.7.1.4.2 Response To CCDD Totals Inquiry

The following information details the information returned from a CCDD totals and inquiry.

1.7.1.4.2.1 CCDD Totals

DEERS sends a response showing year-to-date CCDD totals for each FY, based on the inquiry dates requested. Dates must be within the current FY or four prior FYs. Both individual and family totals are displayed. If there are no CCDD totals accumulated for any FY in the inquiry period requested, DEERS will show a zero value for that fiscal year.

If the inquiry period spans multiple FYs, the CCDD totals would repeat multiple times.

DEERS Functions In Support Of The TRICARE Dental Program (TDP)

1.0 OPERATIONAL POLICIES AND CONSTRAINTS

The Defense Enrollment Eligibility Reporting System (DEERS) and its interfacing systems operate under the following policies and constraints:

- Standard Provider, Payer, and Patient IDs will be used, as legislated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) when these IDs are mandated for implementation.

2.0 SYSTEM DESCRIPTION

2.1 DEERS Operational Environment and Characteristics

The DEERS system environment consists of a Relational Database Management System (RDBMS), rules-based applications processing the Department of Defense (DoD) entitlements and eligibility, a Transmission Control Protocol/Internet Protocol (TCP/IP) sockets listener, application servers that enforce business rules, and web servers.

2.1.1 Web Requirements

2.1.1.1 All Defense Manpower Data Center (DMDC) web-based applications require Microsoft® Internet Explorer (MSIE) 6.0 or higher using Hypertext Transfer (Transport) Protocol Secure (https). They are all government furnished equipment. Contractors shall plan for system upgrades consistent with ongoing Microsoft releases, which shall be coordinated with DMDC through the TRICARE Management Activity (TMA).

2.1.1.2 The contractor shall use the applications for their intended use only. The contractor shall not utilize screen scraping, html stripping, and any other technology or approach to manipulate or alter the intended use of the application or the application architecture.

2.1.1.3 The DEERS Online Enrollment System (DOES) supports enrollment activities and allows entry of fee information. DOES will show the last fee payment for an existing policy.

2.1.1.4 General Inquiry of DEERS (GIQD) is used for research and customer service to display demographics and coverage information. It also allows address updates.

2.1.1.5 The DEERS Claims Service (DCS) is used to determine benefit coverage for a given period. Contractors must use the DCS for all claims processing. It is not intended to populate data in the contractor's system for customer service or beneficiary self-service purposes.

2.1.1.6 The Fee Research Application supports research and updates to the history of enrollment fee payment transactions posted to DEERS and stored on-line (two future, current plus previous four fiscal years).

2.1.1.7 The Security application is used by the TDP Site Security Managers (SSMs) to establish users and grant access to applications and other privileges. The TDP contractor is responsible for designating a primary SSM and one backup to manage all users and their access to DEERS applications. The appointed SSM and alternate are required to complete an on-line training certification at initial appointment and yearly thereafter. All SSMs are required to remove access to all DEERS systems immediately upon departure of an employee.

2.1.1.8 The DMDC Support Office (DSO) Web Request (DWR) application is used by the TDP to report potential data problems or request historical enrollment corrections that cannot be completed in DOES.

2.1.1.9 The DEERS Enrollment Reports application provides a number of reports at different intervals. These include:

- Enrollment and disenrollment reports.
- Management reports for fees.

2.1.2 System Maintenance/Downtime

See Section 1.3, paragraph 2.2.2, for System Maintenance/Downtime information for all TRICARE contractors.

2.1.3 DEERS System to System Interface/Interactions

See Section 1.3, paragraph 2.2.3, for DEERS System to System Interfaces/Interactions.

2.2 DEERS Major System Components

See Section 1.3, paragraph 2.3, for DEERS Major System Components.

2.3 External Systems

See Section 1.3, paragraph 2.4, for External System information.

2.4 Data Sequencing

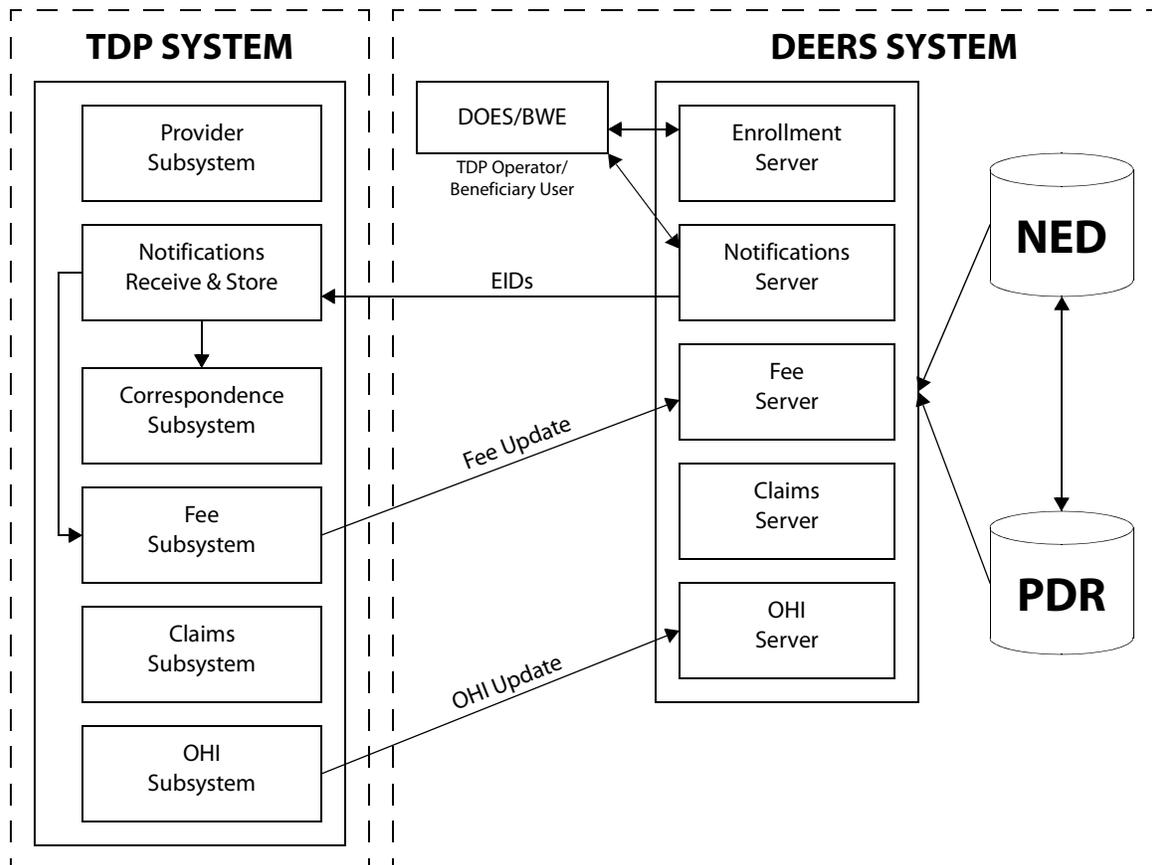
See Section 1.3, paragraph 2.5, for Data Sequencing information.

3.0 DEERS FUNCTIONS

As the person-centric centralized data repository of DoD personnel and medical data and the National Enrollment Database (NED) for the portability of the Military Health System (MHS) worldwide TRICARE program, DEERS is designed to provide benefits eligibility and entitlements, TRICARE enrollments, and claims coverage processing.

This chapter will detail the events to verify eligibility, perform enrollments, perform a claims inquiry, and the associated updates of address information, enter fees, Other Health Insurance (OHI), and the Standard Insurance Table (SIT). The expected data stores for the contractor are illustrated in Figure 3.1.5-1. Deviation from the intended concept of operations between the contractor and DEERS shown in the figure below is at the contractor's technical and financial risk.

FIGURE 3.1.5-1 DEERS CLAIMS INTERACTION - TRICARE DENTAL PROGRAM (TDP)



3.1 Partial Match

A partial match response may be returned for any inquiry where sufficient identification information is not provided (person ambiguity). There will be a separate listing for each person or family matching the requested Social Security Number (SSN) or DoD Benefits Number (DBN). The listing includes the sponsor and family member identification information needed to determine the correct beneficiary or family including the DEERS ID, the Patient ID, or possibly both. The requesting organization must select which of the multiple listings is correct based on documents or information at hand. After this selection, the requesting organization would use the additional information returned (e.g., Date Of Birth (DOB), Name) "to resend the inquiry."

3.2 Health Care Delivery Program (HCDP) Eligibility and Enrollment

The rules for determining a beneficiary's entitlement to dental benefits are applied by rules-based software within DEERS. DEERS is the sole repository for these DoD rules, and no other eligibility determination outside of DEERS is considered valid. Whenever data about an individual sponsor or a family member changes, DEERS reapplies these rules. DEERS receives daily, weekly, and monthly updates to this data, which is why organizations must query DEERS for eligibility information before taking action. This ensures that the individual is still eligible to use the benefits and that the contractor has the most current information.

A beneficiary who is considered eligible for DoD TDP benefits in accordance with [32 CFR 199.13](#) is required to enroll for TRICARE dental benefits. If an authorized organization inquires about that beneficiary's eligibility, DEERS reflects if he or she is eligible to use the benefits.

3.2.1 Enrollment-Related Business Events

Enrollment related business events include:

3.2.1.1 Eligibility for enrollment identifies current enrolled coverage plans and eligibility for enrollment into other coverage plans.

3.2.1.2 New enrollments are used for enrolling eligible sponsors and family members into a HCDP coverage plans or for adding family members to an existing family policy. Enrollments begin on the date specified by the enrolling organization and extend through the beneficiaries' end of eligibility for the HCDP. New enrollments may also perform the following functions:

- Update address, e-mail address, and/or telephone number
- Record that the enrollee has OHI

3.2.1.3 Modifications of the current enrollment (updates) are used to change some information in the current enrollment plan. Modifications of the current enrollment include the following functions:

- Change enrollment begin date
- Cancel enrollment/disenrollment
- Change prior enrollment end date
- Change prior enrollment end reason
- Request an enrollment card replacement
- Add OHI information for an enrollee
- Request a replacement letter for disenrollment

3.2.1.4 Enrollment fee payments are used to indicate payment of enrollment fees. The Fee Web Research is used to view and update this detailed information for a specified policy.

3.2.1.5 Disenrollments are used to terminate the specified beneficiary's enrollment. Disenrollments are used for disenrolling a beneficiary only when he or she has lost eligibility, voluntarily disenrolls (e.g., chooses not to re-enroll) or involuntarily disenrolls (e.g., fails to pay enrollment fees).

3.2.1.6 DOES will display the last enrollment fee payment that applies to the policy.

3.2.2 Defense Online Eligibility And Enrollment System (DOES)

3.2.2.1 WebDOES is a full function Government Furnished Equipment (GFE) application developed by DMDC to support enrollment-related activity. DOES interacts with both the main DEERS database and the NED satellite database to provide enrolling organizations with eligibility and enrollment information, as well as the capability to update the NED with new enrollments and modifications to existing enrollments. The TDP is required to perform enrollment related functions through DOES, including:

- Enrollment
- Disenrollment
- Enrollment Period Change
- Enrollment End Reason Code Change
- Enrollment/Disenrollment Cancellation
- Enrollment Fee Payment
- Beneficiary Update
- OHI Add
- Confirm Enrollment (to support beneficiary web enrollment)
- Request new or replacement enrollment ID card

3.2.2.2 DOES will display the last enrollment fee payment for the policy.

3.2.2.3 The DOES application meets the HIPAA guidelines for a direct data entry application, and is data-content compliant for enrollment and disenrollment functions.

3.2.3 Beneficiary Self-Service Enrollment

3.2.3.1 Beneficiary Web Enrollment (BWE) serves all TRICARE eligible beneficiaries and will support most enrollment programs. BWE will interface with the contractor systems for the purposes of accommodating on-line payment of initial enrollment fees. See the BWE Enrollment Fee Gateway Technical Specification for more details. DEERS will pre-populate data elements where possible. The beneficiary can perform the following enrollment events:

- Enrollment
- Address update
- Disenrollment
- Limited cancellation events
- Submit an initial enrollment application
- Add limited OHI
- Request replacement enrollment card
- Fee Payment

3.2.3.2 The web application contains checks for beneficiary eligibility and hard edits requiring the beneficiary to fulfill established DEERS business rules and enrollment criteria. DEERS will send an Enrollment Information for Dental (EID) for the completed enrollment. The contractor shall consider beneficiary provided data from BWE as having the same validity as beneficiary provided

data on paper enrollment forms. DEERS will not provide support or interfaces to contractor web applications that perform any enrollment-related functions.

3.2.4 Eligibility For Enrollment

The DoD provides assigned HCDPs and plans when a person joins the DoD. DEERS determines coverage plans for which a beneficiary is eligible to enroll by using the DoD-assigned coverage in conjunction with additional eligibility information. The Eligibility for Enrollment Inquiry in DOES is used to view a person's or family's eligibility to enroll.

Note: The Eligibility For Enrollment Inquiry in DOES should not be used for other eligibility determinations.

DEERS provides coverage plan information identifying the period of eligibility and/or enrollment for the coverage plan. A beneficiary can only be enrolled into the coverage plans that have an "eligible for" status. When a sponsor and family member are first added into DEERS, DEERS determines basic eligibility for dental benefits in accordance with [32 CFR 199.13](#).

3.2.5 Enrollment

3.2.5.1 Enrollment in TDP is optional.

3.2.5.1.1 Enrollments are at the individual and/or family level, depending on the number of family members enrolled and/or the status of the sponsor. DEERS creates a policy that encompasses all enrollments for a family and a HCDP. DEERS automatically switches enrollment policies from individual to family or family to individual when required. It is the contractor's responsibility to correct the fees based on the receipt of the EID for the plan change.

3.2.5.1.2 The contractors are required to enter the following information into DOES in order to complete an enrollment. Required data elements vary by plan. For instance, TDP for family members requires the following data elements:

- Coverage plan
- Enrollment begin date (if different than DOES default)
- Address verification

3.2.5.1.3 Enrollments may be backdated up to 18 months.

3.2.5.1.4 Initial enrollment policies are established for a 12 month period. Enrollment premiums are paid on a monthly basis. After the initial 12 month period, the enrollment may be continued on a month to month basis.

3.2.5.2 Enrollment Fees

The contractor shall collect enrollment premiums for the initial 12 month enrollment period. Enrollment premiums shall be collected for each month of continuous enrollment following the initial enrollment period.

3.2.5.2.1 Monthly enrollment fees must be paid through an allotment from a military pay account or through Electronic Funds Transfer (EFT) from the enrollee's designated financial institution.

3.2.5.2.2 TDP enrollees who elect the monthly fee payment option must pay the first month's installment at the time the enrollment application is submitted to allow time for the allotment or EFT to be established. The contractor shall accept payment of the first month's installment by personal check, cashier's check, traveler's check, money order, or credit card (e.g., Visa/MasterCard).

3.2.5.2.3 The contractor shall be responsible for verifying the information necessary to initiate monthly allotments and EFTs.

3.2.5.2.4 The contractor shall direct bill the beneficiary only when a problem occurs in initially setting up the allotment or EFT.

3.2.6 Disenrollment

Once actively enrolled in a coverage plan, an individual or family may voluntarily disenroll or be involuntarily disenrolled. Voluntary disenrollment is self-elected. Involuntary disenrollment occurs from failure to pay enrollment fees or from loss of eligibility. Upon disenrollment, DEERS will notify the beneficiary of the change in or loss of coverage.

3.2.6.1 Disenrollment - Loss Of Eligibility

A loss of eligibility refers to any loss or change in eligibility for TRICARE dental benefits in accordance with the current [32 CFR 199.13](#) or additional legislation authorizing benefits. At the time of enrollment, DEERS provides the end of eligibility date to the contractors via the EID. If that end date does not change, DEERS will provide no additional EIDs. If the end date changes, DEERS will provide another EID with the new end date. DEERS also cancels any future actions for that beneficiary, including future enrollments.

3.2.6.2 Retroactive Eligibility/Enrollment Maintenance

There may be instances where DEERS receives notice of a loss of eligibility from the Uniformed Services, only to later be informed of the immediate reinstatement. Upon the receipt of the initial loss of eligibility, DEERS terminates the enrollment. Upon receipt of the notice of reinstatement, DEERS reinstates the eligibility and enrollment as long as there are no gaps in eligibility. DEERS will reinstate eligibility and enrollments only if DEERS receives new personnel information reinstating eligibility within 90 days of the initial loss of eligibility and only if the plan does not require fee payment.

3.2.6.3 Disenrollment - Voluntary

An enrollee may choose to terminate his or her current enrollment prior to the end date. If voluntary disenrollment occurs prior to the end of the initial 12 month enrollment period, the beneficiary incurs a 12 month lockout. Contractors must set the lockout manually, and may cancel the lockout and disenrollment in accordance with established administrative procedures. This transaction is performed in DOES. DEERS then terminates the enrolled coverage plan for the beneficiary. If additional systems need notification of the disenrollment, DEERS sends

disenrollment EIDs as necessary, notifying them of the termination of coverage benefits.

3.2.6.4 Disenrollment - Involuntary

3.2.6.4.1 The enrollee may fail to pay enrollment fees. In this case, the enrolling organization performs a disenrollment with a reason code of "failure to pay fees". Individuals who are waived from paying enrollment fees are not disenrolled because of this exemption from enrollment fee payments. Disenrollment for failure to pay fees is either performed in DOES or through a batch disenrollment for failure to pay fees system to system interaction.

3.2.6.4.2 Prior to processing a disenrollment with a reason of "non-payment of fees", the contractor must reconcile their fee payment system against the fee totals in DEERS. Once the contractor confirms that payment amounts match, the disenrollment may be entered in DOES or through the failure to pay fees interface.

3.2.6.4.3 When there is a disenrollment, the appropriate systems are notified, as necessary. The following table lists the functions and applications that allow each action:

	DOES	BWE	FEE INTERFACE	DEERS (UNSOLICITED)
Enrollment	X	X		
Enrollment Cancellation	X	X (if pending)		
Disenrollment	X	X	X (failure to pay fees only)	X
Disenrollment Cancellation	X			
Modify Enrollment Begin Date	X			X
Modify Prior Enrollment End Date	X			X
Modify Prior Enrollment End Reason	X			X

3.2.7 Modification Of Enrollment

Whenever there is a modification to an enrollment, the appropriate systems are notified, as necessary.

3.2.7.1 Enrollment Period Change

3.2.7.1.1 This event is used to update an enrollee's begin or end date. Modifications can only be performed by the enrolling organization responsible for managing the enrollment. A contractor may change the enrollment end date only after performing a disenrollment. If the enrollment end date is the same as the loss of eligibility date, the user is not allowed to change the end date to a later date.

3.2.7.1.2 If a person's eligibility in DEERS changes and affects an enrollment because the eligibility period is either greater or less than originally stated, DEERS updates the enrollment period and pushes the policy changes to the appropriate systems managing the enrollment.

3.2.7.2 Enrollment End Reason Change

Disenrollments can be done for various reasons and are mostly done by enrolling organizations. If a disenrollment is performed by an enrolling organization using an incorrect end reason code, the end reason code can be updated. Enrolling organizations enter an end date that precedes the date of loss of eligibility.

3.2.7.3 Enrollment/Disenrollment Cancellation

3.2.7.3.1 Enrollment cancellations can only be performed by the enrolling organization. An enrollment cancellation completely removes the enrollment from DEERS and it will not be shown on subsequent inquiries. Assuming that the beneficiary is still eligible, the prior enrollment will be reinstated if there was a contiguous change of plan (family to individual).

3.2.7.3.2 Disenrollment cancellations can only be performed by the enrolling organization. A disenrollment cancellation removes the disenrollment event and reinstates the enrollment as if the disenrollment never occurred.

3.2.8 Enrollment Fees

DEERS records and displays enrollment fee payment information and returns accumulated enrollment fee payment information by policy for the enrollment year in DOES. DEERS provides a number of applications to support enrollment-fee-related transactions:

- Enrollment Fee Payment (Fee/Web Research application and Fee Interface)
- Terminate Policy For Failure To Pay Fees (DOES and Fee Interface)

3.2.8.1 Enrollment Fee Payment

3.2.8.1.1 Enrollment fees are paid on a monthly basis. Contractors shall update DEERS with all subsequent enrollment fee payments and shall update a fee paid-through date for each. They shall transmit this information, including any credits to DEERS within one business day. With the exception of claims recoupments, all monetary receipts from beneficiaries must be treated as fee payments and reported to DEERS either as fee payments or credits, unless they are refunded to the beneficiary. There is no option to retain such records in the contractor's system. The contractor's system shall be able to process fee refunds as necessary.

3.2.8.1.2 The enrollment fee payment interface perform edits against the submitted fee data. The contractor shall research and correct any data discrepancies identified by DEERS (both warnings and errors) within three business days.

3.2.8.1.3 DEERS records both the enrollment fee payment date and the enrollment fee paid-through date. The enrollment fee payment date reflects the date the fee was received by the contractor. The enrollment fee paid-through date reflects the last date for which coverage is paid.

3.2.8.1.4 DEERS does not prorate fees, determine the amount of the next enrollment fee payment, determine the date of the next enrollment fee payment, send enrollment fee payment due notifications, or identify which entity is responsible for enrollment fee payments. These actions are the responsibility of the enrolling organization. Additionally, the enrolling organization must be

able to accommodate policies that are less than 12 months in length and prorate enrollment fees appropriately.

3.2.8.2 Fee Payments Interface

The contractor will send enrollment fee payment information to DEERS through a system-to-system interface. This interface includes new payments, payment adjustments, and updates to paid-through dates. Contractors must correct and resubmit enrollment fee payments rejected by DEERS or research, correct and resubmit fee payments for which DEERS has provided a warning within three business days of the error.

3.3 Address, Telephone Number, and E-Mail Address Updates

3.3.1 Addresses

DEERS receives address information from a number of source systems. Although most systems only update the residence address, DEERS actually maintains multiple addresses for each person. The contractor shall update the residential and mailing addresses through DOES or other DEERS applications (e.g., GIQD) whenever possible. These addresses shall not reflect unit, Military Treatment Facility (MTF), or TDP contractor addresses unless provided directly by the beneficiary. The mailing address captured on DEERS is primarily used to mail the enrollment card and other correspondence. The residential address is used to determine enrollment jurisdiction at the Zip Code level. DOES uses a commercial product to validate address information received online and from batch sources.

3.3.2 Telephone Numbers

DEERS has several types of telephone numbers for a person (e.g., home, work, and fax). Contractors shall make reasonable efforts to add or update telephone numbers.

3.3.3 E-mail Addresses

DEERS can store an e-mail address for each person. Contractors shall make reasonable efforts to add or update this e-mail address.

3.4 Notifications (EIDs)

Notifications (EIDs) are sent to the contractor for various reasons and reflect the most current enrollment information for a beneficiary. The contractor must accept, apply, and store the data contained in the notification as sent from DEERS. Notifications (EIDs) may be sent due to new enrollments or updates to existing enrollments. If the contractor does not have the information contained in the notification, the contractor shall add it to their system. If the contractor already has enrollment information for the beneficiary, the contractor shall apply all information contained in the notification to their system. The contractor shall use the DEERS ID to match the notification to the correct beneficiary in their system. There are also circumstances where a contractor may receive a notification that does not appear to be updating the information that the contractor already has for the enrollee. Such notifications shall not be treated as errors by the contractor system and must be applied. The contractor is expected to acknowledge all notifications sent by DEERS. If DEERS does not receive an acknowledgement, the notification will continue to be sent until

acknowledgement is received. The application or use of information contained in notifications sent from DEERS is determined by the Government and shall not be used to build beneficiary history. The following information details examples of events that trigger DEERS to send notifications to a contractor.

3.4.1 Notifications (EIDs) Resulting From Enrollment Actions

DEERS sends notifications (EIDs) to the contractor detailing any enrollment update performed in the DOES or BWE application. This includes address updates made for enrollees. Additionally, DOES supports a feature for the contractor to request a notification to be sent without updating any address or enrollment information. The purpose of this request is to re-sync the contractor systems with the latest DEERS enrollment data.

3.4.2 Unsolicited Notifications (EIDs)

Unsolicited notifications (EIDs) result from updates to a sponsor or family member's information made by an entity other than the enrolling contractor. Unsolicited notifications may result from various types of updates made in DEERS:

- Change to eligibility. As updates are made in DEERS that affect a beneficiary's entitlements to TRICARE benefits, DEERS modifies policy data based on those changes. One example of this type of notification is notification of loss of eligibility.
- Extended eligibility. For example, in the case of a 21-year old child that shows proof of being a full-time student, eligibility may be extended until the 23rd birthday.
- SSN, name, and DOB changes. Updates to an enrolled sponsor or beneficiary's SSN, name, or DOB are communicated via unsolicited notification to the contractor.
- Address changes. The notification also includes information as to which type of entity made the update. Address changes performed by Composite Health Care System (CHCS) are also sent to the contractor.
- Data corrections made by the DMDC Support Office (DSO) or the DOES Help Desk. If a contractor requests the DSO to make a data correction for a current or future enrollment that the contractor cannot make themselves, notification detailing the update is sent to the contractor, and to CHCS, if appropriate.
- Automatic approvals of BWE actions. DEERS will send unsolicited notifications for all BWE actions approved without contractor action in DOES.

3.5 Patient ID Merge

Occasionally, incomplete or inaccurate person data is provided to DEERS and a single person may be temporarily assigned two patient IDs. When DEERS identifies this condition, DEERS makes this information available online for all contractors. The contractor is responsible for retrieving and applying this information on a weekly basis. The merge brings the data gathered under the two IDs under only one of the IDs and discards the other. Although DEERS retains both IDs for an indefinite period, from that point on only the one remaining ID shall be used by the contractor for that person

and for subsequent interaction with DEERS and other MHS systems. If there are enrollments under both records being merged that overlap, the enrolling organizations are responsible for correcting the enrollments. DEERS merges OHI by assigning the last updates of OHI active policies (not cancelled or systematically terminated) to the remaining Patient ID.

3.6 Enrollment Cards And Letter Production

The contractor is responsible for processing all mail returned for bad addresses and shall research the address, correct it on DEERS, and re-mail the correspondence to the beneficiary. The return address on the envelope mailed by DMDC will be that of the TDP contractor and will also include the statement: "Address Service Requested". The contractor will be responsible for paying the United States Postal Service (USPS) for this service.

3.6.1 DEERS is responsible for producing the TRICARE dental card for both Continental United States (CONUS) and Outside the Continental United States (OCONUS).

3.6.2 New enrollment cards are automatically sent upon a new enrollment unless the enrollment operator specifies in DOES not to send an enrollment card. A contractor may request a replacement enrollment card for an enrollee at any time. DEERS sends enrollment card request information in an EID to the contractor indicating the last date an enrollment card was generated for the enrollee.

3.6.3 DEERS also sends a letter to a beneficiary upon disenrollment. DEERS will send appropriate letters when the loss of eligibility is due to death of the beneficiary. The contractor shall not send additional letters that duplicate those already provided by DEERS.

3.7 Claims Data

3.7.1 DEERS is the system of record for eligibility and enrollment information. As such, in the process of claims adjudication, the contractor shall query DEERS to determine eligibility and/or enrollment status for a given period of time. The contractor shall use DEERS as the database of record for:

- Person Identification
- Eligibility
- Enrollment Information

3.7.1.1 The contractor shall not override this data with information from other sources.

3.7.1.2 Although DEERS is not the database of record for address, it is a centralized repository that is reliant on numerous organizations to verify, update and add to at every opportunity. The address data received as part of the claims inquiry shall be used as part of the claims adjudication process. If the contractor has evidence of additional or more current address information they shall process claims using the additional or more current information and update DEERS within two business days.

3.7.1.3 Although DEERS is not the database of record for OHI, it is a centralized repository of OHI information that is reliant on the MHS organizations to verify, update and add to at every opportunity. The OHI data received as part of the claims inquiry shall be used as part of the claims

adjudication process. If the contractor has evidence of additional or more current OHI information they shall process claims using the additional or more current information. After the claims adjudication process is complete, the contractor shall send the updated or additional OHI information to DEERS within two business days.

3.7.2 Data Event: Inquiry And Response

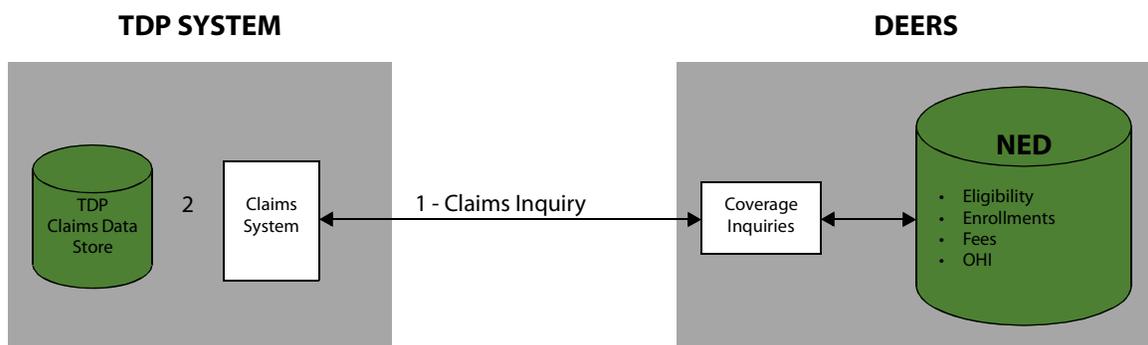
This section identifies the main events, including the inquiries and responses between the contractors and DEERS. The main event to support processing this information includes:

- DEERS Claims Web Service (DCWS) Inquiry for Claims

3.7.2.1 DCWS Inquiry For Claims

The contractor shall install a prepayment eligibility verification system into its TRICARE operation that results in a query against DEERS for TRICARE claims and adjustments. The interface should be conducted early in the claims processing cycle to assure extensive development/claims review is not done on claims for ineligible beneficiaries. The DEERS DCWS Inquiry for Claims supports business events associated with DCWS data for processing dental claims. This inquiry may also be used for general customer service requests or for predeterminations.

FIGURE 3.1.5-2 CLAIMS INQUIRY TO DEERS



The contractor must use the eligibility and enrollment information returned on the DEERS response to process the claim. The contractor may use address information from any source but must update DEERS with any differing information within two business days if the information is more current.

For audit and performance review purposes, the contractor is required to retain a copy of every transaction and response sent and received for claims adjudication procedures. This information is to be retained for the period required by the TRICARE Operations Manual (TOM).

Unless authorized by the contracting officer, the contractor may not bypass the query/response process. If either DEERS or the contractor is down for 24 hours or any other extended period of time the contractor shall work directly with DEERS and TMA to develop a mutually agreeable method and schedule for processing the backlog or implementing their disaster recovery processes.

3.7.2.1.1 Exceptions To The DEERS Eligibility Query Process

Claims processing adjudication requires a query to DEERS except in cases where a claim contains only services that will be totally denied. No query is needed for:

- Another claim or adjustment for the same beneficiary that is being processed at the same time
- Negative Adjustments
- Total Cancellations

3.7.2.1.2 Information Required For A DCWS Inquiry For Claims

The information needed to perform this type of coverage inquiry includes:

- Person identification information, including person or family transaction type
- Begin and end dates for the inquiry period

3.7.2.1.3 Person Identification

A beneficiary's information is accessed with the coverage inquiry using the identification information from the claim. DEERS performs the identification of the individual and returns the system identifiers (DEERS ID and Patient ID). The DEERS IDs shall be used for subsequent communications on this claim.

3.7.2.1.4 Inquiry Options: Person Or Family

The inquirer must specify if the coverage inquiry is for a person or the entire family. The person inquiry option should be used when specific person identification is known. If person information is incomplete, the family inquiry mode can be used. In family inquiries, the Inquiry Person Type Code is required to indicate if the SSN, DBN, Foreign ID, or Temporary ID is for the sponsor or family member. In such inquiries, DEERS returns both sponsor and family member information. If there is more than one person or family match, DEERS will return a partial match response. The contractor shall select the correct person and resend the coverage inquiry.

FIGURE 3.1.5-3 INQUIRY PERSON TYPE CODE

PERSONS TO RETURN	WHAT INFORMATION IS AVAILABLE FROM THE CLAIM	VALUES TO SET	USAGE
RETURN ONLY A SINGLE SPONSOR/FAMILY MEMBER (PNF_TXN_TYP_CD = P)	SPONSOR INFORMATION IS PROVIDED (INQ_PN_TYPE_CD=S)	<u>INQUIRY SPONSOR INFO SECTION:</u> SPN_INQ_PN_ID SPN_INQ_PN_ID_TYP_CD SPN_PN_LST_NM SPN_PN_1ST_NM SPN_PN_BRTH_DT <u>INQUIRY PERSON INFO SECTION:</u> INQ_PN_ID INQ_PN_ID_TYP_CD and/or PN-LST-NM PN-1ST_NM PN_BRTH_DT	R R O O O S S NA S S
RETURN ONLY A SINGLE PERSON SINGLE SPONSOR/FAMILY MEMBER (PNF_TXN_TYP_CD=P)	NO SPONSOR INFORMATION IS PROVIDED** (INQ_PN_TYP_CD=P)	<u>INQUIRY SPONSOR INFO SECTION:</u> <u>INQUIRY PERSON INFO SECTION:</u> INQ_PN_ID INQ_PN_ID_TYP_CD PN_LST_NM PN_1ST_NM PN_BRTH_DT	NA R R O O O
RETURN THE WHOLE FAMILY (PNF_TXN_TYP_CD=F)	SPONSOR INFORMATION PROVIDED (INQ_PN_TYP_CD=S)	<u>INQUIRY SPONSOR INFO SECTION:</u> SPN_INQ_PN_ID SPN_NQ_PN_ID_TYP_CD SPN_PN_LST_NM SPN_PN_1ST_NM SPN_PN_BRTH_DT <u>INQUIRY PERSON INFO SECTION:</u>	R R O O O NA

Legend: R - Required; O - Optional; S - Situational

Note: * The Inquiry Person information section on a family member inquiry must either have the INQ_PN_ID and INQ_PN_TYP_CD OR if none is available then at least a PN_1ST_NM and PN_BRTH_DT.

**The period of time required for this type of inquiry to DEERS is significantly longer than for a family member based inquiry using a sponsor and should be used only infrequently when NO sponsor PN_ID information is provided on the claim.

The HICN (H) is only valid in the Person Inquiry section, not in the sponsor section and only on PERSON pulls (leave sponsor section blank).

3.7.2.1.5 Inquiry Period

In addition to identifying the correct person or family, the inquirer must supply the inquiry period. The inquiry period may either be a single day or can span multiple days. Historical dates are valid, as long as the requested dates are within five years. The inquirer queries DEERS for information about the coverage plans in effect during that inquiry period for the sponsor and/or family member. The reply may include one or more coverage plans in effect during the specified period. For claims, the contractor shall use the dates of service on the claim.

3.7.2.2 Information Returned In The DCWS Inquiry For Claims

The DEERS ID is returned in response to a coverage inquiry. The contractor shall store the DEERS ID for use in subsequent transactions for the claim. In addition, the Patient ID is returned in the coverage response. The contractor shall also store the Patient ID for use in subsequent transactions.

When implementing applications that use system to system interfaces that return partial matches (such as claims), those applications must allow the operator to view and select the correct individual, as described above. The partial match response is designed to provide unique identifiers (Patient ID or DEERS ID) that can ensure that subsequent processing will uniquely identify the correct individual or beneficiary.

3.7.2.2.1 Data Returned In A Coverage Inquiry That Repeats For Every Coverage Plan

In response to a DCWS Inquiry for Claims, DEERS returns the specified coverage information in effect for the inquiry period. The following list shows the information DEERS returns for each coverage plan in effect during the inquiry period:

- Coverage plan information (enrolled).
- Coverage plan begin and end dates within the inquiry period.
- Sponsor branch of service and family member category and relationship to the sponsor during coverage period.

3.7.2.2.2 Data Returned In A Coverage Inquiry Independently From The Coverage Plan Information

3.7.2.2.2.1 The DEERS coverage response will always return:

- Sponsor Personnel Information: All current personnel segments will be returned, including dual eligible segments. The contractor shall not use this information for claims processing.
- Person information including the mailing address.
- The residential zip code will be returned for jurisdiction purposes.

3.7.2.2.2.2 The DEERS coverage response may include the following information. If nothing is returned, this means that DEERS does not have this information for the requested inquiry dates.

- OHI: Limited OHI information is returned.

3.7.2.2.3 DCWS Copayment Factor For Coverage Inquiries

3.7.2.2.3.1 The DCWS Copayment Factor Code for a beneficiary is determined by DEERS and is returned on a claims inquiry, but may be influenced by treatment information from a claim. The contractor shall use this factor code to determine the actual copayment for the claim.

3.7.2.2.3.2 The different factors are determined by legislation, which considers factors such as pay grade. Although the rates are based on the population to which they pertain, these rates also apply to a sponsor's family members. Examples of cost-share factors are:

- Pay Grade E-1 to E-4
- Pay Grade E-5 and above
- Command Sponsored

3.7.2.2.3.3 The contractor's system should be flexible enough to permit additional rate codes to be added, as required by the DoD.

3.7.2.2.4 Special Entitlements

Congressional legislation may affect rates. The Special Entitlement Code and dates if applicable provide information to support this legislation. Effective dates will also be included in the response from DEERS. Note that a person may have multiple special entitlements. An example of a Special Entitlement plan is the Survivor Benefit Plan.

3.7.2.3 Multiple Responses To A Single DCWS Inquiry for Claims

3.7.2.3.1 DEERS may need to send multiple responses to a single DCWS Inquiry for Claims if a person has multiple DEERS IDs within the inquiry period. It is necessary for DEERS to capture family member entitlements and benefit coverage corresponding to each instance of the person's DEERS ID. For example, in a joint service marriage, a child may be covered by the mother from January through May (DEERS ID #1) and covered by the father from June through December (DEERS ID #2). These responses are returned in a single transaction. (Note: multiple responses are returned only when an individual inquiry is submitted.) Family inquiries will not produce multiple responses. Upon receiving a multiple response, the contractor shall select the correct beneficiary and resubmit a properly configured claims inquiry.

3.7.2.3.2 Contractors shall deny a claim (either totally or partially) if the services were received partially or entirely outside any period of eligibility.

3.7.2.3.3 If the contractor is unable to select a patient from the family listing provided by DEERS, the contractor shall check the patient's DOB. If the DOB is within 365 days of the date of the query (i.e., a newborn less than one year old), the contractor shall release the claim for normal processing.

3.7.2.3.4 A list of key DSO personnel and the Joint Uniformed Services Personnel Advisory Committee (JUSPAC) and the Joint Uniformed Services Medical Advisory Committee (JUSMAC) Members is provided at the TMA web site at <http://www.tricare.osd.mil>. These individuals are designated by the TMA to assist DoD beneficiaries on issues regarding claims payments. In extreme cases the DSO may direct the claims processor to override the DEERS information; however, in most cases the DSO is able to correct the database to allow the claim to be reprocessed appropriately. The procedure the contractor shall use to request data corrections is in [Section 1.7](#).

3.7.2.3.5 Any overrides issued by the DSO will be in writing detailing the information needed to process the claim. Overrides cannot be processed verbally, and overrides are not allowed in cases where correction of the data is the appropriate action. Only in cases of aged data that can not

be corrected will DSO authorize an override. The contractor will provide designated Point Of Contact (POC) for the DSO personnel and the JUSPAC/JUSMAC members identified on the TMA web site.

3.8 SIT Program

The SIT program supports the MHS billing and collection process. The SIT is validated by the TMA Uniform Business Office (UBO) through the DoD Verification Point of Contact (VPOC). The VPOC is ultimately responsible for maintaining the SIT in DEERS, which is the system of record for SIT information. The SIT provides uniform billing information for reimbursement of medical and dental care costs covered through commercial policies held by the DoD beneficiary population. MHS personnel use the SIT to obtain other payer information in a standardized format.

The Health Insurance Carrier (HIC) Identifier (ID) is the unique identifier for a carrier. Once a standard national health plan identifier is adopted by the Secretary, Health and Human Services (HHS), DEERS, and MHS trading partners will migrate to that identifier.

All systems identified as trading partners will request an initial full SIT subscription from DEERS. See the Technical Specification, "Health Insurance Carrier/Other Health Insurance" for subscription procedures. In addition, holders of the SIT shall subscribe to DEERS at least daily in order to receive subsequent updates of the SIT.

Field users perform five actions with the SIT:

- Inquiry actions can be performed on the OHI/SIT web application or through the local SIT file.
- An add action to report a new SIT entry for validation by the DoD VPOC.
- An update action to report an updated SIT entry for validation by the DoD VPOC.
- The cancellation of a carrier add sent to the SIT for verification by the DoD VPOC.

Note: Only the organization requesting a carrier to be added can cancel the request.

- A request to deactivate a verified HIC previously sent to the SIT for verification by the DoD VPOC.

3.8.1 SIT Inquiry

Local holders of the SIT cannot perform system-to-system inquiries against the central SIT maintained on DEERS.

3.8.2 SIT Add

When MHS personnel add a complete OHI record to a person or patient, they will need the HIC ID from the SIT. The HIC ID represents the identifier assigned to insurance carriers in the SIT provided by DEERS. The HIC ID Status Code identifies the ID as standard or temporary. See the Technical Specifications for the HIC SIT and the OHI for detailed information about the data

elements required for the SIT add process.

When a HIC is not on the SIT, the user may send a request to add it to the SIT on DEERS. DEERS responds with a HIC ID, a HIC Status Code with the designation of "temporary," and a HIC Verification Status Code of "unverified." Unverified carriers are made available to all local holders of the SIT through the daily subscription process to prevent duplicate requests requiring VPOC validation. OHI may be assigned to unverified carriers. When the DoD VPOC validates the SIT, the HIC Verification Status Code will be changed from "unverified" to "verified."

3.8.3 SIT Update

For updates to an existing SIT record, the existing HIC ID must be sent with the update. These updates are sent to all subscribers through the daily subscription process. Rejection of SIT updates by the DoD VPOC is reported to all local holders of the SIT. DEERS does not allow an update to a HIC when the HIC has a Verification Status Code of "unverified."

3.8.4 SIT Add Cancellation

The MHS personnel may need to cancel a previously submitted "add" to the SIT. A cancel can only be done by the system that submitted the "add" and only if the "add" has not yet been verified by the DoD VPOC. DEERS cancels any OHI policy on the DEERS database associated with the cancelled "unverified" HIC. After the "add" request is cancelled, DEERS will provide the cancellations to all local holders of the SIT through the daily subscription process.

3.8.5 Validation Of HIC Information

Validation of a SIT update includes verifying the name, mailing address, and telephone number information for the HIC. In addition, the DoD VPOC assigns the HIC Status Code of "Standard" to validated HICs. If the DoD VPOC determines that the requested update is not correct, the DoD VPOC assigns a HIC Status Code of "rejected". Rejected updates are returned to all local holders of the SIT.

If a SIT "add" or "update" request is rejected by the DoD VPOC, DEERS cancels any OHI policy on the DEERS database associated with the rejected HIC. All SIT additions and updates that are validated by the DoD VPOC are made available to all systems identified to DEERS as authorized holders of a local copy of the SIT.

3.8.6 Deactivation of a HIC

MHS organizations can request the DoD VPOC to deactivate any HIC on the SIT. DEERS does not allow a deactivation of a HIC with a HIC Status Code of "temporary" and/or a HIC Verification Status Code of "unverified", until validated by the DoD VPOC. DEERS deactivates any OHI policy on the DEERS database associated with the deactivated HIC. DEERS reports the deactivation of the HIC to all local holders of the SIT.

3.9 OHI

OHI identifies non-DoD health insurance held by a beneficiary. The requirements for OHI are

validated by the TMA UBO. OHI information includes:

- OHI policy and carrier
- Policyholder
- Type of coverage provided by the additional insurance policy
- Employer information offering coverage, if applicable
- Effective period of the policy

OHI transactions allow adding, updating, canceling, or viewing all OHI policy information. OHI policy updates can accompany enrollments or be performed alone. OHI information can be added to DEERS or updated on DEERS through multiple mechanisms. At the time of enrollment the contractor will determine the existence of OHI. The contractor can add or update minimal OHI data through the DOES application used by the contractor to enter enrollments into DEERS. In addition, DEERS will accept OHI updates from a claims processor through a system to system interface. Other MHS systems can add or update the OHI through the OHI/SIT 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.

The minimum information necessary to add OHI to a person record is:

- Policy Identifier (policy number)
- OHI Effective Date
- HIPAA Insurance Type Code
- HIPAA Person Association Code
- Claim Filing Code
- OHI Coverage Type Code
- OHI Coverage Payer Type Code
- OHI Coverage Effective Date
- OHI Policy Coverage Precedence Code
- HIC Name or HIC ID
- Health Insurance Coverage Type Code
- Health Insurance Payer Type Code

Note: There are additional data elements necessary if the policy being added is a Group Employee policy.

If only the minimum required data is entered by the contractor, the contractor is required to fully develop the remaining OHI data necessary to complete the OHI record within 15 business days. Detailed requirements for the exchange of OHI information are contained in the "Technical Specifications for the Health Insurance Carriers Standard Insurance Table (SIT) and the Other Health Insurance (OHI) Carriers." HIC information is validated against the SIT which maintains the valid insurance carrier information on DEERS.

DEERS requires the contractor to perform an OHI Inquiry before attempting to add or update an OHI policy. The MHS organizations are reliant on the individual beneficiary to provide accurate OHI information and DEERS is reliant on the MHS organizations for the accurate assignment of policy information to the individual record. DEERS is not the system of record for OHI information. Performing an OHI Inquiry on a person before adding or attempting to update an OHI policy helps ensure that the proper policy is updated based on the most current information on the person.

Examples of OHI coverages are:

- Comprehensive Medical coverage (Plans with multiple coverage types)
- Medical coverage
- Inpatient coverage
- Outpatient coverage
- Pharmacy coverage
- Dental coverage
- Long-Term Care (LTC) coverage
- Mental health coverage
- Vision coverage
- Partial hospitalization coverage
- Skilled nursing care coverage

The default coverage will be Comprehensive Medical Coverage unless another of the above coverages is selected. The indication of Comprehensive Medical Coverage presumes medical coverage, inpatient coverage, outpatient coverage, and pharmacy coverage. The TDP contractor must develop the OHI within 15 days but is not responsible for development of medical or pharmacy. The medical or pharmacy contractors are expected to develop medical or pharmacy OHI.

In addition, each OHI policy carries a code indicating whether the policy is active, inactive, or deactivated. The deactivation of an OHI policy only occurs when the DoD VPOC at TMA deactivates the HIC on the SIT. DEERS retains OHI policy data for five years after an OHI policy expires or is deactivated or terminated.

3.9.1 OHI Policy Inquiry

3.9.1.1 Person Identification For OHI Policy Inquiry

OHI information is requested using the Patient ID, which is person-level identification. Person identification is used for the sponsor or family member. If the Patient ID is unknown, a coverage inquiry to DEERS can be performed to obtain it.

3.9.1.2 OHI Person Inquiry

The OHI data is by person. A system-to-system OHI inquiry is only for individual person requests. The OHI/SIT web application allows a family OHI inquiry. DEERS allows multiple OHI policies for each person. DEERS does not support an inquiry that shows all insured persons in a particular policy.

3.9.1.3 OHI Information

In addition, queries may be filtered by the HIC ID or the HIC Name, the OHI Policy ID or the OHI Coverage Type Code.

The HIC ID represents the identifier assigned to insurance carriers in the SIT provided by the DoD VPOC to DEERS. A requester can seek information on a specific coverage for a beneficiary by using the OHI Coverage Type Code in the OHI inquiry sent to DEERS, or for a specific insurance

carrier by using the HIC Name. If a requestor is unsure about a specific OHI Policy, a time period should be specified for the inquiry to return the OHI Policy information in effect.

3.9.1.4 Information Returned In The OHI Inquiry Response

The DEERS response returns all OHI policies in effect during the specified time period for the beneficiary. OHI policies that are inactive or deactivated are returned if the OHI policies were in effect for any portion of the OHI inquiry period. If a specific coverage type is selected in the inquiry, only policies having that coverage type are included in the DEERS response.

The OHI/SIT web application will return OHI for a requested beneficiary or a sponsor and family. OHI is displayed one person at a time. If DEERS cannot find OHI information, DEERS does not return any OHI policies for the requested OHI inquiry period. When the Patient ID is included in the OHI inquiry, the Patient ID is returned in the response.

3.9.2 OHI Policy Add

DEERS allows the MHS and contractor systems to add an OHI policy for a person when information is presented to them. An OHI Inquiry should be done prior to updating an OHI policy. This ensures that updates are performed with the most current information. Following the OHI Inquiry, the OHI data can be added as necessary. OHI data can be added during an enrollment via the DOES application. OHI can be updated any time after enrollment through the web application provided by DEERS, or through the system to system interface. The presence of an OHI Policy discovered during routine claims processing shall be entered on DEERS within two business days. Within 15 business days, the contractor shall provide all OHI data not initially entered.

The fields required to add an OHI policy for a person are:

- Patient ID
- HIC ID
- OHI Policy ID
- OHI Effective Calendar Date
- HIPAA Insurance Type Code
- HIPAA Person Association Code
- OHI Claims Filing Code
- OHI Policy Coverage Effective Date
- OHI Policy Coverage Precedence Code
- HIC Coverage Type Code
- HIC Coverage Payer Type Code
- OHI Coverage Type Code
- OHI Carrier Coverage Payer Type Code

When the MHS organization enters the HIC ID DEERS will check it against the SIT for validation of the HIC information. If the HIC ID is not on the SIT, the MHS organization may add a new HIC and Coverage. If the insurance carrier is not known, the MHS organization shall use the carrier "Placeholder HIC ID", which is the placeholder entry on the SIT. The HIC "Placeholder HIC ID" has an assigned HIC ID of "UNKVA0001" with a coverage type of "XM". For "Placeholder HIC ID" OHI policies, the default coverage indicator is "comprehensive medical"; however, any coverage indicator can be assigned to it. The single placeholder OHI policy can be used to indicate that an

OHI policy exists for a beneficiary. The enrolling entity or updating system is responsible for obtaining the complete OHI information and updating the placeholder OHI policy in DEERS within 15 business days.

Pharmacy placeholder policies will be developed by the medical or pharmacy contractors, regardless of which organization created the placeholder. Dental placeholder policies will be developed by the TDP contractor, regardless of which organization created the placeholder. MHS organizations will not normally enter placeholder policies but would develop them if they created them.

A person can have multiple types of OHI coverage for one policy. For example, to add an OHI policy that covers medical and vision, two OHI coverage types, one for medical coverage and one for vision coverage, would be sent to DEERS.

A person can have multiple OHI policies. Multiple OHI policies may have the same or different HICs, and/or the same or different OHI policy effective periods.

The HIC ID, OHI Policy ID, and OHI Effective Date cannot be updated once an OHI policy has been added to DEERS. These attributes, along with the person identification, uniquely associate an OHI Policy to a person. All messages sent to DEERS are acknowledged as either accepted or rejected.

3.9.3 OHI Policy Update

DEERS allows the MHS systems to update existing OHI policy and coverage information for a person when policy change information is presented. Policy and coverage updates include modifications to existing policy and coverage information. Updates can also be used to terminate an existing policy or coverage, that is when the policy or coverage no longer applies to the person. An OHI Inquiry must be done prior to updating an OHI policy. Following the OHI Inquiry, the OHI data can be updated as necessary.

If OHI is identified during routine claims processing or other contract activities, the contractor shall send the OHI information to DEERS within two business days.

3.9.4 OHI Policy Cancellation

Cancellation of an OHI policy is used to remove a policy that was erroneously associated to a person. The OHI Policy Cancellation is not used to terminate an existing policy (see OHI Policy Update above). An OHI policy cancellation completely removes the policy. DEERS verifies that the cancellation is performed by the entity that added or last updated the OHI policy.

Note: Terminations do not remove the policy from a person's record.

When canceling an OHI policy, an OHI Policy Inquiry must be done to verify the information necessary to perform a cancellation. Canceling an OHI policy requires the following data elements:

- Patient ID
- HIC ID

- OHI Policy ID
- OHI Effective Calendar Date
- OHI Expiration Calendar Date
- OHI End Reason Code

3.10 Medicare Data

DEERS performs a match with the Centers for Medicare and Medicaid Services (CMS) to obtain Medicare data and incorporates the Medicare data into the DEERS database as Other Government Programs (OGPs) entitlement information. This information includes Medicare Parts A, B, C, and D eligibility along with the effective dates. The match includes all potential Medicare-eligible beneficiaries.

DEERS sends Medicare Parts A and B information to the TDEFIC. The TDEFIC sends the information to the CMS Fiscal Intermediaries for identification of Medicare eligibles during claims adjudication.

- END -

DEERS Functions In Support Of The TRICARE Active Duty Dental Program (ADDP)

1.0 OPERATIONAL POLICIES AND CONSTRAINTS

The Defense Enrollment Eligibility Reporting System (DEERS) and its interfacing systems operate under the following policies and constraints:

- Standard Provider, Payer, and Patient IDs will be used, as required under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 when these IDs are mandated for implementation.

2.0 SYSTEM DESCRIPTION

2.1 DEERS Operational Environment and Characteristics

The DEERS system environment consists of a Relational Database Management System (RDBMS), rules-based applications processing the Department of Defense (DoD) entitlements and eligibility, a Transmission Control Protocol/Internet Protocol (TCP/IP) sockets listener, application servers that enforce business rules, and web servers.

2.1.1 Web Requirements

2.1.1.1 All Defense Manpower Data Center (DMDC) web-based applications require Microsoft Internet Explorer (MSIE) 6.0 or higher using Hypertext Transfer (Transport) Protocol Secure (https). They are all government furnished equipment. Contractors shall plan for system upgrades consistent with ongoing Microsoft releases, which shall be coordinated with DMDC through the TRICARE Management Activity (TMA).

2.1.1.2 The contractor shall use the applications for their intended use only. The contractor shall not utilize screen scraping, html stripping, and any other technology or approach to manipulate or alter the intended use of the application or the application architecture.

2.1.1.3 The DEERS Online Enrollment System Web application (WebDOES) supports enrollment activities and allows address updates.

2.1.1.4 General Inquiry of DEERS (GIQD) is used for research and customer service to display demographics and coverage information. It also allows address updates.

2.1.1.5 The DEERS Claims Service (DCS) is used to determine benefit coverage for a given period. Contractors must use the DCS for all claims processing. It is not intended to populate data in the contractor's system for customer service or beneficiary self-service purposes.

2.1.1.6 The Security application is used by the ADDP Site Security Manager (SSM) to establish users and grant access to applications and other privileges. The ADDP contractor is responsible for designating a primary SSM and one backup to manage all users and their access to DEERS applications. The appointed SSM and alternate are required to complete an on-line training certification at initial appointment and yearly thereafter. All SSMs are required to remove access to all DEERS systems immediately upon departure of an employee.

2.1.1.7 The DMDC Support Office (DSO) Web Request (DWR) application is used by the ADDP to report potential data problems or request historical enrollment corrections that cannot be completed in WebDOES.

2.1.1.8 The DEERS Enrollment Reports application provides a number of reports at different intervals. These include:

- Enrollment and disenrollment reports.
- Eligibility reports:
 - Eligible Not Enrolled
 - Enrolled Not Eligible
 - Enrolled Sponsor

2.1.2 System Maintenance/Downtime

See Section 1.3, paragraph 2.2.2, for System Maintenance/Downtime information for all TRICARE contractors.

2.1.3 DEERS System to System Interface/Interactions

See Section 1.3, paragraph 2.2.3, for DEERS System to System Interfaces/Interactions.

2.2 DEERS Major System Components

See Section 1.3, paragraph 2.3, for DEERS Major System Components.

2.3 External Systems

See Section 1.3, paragraph 2.4, for External System information.

2.4 Data Sequencing

See Section 1.3, paragraph 2.5, for Data Sequencing information.

3.0 DEERS FUNCTIONS

As the person-centric centralized data repository of DoD personnel and medical data and the National Enrollment Database (NED) for the portability of the Military Health System (MHS) worldwide TRICARE program, DEERS is designed to provide benefits eligibility and entitlements, TRICARE enrollments, and claims coverage processing.

This chapter will detail the events to verify eligibility, perform enrollments, perform a claims inquiry, and the associated updates of address information. Deviation from the intended concept of operations between the contractor and DEERS shown in the figure below is at the contractor's technical and financial risk.

3.1 Partial Match

A partial match response may be returned for any inquiry where sufficient identification information is not provided (person ambiguity). There will be a separate listing for each person matching the requested Social Security Number (SSN) or DoD Benefits Number (DBN). The listing includes the ADSM identification information needed to determine the correct beneficiary including the DEERS ID, the Patient ID, or possibly both. The requesting organization must select which of the multiple listings is correct based on documents or information at hand. After this selection, the requesting organization would use the additional information returned (e.g., Date Of Birth (DOB), Name) to resend the inquiry.

3.2 Health Care Delivery Program (HCDP) Eligibility and Enrollment

3.2.1 The rules for determining a beneficiary's entitlement to dental benefits are applied by rules-based software within DEERS. DEERS is the sole repository for these DoD rules, and for ADDP, only DEERS or the Dental Service Point of Contact (DSPOC) are valid forms of eligibility determinations. Whenever data about an individual ADSM changes, DEERS reapplies these rules. DEERS receives daily, weekly, and monthly updates to this data, which is why organizations must query DEERS for eligibility information before taking action. This ensures that the individual is still eligible to use the benefits and that the contractor has the most current information.

3.2.2 If an authorized organization inquires about that beneficiary's eligibility for benefits, DEERS provides the entitlement information to be used for benefit determinations. The contractor can contact the DSPOC to verify eligibility for those individuals who are indicated on DEERS as not eligible (e.g., not on active duty but who may have a Line of Duty (LOD) condition, Foreign Force Member (FFM)). DSPOC's are the final decision authority for eligible ADSMs.

3.2.3 ADDP benefits are provided to the following:

- All Active Duty Service Members (ADSMs) of the Uniformed Services (excluding Public Health Service (PHS), who are on continuous active duty orders for more than 30 days are eligible to receive ADDP dental coverage, subject to the requirements and limitations provided in the ADDP. ADSMs.
- Who have a duty location and residence greater than 50 miles from a Dental Treatment Facility (DTF) are automatically eligible for Remote Active Duty Dental Program (RADDP) benefits.
- National Guard/Reserve members that serve on continuous active duty for more than 30 days are considered ADSMs. National Guard members are only TRICARE eligible if on federally funded orders for more than 30 days. If the National Guard member is on state orders, they are not eligible for TRICARE.

- Reserve Component (RC) members who are issued delayed-effective-date active duty orders for more than 30 days in support of a contingency operation are eligible for ADDP as defined in DoD Instruction 7730.54.
- A LOD investigation is for RC members who incur or aggravate an injury, illness or disease while serving on active duty for 30 days or less as defined in DoD Instruction 1241.2.
- FFM's who are on temporary or permanent assignment in the ADDP geographic regions may be eligible to participate in the ADDP pursuant to an approved agreement (e.g. reciprocal health care agreement, North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA), Partnership for Peace (PFP) SOFA).

3.2.4 The ADDP HCDPs are identified in the DEERS Data Dictionary as referenced in [Section 1.1](#).

3.2.5 Enrollment-Related Business Events

Registration in the ADDP is supported by enrollment related business events and include:

3.2.5.1 Eligibility for enrollment identifies current enrolled coverage plans and eligibility for enrollment into other coverage plans.

3.2.5.2 New enrollments are used for enrolling eligible ADSMs into the appropriate HCDP coverage plan. Enrollments begin on the date specified by the enrolling organization and extend through the beneficiaries' end of eligibility for the HCDP. New enrollments may also update address, e-mail address, and/or telephone number.

3.2.5.3 Modifications of the current enrollment (updates) are used to change some information in the current enrollment plan. Modifications of the current enrollment may include the following functions:

- Change enrollment begin date
- Cancel enrollment/disenrollment
- Change prior enrollment end date
- Change prior enrollment end reason
- Request an enrollment card replacement
- Request a replacement letter for disenrollment

3.2.5.4 Disenrollments are used to terminate the specified beneficiary's enrollment. Disenrollments are used for disenrolling a beneficiary only when he or she has lost eligibility.

3.2.6 DEERS Online Eligibility And Enrollment System (DOES) Web Application

3.2.6.1 WebDOES is a full function Government Furnished Equipment (GFE) application developed by DMDC to support enrollment-related activity. DOES interacts with both the main DEERS database and the NED satellite database to provide enrolling organizations with eligibility and enrollment information, as well as the capability to update the NED with new enrollments and modifications to existing enrollments. DOES will use the residential zip code from the DEERS database (may be updated by the ADDP contractor in DOES at the time of enrollment) and the

work zip code provided by the ADSM (entered into DOES by the ADDP contractor) to establish eligibility for RADDP. For ADSMs that are not eligible for TRICARE Prime Remote (TPR), the ADDP contractor is required to perform RADDP enrollment related functions through DOES including:

- Enrollment
- Disenrollment
- Enrollment Period Change
- Enrollment End Reason Code Change
- Enrollment/Disenrollment Cancellation
- Beneficiary Update
- Confirm Enrollment
- Request new or replacement of enrollment ID card for RADDP ADSMs

3.2.6.2 The WebDOES application meets the HIPAA guidelines for a direct data entry application, and is data-content compliant for enrollment and disenrollment functions.

3.2.7 Eligibility For Enrollment

The DoD provides assigned HCDPs and plans when a person joins the DoD. DEERS determines coverage plans for which a beneficiary is eligible to enroll by using the DoD-assigned coverage in conjunction with additional eligibility information and demographic information (ADSM's residence zip code and work zip code entered in WebDOES at the time of enrollment). The Eligibility for Enrollment Inquiry in WebDOES is used to view a person's eligibility to enroll.

Note: The Eligibility For Enrollment Inquiry in WebDOES should not be used for other eligibility determinations.

DEERS provides coverage plan information identifying the period of eligibility and/or enrollment for the coverage plan. A beneficiary can only be enrolled into the coverage plans that have an "eligible for" status. When an ADSM is first added into DEERS, DEERS determines basic eligibility for dental benefits in accordance with the current DoDI 1000.13 or a medical TPR coverage plan. The enrolling organization shall provide written notification to the ADSM regarding inquiries that show enrollment ineligibility.

3.2.8 Enrollment

ADSMs whose permanent duty location and/or residence is less than 50 miles from a DTF are automatically eligible for ADDP benefits and do not require enrollment.

3.2.8.1 Within the ADDP there are three types of Dental Coverage Plans that require enrollment. The RADDP plans are:

- RADDP for ADSMs enrolled in TPR
- RADDP for ADSMs not eligible for TPR
- Automatic Enrollment in RADDP - For National Oceanic and Atmospheric Administration (NOAA) ADSMs

3.2.8.2 RADDP for ADSMs Enrolled in TPR. Eligibility to enroll in medical TPR requires that the ADSM's permanent duty location and residence be more than 50 miles from a Military Treatment Facility (MTF) or designated clinic. DEERS will systematically enroll, disenroll, and maintain enrollments into the RADDP for ADSMs enrolled in TPR coverage plan based on the ADSM's medical TPR enrollment. ADSMs living in a TPR location must enroll in a medical TPR coverage plan to be enrolled in RADDP.

3.2.8.3 RADDP for ADSMs Not Eligible for TPR. An ADSM whose permanent duty location and/or residence is less than 50 miles from a MTF or designated clinic is not eligible to enroll in TPR. If the ADSM's permanent duty location and residence is within 50 miles of an MTF but more than 50 miles from a DTF, he or she will not be automatically enrolled into RADDP, but the ADDP contractor will be able to manually enroll the ADSM into the RADDP. The ADDP contractor will be required to verify the coverage plan, and correct the enrollment begin date if it is different than the WebDOES default.

3.2.8.4 Automatic Enrollment in RADDP. All NOAA ADSMs will be eligible for RADDP. DEERS will systematically enroll, disenroll, and maintain enrollments into the RADDP for NOAA ADSMs.

3.2.8.5 When enrolling an ADSM into RADDP, the WebDOES application will require the effective dates of the enrollment. Enrollments may be established with past effective dates, the current date, or future effective dates. The enrollment period cannot exceed the end of eligibility, nor precede the eligibility begin date. DEERS will ensure that the coverage plan sent with an enrollment is valid based upon the assigned eligibility. Address and/or telephone number changes can accompany an enrollment transaction.

3.2.9 Disenrollment

Disenrollment actions are used to terminate an enrollment. Disenrollments will occur when there is a loss of eligibility, or when the ADSM reports he or she no longer lives and/or works within a DTF non-catchment area. Upon disenrollment, DEERS will notify the ADSM of the change in or loss of coverage.

3.2.9.1 Disenrollment - Loss Of Eligibility

A loss of eligibility refers to any loss or change in eligibility for: a) DoD health care benefits according to the current DoDI 1000.13, or b) a medical TPR coverage plan. Under these circumstances, DEERS will terminate any current enrollment or enrollment effective at the end of the month in which eligibility ends. For example, when the eligibility of a ADSM enrolled in TPR and RADDP terminates due to separation from service, the eligibility for RADDP will be terminated, resulting in a disenrollment by DEERS. The termination of coverage will affect the insured's current and/or future enrollment in a HCDP.

3.2.9.2 Disenrollment Due to No Longer Living or Working Within RADDP Eligible Location

When a ADSM enrolled in a RADDP coverage plan for ADSMs living and working within 50 miles of a MTF without a DTF, moves within 50 miles of a DTF, the work or home address will be updated. The ADDP contractor shall perform a disenrollment from the RADDP coverage plan if applicable.

3.2.9.3 Retroactive Eligibility/Enrollment Maintenance

There may be instances where DEERS receives notice of a loss of eligibility from the Uniformed Services, only to later be informed of the immediate reinstatement. Upon the receipt of the initial loss of eligibility, DEERS terminates the enrollment. Upon receipt of the notice of reinstatement, DEERS reinstates the eligibility and enrollment as long as there are no gaps in eligibility.

3.2.9.4 Disenrollment – Notification of Appropriate Systems

When there is a disenrollment, the appropriate systems are notified, as necessary. The following table lists the functions and applications that allow each action:

	WebDOES	DEERS (UNSOLICITED)
Enrollment	X	
Enrollment Cancellation	X	
Disenrollment	X	X
Disenrollment Cancellation	X	
Modify Enrollment Begin Date	X	X
Modify Prior Enrollment End Date	X	X
Modify Prior Enrollment End Reason	X	X

3.2.10 Modification Of Enrollment

WebDOES will be notified whenever there is a modification to an enrollment.

3.2.10.1 Change in Coverage

When a sponsor’s eligibility changes, requiring a move from one coverage plan to another, DEERS will automatically generate the disenrollment from the current plan and enrollment into the appropriate new plan. For example, when a reserve sponsor on active duty enrolled in RADDP coverage plan is released to the Selected Reserve, the sponsor will be disenrolled from RADDP coverage plan and enrolled into the appropriate TDP coverage plan if applicable.

When a sponsor’s eligibility changes to cause a move from one program to another program, DEERS will disenroll the sponsor from the first program. The sponsor must then initiate enrollment in the second. For example, if an active duty sponsor enrolled in RADDP is gained to the Selected Reserve, the sponsor will be disenrolled from the RADDP coverage plan and must submit an enrollment form for a new TDP coverage plan to continue.

3.2.10.2 Enrollment Period Change

This event is used to update an enrollee’s begin or end date. Modifications can only be performed by DEERS or the enrolling organization managing the enrollment. The enrollment end date may only be changed after performing a disenrollment. If the enrollment end date is the same as the loss of eligibility date, the user is not allowed to change the end date to a later date. The enrollment period can only be changed for the policy currently in effect or to a future

enrollment. When changing the enrollment period, the dates must not precede the beginning of eligibility or exceed the end of eligibility. If a person's eligibility in DEERS changes and affects an enrollment because the eligibility period is less than originally stated or an update to a medical TPR coverage plan, DEERS will update the RADDP enrollment period.

3.2.10.3 Enrollment End Reason Change

Disenrollments can be done for various reasons and are mostly done by enrolling organizations. If a disenrollment is performed by an enrolling organization using an incorrect end reason code, the end reason code can be updated using the WebDOES application.

3.2.10.4 Enrollment/Disenrollment Cancellation

3.2.10.4.1 DEERS will accept enrollment cancellations with appropriate reason code by changing the enrollment period. Enrollment cancellations can only be performed by the enrolling organization through the WebDOES application. The enrollment can only be cancelled for the coverage plan currently in effect.

3.2.10.4.2 Disenrollment cancellations can only be performed by the entity that performed the disenrollment through the WebDOES application, and the disenrollment cancellation can only be performed for the last enrollment period. Upon receiving a disenrollment cancellation, DEERS will reinstate the original enrollment period.

3.3 Address, Telephone Number, and E-Mail Address Updates

3.3.1 Addresses

DEERS receives address information from a number of source systems. Although most systems only update the residence address, DEERS actually maintains multiple addresses for each person. The contractor shall update the residential and mailing addresses through WebDOES or other DEERS applications (e.g., GIQD) whenever possible. These addresses shall not reflect unit, MTF, or ADDP contractor addresses unless provided directly by the beneficiary. The mailing address captured on DEERS is primarily used to mail the enrollment card and other correspondence. The residential address is used to determine medical enrollment jurisdiction at the zip code level. WebDOES uses a commercial product to validate address information received online and from batch sources. Note: Changing an ADSM's residence address will not cause an automatic disenrollment. DEERS will not disenroll an ADSM from RADDP based on an address update.

3.3.2 Telephone Numbers

DEERS has several types of telephone numbers for a person (e.g., home, work, and fax). Contractors shall make reasonable efforts to add or update telephone numbers.

3.3.3 E-mail Addresses

DEERS can store an e-mail address for each person. Contractors shall make reasonable efforts to add or update this e-mail address.

3.4 Enrollment Cards And Letter Production

The contractor is responsible for processing all mail returned for bad addresses and shall research the address, correct it on DEERS, and re-mail the correspondence to the beneficiary. The return address on the envelope mailed by DMDC will be that of the ADDP contractor and will also include the statement: "Address Service Requested". The contractor will be responsible for paying the United States Postal Service (USPS) for this service.

3.4.1 DEERS is responsible for producing and mailing the TRICARE dental card for the RADDP ADSMs.

3.4.2 New enrollment cards are automatically sent upon a new enrollment unless the enrollment operator specifies in WebDOES not to send an enrollment card. A contractor may request a replacement enrollment card for a RADDP ADSM at any time via WebDOES.

3.4.3 DEERS also sends a letter to a beneficiary upon disenrollment. If an ADSM has been disenrolled within the past 18 months, a disenrollment letter may be regenerated upon request through WebDOES. The contractor shall not send additional letters that duplicate those already provided by DEERS.

3.5 Claims Data

3.5.1 DEERS is the system of record for eligibility and enrollment information. As such, in the process of claims adjudication, the contractor shall query DEERS to determine eligibility and/or enrollment status for a given period of time. The contractor shall use DEERS as the database of record for:

- Person Identification
- Eligibility
- Enrollment information

3.5.1.1 The contractor shall not override this data with information from other sources, with the exception of a DSPOC determination. The contractor can contact the DSPOC to verify eligibility for those individuals who are indicated on DEERS as not eligible (e.g., not on active duty but who may have a LOD condition, FFM). DSPOC's are the final decision authority for eligible ADSMs.

3.5.1.2 Although DEERS is not the database of record for address, it is a centralized repository that is reliant on numerous organizations to verify, update and add to at every opportunity. The address data received as part of the claims inquiry shall be used as part of the claims adjudication process. If the contractor has evidence of additional or more current address information they shall process claims using the additional or more current information. If a change of address is noted, the contractor shall validate that the change has been made in DEERS, if it hasn't then the contractor shall submit the update through WebDOES.

3.5.2 Data Event: Inquiry And Response

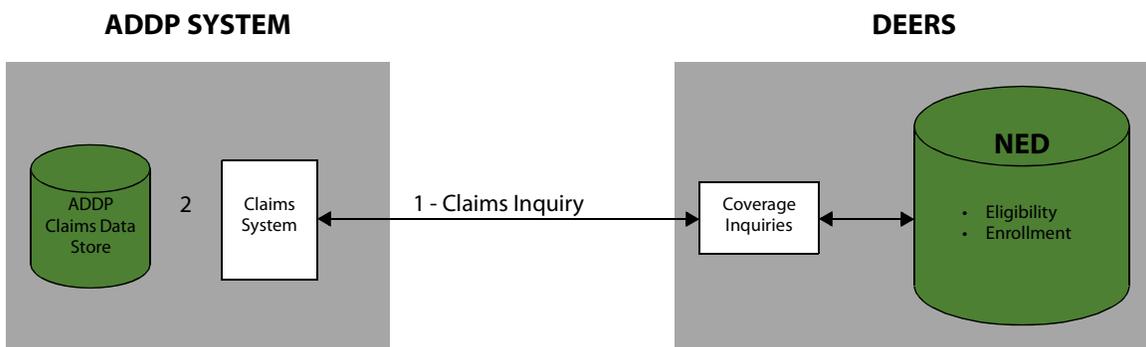
This section identifies the main events, including the inquiries and responses between the contractor and DEERS. The main event to support processing this information includes:

- DEERS Claims Web Service (DCWS) Inquiry for Claims

3.5.2.1 DCWS Inquiry For Claims

The contractor shall install a prepayment eligibility verification system into its TRICARE operation that results in a query against DEERS for TRICARE claims and adjustments. The interface should be conducted early in the claims processing cycle to assure extensive development/claims review is not done on claims for ineligible beneficiaries. The DEERS DCWS Inquiry for Claims supports business events associated with DCWS data for processing dental claims. This inquiry may also be used for general customer service requests or for predeterminations.

FIGURE 3.1.6-1 CLAIMS INQUIRY TO DEERS



The contractor must use the eligibility and enrollment information returned on the DEERS response to process the claim. The contractor may use address information from any source but must update DEERS with any differing information as stated in [paragraph 3.5.1.2](#).

For audit and performance review purposes, the contractor is required to retain a copy of every transaction and response sent and received for claims adjudication procedures. This information is to be retained for the period required by the TRICARE Operations Manual (TOM), Chapter 2.

Unless authorized by the contracting officer, the contractor may not bypass the query/response process. If either DEERS or the contractor is down for more than 24 hours or any other extended period of time the contractor shall work directly with DEERS and TMA to develop a mutually agreeable method and schedule for processing the backlog or implementing their disaster recovery processes.

3.5.2.1.1 Exceptions To The DEERS Eligibility Query Process

Claims processing adjudication requires a query to DEERS except in cases where a claim contains only services that will be totally denied. No query is needed for:

- Another claim or adjustment for the same beneficiary that is being processed at the same time
- Negative Adjustments
- Total Cancellations

3.5.2.1.2 Information Required For A DCWS Inquiry For Claims

The information needed to perform this type of coverage inquiry includes:

- Person identification information, including person transaction type
- Begin and end dates for the inquiry period

3.5.2.1.3 Person Identification

A beneficiary's information is accessed with the coverage inquiry using the identification information from the claim. DEERS performs the identification of the individual and returns the system identifiers (DEERS ID and Patient ID). The DEERS IDs shall be used for subsequent communications on this claim.

3.5.2.1.4 Inquiry Options: Person Or Family

Coverage inquiries may be performed at the individual or family level, however, under the ADDP it is anticipated coverage inquiries would primarily be submitted for an individual.

The inquirer must specify if the coverage inquiry is for a person or the entire family. The person inquiry option should be used when specific person identification is known. If person information is incomplete, the family inquiry mode can be used. In family inquiries, the Inquiry Person Type Code is required to indicate if the SSN, Foreign ID, or Temporary ID is for the ADSM or family member. For family inquiries, DEERS returns both sponsor and family member information. If the request is for data on a person and includes the person identification for the family member, DEERS will return coverage information only for the family member. If there is more than one person or family match, DEERS will return a partial match response. The contractor shall select the correct person and resend the coverage inquiry.

FIGURE 3.1.6-2 INQUIRY PERSON TYPE CODE

PERSONS TO RETURN	WHAT INFORMATION IS AVAILABLE FROM THE CLAIM	VALUES TO SET	USAGE
RETURN ONLY A SINGLE SPONSOR/FAMILY MEMBER (PNF_TXN_TYP_CD = P)	SPONSOR INFORMATION IS PROVIDED (INQ_PN_TYPE_CD=S)	<u>INQUIRY SPONSOR INFO SECTION:</u> SPN_INQ_PN_ID SPN_INQ_PN_ID_TYP_CD SPN_PN_LST_NM SPN_PN_1ST_NM SPN_PN_BRTH_DT <u>INQUIRY PERSON INFO SECTION:</u> INQ_PN_ID INQ_PN_ID_TYP_CD and/or PN-LST-NM PN-1ST_NM PN_BRTH_DT	R R O O O S S NA S S
RETURN ONLY A SINGLE PERSON SINGLE SPONSOR/FAMILY MEMBER (PNF_TXN_TYP_CD=P)	NO SPONSOR INFORMATION IS PROVIDED** (INQ_PN_TYP_CD=P)	<u>INQUIRY SPONSOR INFO SECTION:</u> <u>INQUIRY PERSON INFO SECTION:</u> INQ_PN_ID INQ_PN_ID_TYP_CD PN_LST_NM PN_1ST_NM PN_BRTH_DT	NA R R O O O
RETURN THE WHOLE FAMILY (PNF_TXN_TYP_CD=F)	SPONSOR INFORMATION PROVIDED (INQ_PN_TYP_CD=S)	<u>INQUIRY SPONSOR INFO SECTION:</u> SPN_INQ_PN_ID SPN_NQ_PN_ID_TYP_CD SPN_PN_LST_NM SPN_PN_1ST_NM SPN_PN_BRTH_DT <u>INQUIRY PERSON INFO SECTION:</u>	R R O O O NA

Legend: R - Required; O - Optional; S - Situational

Note: * The Inquiry Person information section on a family member inquiry must either have the INQ_PN_ID and INQ_PN_TYP_CD OR if none is available then at least a PN_1ST_NM and PN_BRTH_DT.

**The period of time required for this type of inquiry to DEERS is significantly longer than for a family member based inquiry using a sponsor and should be used only infrequently when NO sponsor PN_ID information is provided on the claim.

The HICN (H) is only valid in the Person Inquiry section, not in the sponsor section and only on PERSON pulls (leave sponsor section blank).

3.5.2.1.5 Inquiry Period

In addition to identifying the correct person, the inquirer must supply the inquiry period. The inquiry period may either be a single day or can span multiple days. Historical dates are valid, as long as the requested dates are within three years of loss of eligibility. The inquirer queries DEERS for information about the coverage plans in effect during that inquiry period for the sponsor. The reply may include one or more coverage plans in effect during the specified period or contain no coverage plan, meaning the beneficiary was ineligible for benefits for the specified time period. For claims, the contractor shall use the dates of service on the claim.

3.5.2.2 Information Returned In The DCWS Inquiry For Claims

The DEERS ID is returned in response to a coverage inquiry. The contractor shall store the DEERS ID for use in subsequent transactions for the claim. In addition, the Patient ID is returned in the coverage response. The contractor shall also store the Patient ID for use in subsequent transactions.

When implementing applications that use system to system interfaces that return partial matches (such as claims), those applications must allow the operator to view and select the correct individual, as described above. The partial match response is designed to provide unique identifiers (Patient ID or DEERS ID) that can ensure that subsequent processing will uniquely identify the correct individual or beneficiary.

3.5.2.2.1 Data Returned In A Coverage Inquiry That Repeats For Every Coverage Plan

In response to a DCWS Inquiry for Claims, DEERS returns the specified coverage information in effect for the inquiry period. The following list shows the information DEERS returns for each coverage plan in effect during the inquiry period:

- Coverage plan information.
- Coverage plan enrollment status.
- Coverage plan begin and end dates for the inquiry period.
- ADSM personnel information.

3.5.2.2.2 Data Returned In A Coverage Inquiry Independently From The Coverage Plan Information

3.5.2.2.2.1 The DEERS coverage response will always return:

- ADSM Personnel Information: All current personnel segments will be returned, including dual eligible segments. The contractor shall not use this information for claims processing. This information is intended to be used for the TRICARE Encounter Data (TED) only.
- Person information including the mailing address.
- The residential zip code will be returned for jurisdiction purposes.

3.5.2.2.2.2 If a DEERS coverage response is not returned, this means that DEERS does not have this information for the requested inquiry dates.

3.5.2.3 Multiple Responses To A Single DCWS Inquiry for Claims

3.5.2.3.1 DEERS may need to send multiple responses to a single DCWS Inquiry for Claims if a person has multiple DEERS IDs within the inquiry period. It is necessary for DEERS to capture family member entitlements and benefit coverage corresponding to each instance of the person's DEERS ID. For example, two persons may have the same SSN or a person may have multiple entitlements, meaning he or she may be both a family member and a sponsor. Therefore, DEERS uses the Person Type code (sponsor or family member) to identify the role the person is representing in the family

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inquiry to search for the person. If the request uses the SSN of the sponsor, DEERS will conduct the search where the SSN is used for a person representing a sponsor. If DEERS determines that the SSN is associated with multiple sponsors, DEERS will provide a partial match response. These responses are returned in a single transaction. (Note: multiple responses are returned only when an individual inquiry is submitted.) Family inquiries will not produce multiple responses. Upon receiving a multiple response, the contractor shall select the correct beneficiary and resubmit a properly configured claims inquiry.

3.5.2.3.2 Contractors shall deny a claim (either totally or partially) if the services were received partially or entirely outside any period of eligibility.

- END -

Defense Manpower Data Center (DMDC) Support

1.0 DEFENSE MANPOWER DATA CENTER (DMDC) SUPPORT CENTER (DSC)

The Defense Enrollment Eligibility Reporting System (DEERS) Support Center (DSC) provides 24 hour a day, seven days a week global support for DEERS/Military Health System (MHS) problems that may arise. The DSC is intended to support users who are experiencing problems with applications or interfaces. This support center does not deal with individual beneficiary data or eligibility problems.

Contractors must fulfill the following obligations before contacting the DSC for problem resolution:

- Only two individuals (one primary, one backup) per contractor per region **or contract** may contact the DSC. It is the responsibility of the contractor to designate these individuals, inform their organization that all issues must be routed through either of these two people, ensure these two individuals are properly trained, technically competent and available, and ensure compliance with this requirement.
- Contractors will forward the names, Social Security Numbers (SSNs), telephone numbers, and e-mail addresses of their regions' designated primary and backup **Points Of Contact (POCs)** via password protected or encrypted e-mail to the TRICARE Management Activity (TMA) Program Manager as directed. A contact number should be included in the e-mail for any follow-up that may be required. Each name listed should indicate whether the individual is the primary or back-up POC.
- Contractors will forward updates to their primary or backup points to TMA as directed. Updates will provide the replacement's notification information as identified above as well as identifying who is being replaced. Individuals who contact the DSC who are not on the approved list, but should be, will be requested to have their manager/supervisor submit e-mail containing updated **POC** information to the Help Desk.

The Help Desk will not modify the Approved List without supporting e-mail from the contractors.

- Individuals who contact the DSC who are not on the approved list and who are not replacing a current primary or backup **POC** will be asked to coordinate their issues with their designated **POCs**.
- Contractors must make reasonable efforts to internally resolve any issue prior to use of the DSC. For example, the contractor must verify connectivity on its own network.

- The contractor will provide an adequate amount of information to the DSC so that a problem can be replicated before requesting DMDC's support.
- Issues submitted with inadequate information will be returned to the contractor.
- All updates to the Defense Online Enrollment System (DOES) must be tested by **all** contractors/Uniformed Service Family Health Plan (USFHP) providers and, if operable, installed and used. DEERS will only support the current and prior release of the DOES application.

Note: The DMDC is not responsible for any problem caused by the following:

- Use of DMDC applications or services for other than the specific purpose for which it was designed.
- Use of DMDC applications or services on any systems other than the specified incorporation of attachment of a feature, program, or device to any DMDC application or service, or any part thereof.
- Any nonconformance caused by accident, transportation, neglect, misuse, alteration, modification, or enhancement of DMDC applications or services.
- The failure to provide a suitable installation environment supported hardware platform and/or operating system.
- Use of defective media or defective duplication of DMDC applications or services.
- Failure to incorporate any previously released update.
- Communications Issues.
- Firewalls external to DMDC.
- Software distribution & installation of software used by the contractor.

2.0 DMDC SUPPORT OFFICE (DSO)

The DMDC Support Office (DSO) researches and resolves personnel or person discrepancies and corrects enrollment records. DSO hours of operation are 0600-1530 PST. Information on contacting and reporting issues to the DSO can be found in the Problem Reporting Guide.

The contractor must take all corrective actions within their capability before logging a ticket with DSO. This includes retroactive actions to the earliest possible date in DOES, even if an additional date change is required through DSO. Contractors shall have a quality control process in place to ensure the problem cannot be further corrected using DOES. The quality control process must also review all actions to ensure that requests are appropriate and accurate and that sufficient information about the problem is provided on the request. Any request that is not clear or complete will be returned to the contractor with a "Note to Contractor/Submitter" identifying the information or clarification needed and a request to resubmit the request with required

information.

Contractors must fulfill the following obligations before contacting the DSO for problem resolution:

- Only three individuals (one primary, two backup) per contractor in each region may contact the DSO. An additional individual may also be designated to have access to resolve claim issues. It is the responsibility of the contractor to designate these individuals, inform their organization that all issues must be routed through either of these two people, ensure these individuals are properly trained and technically competent, and ensure compliance with this requirement.
- Contractors will forward the names, SSNs, telephone numbers, and e-mail addresses of their regions' designated primary and backup POCs via password protected or encrypted e-mail to the DSO POC provided in the DWR on-line User's Guide and the TMA Program Manager. A contact number should be included in the e-mail for any follow-up that may be required. Each name listed should indicate whether the individual is the primary or back-up POC. For those contractors with more than one region, a single e-mail identifying the POCs by region is sufficient.
- Contractors will forward updates to the DSO via encrypted e-mail when a primary or backup POC replacement occurs. The e-mail will provide the replacement's notification information as identified above as well as identifying who is being replaced. The DSO POC must be notified when a DWR user leaves their position so that their access can be removed immediately.

2.1 Reporting Discrepancies And Corrections To Enrollments

Problems or requests that are related to personnel or person discrepancies should be reported directly to DSO via the DMDC Support Office Web Request (DWR) application, a web-based on-line system. All issues submitted through DWR must be prioritized. Any issue that affects the beneficiary's immediate health care should be indicated as "1- urgent". Any issue that affects their enrollment or disenrollment should be indicated "2- high priority". All other issues should be indicated "3-routine". The DSO will provide assistance for resolution of issues in the areas outlined below.

- Beneficiary doesn't show as eligible, contractor has documents that indicate eligibility.
- Duplicate person (individual listed as both spouse and child or a duplicate of the same person).
- Erroneous person data supported with appropriate documentation (such as incorrect Date of Birth (DOB)).

Required enrollment corrections that cannot be performed in DOES include changes to an enrollment or Primary Care Manager (PCM) that is not the most current enrollment or PCM segment and that cannot be made current through a cancellation of a later segment via DOES. These types of requests should follow the TRICARE Correction Request procedures outlined below:

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Defense Manpower Data Center (DMDC) Support

- Contractors must make reasonable efforts to internally resolve any issue prior to use of the DSO support services. The contractors should perform all actions to the extent possible in DOES before submitting the request to DSO for assistance. The DWR form will require an explanation of why the corrective action could not be performed in some cases.
- All TRICARE Correction Requests shall be checked for accuracy by the designated POCs prior to submission to DSO.
- All requests must be submitted in accordance with the guidelines provided in the User's Guide. The request must be submitted using the DWR located at: <https://www.dmdc.osd.mil/appj/dwr/>.
- All correction requests must include the POC's name and telephone number. The DSO analyst may contact the POC via telephone, if there are questions while working on a pending request. The DSO analyst will make two attempts, within two business days, to follow-up on questions with the DWR requestor. If the DSO analyst cannot obtain responses to the questions as a result of unsuccessful contact attempts, the "Note to contractor/submitter" will document the question and the attempts made to contact the submitter. DSO will then close the request and a new DWR request will need to be submitted by the requester should corrective action still be required.
- All requests will be handled in the order received, based on the priority level. However, the volume of requests may directly affect the response time. Note: Only those issues that affect the beneficiary's immediate care should be marked as urgent - Category 1.
- The contractor shall monitor the status of pending requests daily. The status of the request may be viewed by the contractor at any time.
- Requests submitted with incomplete information will show as 'closed' in DWR. The 'Note to contractor/submitter' will explain the reason why it was closed; they are not returned to the contractor for additional information.

- END -

Test Environment

1.0 The Defense Manpower Data Center (DMDC) test environment is a shared test environment among many DMDC customers, as well as all contractors. Not only is the environment shared, so is the data within that environment. This region is used for both contractor testing and training.

1.1 Releases

Typically, as fixes are applied and tested, the modified software will be installed in the contractor region for testing. DMDC will coordinate with TRICARE Management Activity (TMA) and the contractors when the test region will be upgraded with software for the next major release (as opposed to continuing software modifications for the current release). The following information provides the general schedule for moving applications into and through the contractor test environment and finally into Production.

- DMDC will notify TMA one (1) week prior to moving an application, that requires contractor testing, to the contractor test environment and provide a copy of the release notes for TMA review and coordination of the date the application will be moved to contractor test. TMA will notify contractors of the application release date and provide a copy of the release notes during regularly scheduled Integration meetings hosted by TMA.
- Applications that require contractor testing, including those that only require regression testing, will remain in contractor test for a minimum of two (2) weeks prior to moving into Production. A longer testing period may be required based on the complexity of the changes and/or testing requirements.
- A major release, which requires only regression testing, would remain in contractor test for one (1) month.
- A major release which requires testing for functional changes would remain in contractor test for a minimum of six (6) weeks or longer, as coordinated with the contractors, based upon the complexity of the changes and/or testing requirements.
- Generally, new versions of applications will not be moved into contractor test during the two (2) weeks prior to an application or release moving into Production.
- TMA will coordinate the movement of a new version of an application from contractor test to Production with contractors during regularly scheduled Integration meetings hosted by TMA. The determination to move an application from contractor test will be made based on contractor readiness, test results and controlling Program requirements.

There will be a baseline set of test data supplied by DMDC to the contractors to establish a synchronized set of test data. DMDC will coordinate changes with contractors to the baseline set of Social Security Numbers (SSNs) or Department of Defense (DoD) Benefits Number (DBN). The test environment is populated with new test data periodically. Refreshes will be performed approximately every three weeks; the specific schedule will be established by TMA and DMDC and coordinated with the contractors, Any deviation from the published schedule requires agreement from TMA, DMDC, and the contractors.

Data refreshes may also be required on an 'as needed' basis to return the data to the baseline. To ensure the contractor's data remains in sync with Defense Enrollment Eligibility Reporting System (DEERS), the contractors are required to return to the baseline concurrent with DEERS. The data refresh schedule will be determined by TMA and DMDC, and coordinated with contractors as appropriate. Requests for modification of the refresh schedule must be submitted through the Contracting Officer to the TMA Purchased Care Systems Integration Branch (PCSIB) or equivalent office for review and consideration. TMA PCSIB will coordinate the request with DMDC and contractors as appropriate. The contractor will be notified by a TMA representative of the outcome of the review at the Integration meeting.

Notifications for new releases of software or applications will be sent to the contractors as required. Emergency fixes are evaluated and, depending on the scope and severity may be released by DEERS to Production prior to the contractor test region. Notification of such an emergency release will be sent via e-mail. Upon notification of software changes made available for testing, the contractor is required to test and validate the specific software modification and verify via regression testing that all other functionality has not been negatively affected.

1.2 Test Plans

The contractors shall develop test plans in coordination with TMA and DMDC. The contractors shall further refine their testing efforts by documentation of the test scenarios upon request. The contractors shall submit to TMA updated test scenario matrices which document the test results and any open issues or defects discovered. Contractors shall provide sufficient resources to complete testing in accordance with TMA guidelines and standards.

1.3 Maintenance Window

The weekly maintenance window for the test environment occurs on Saturday at 9:00 p.m. to Sunday at 6:00 a.m. EST/EDT. The DEERS contractor testing environment is available to contractors for testing and training Monday through Friday 8:00 a.m. to 9:30 p.m. and Saturday from 8:00 a.m. to 9:00 p.m. EST/EDT. Deviations to the schedule will be coordinated in advance.

- END -

Acronyms And Abbreviations

AA	Anesthesiologist Assistant
AA&E	Arms, Ammunition and Explosives
AAA	Abdominal Aortic Aneurysm
AAAHC	Accreditation Association for Ambulatory Health Care, Inc.
AAFES	Army/Air Force Exchange Service
AAMFT	American Association for Marriage and Family Therapy
AAP	American Academy of Pediatrics
AAPC	American Association of Pastoral Counselors
AARF	Account Authorization Request Form
AATD	Access and Authentication Technology Division
ABA	American Banking Association Applied Behavioral Analysis
ABMT	Autologous Bone Marrow Transplant
ABPM	Ambulatory Blood Pressure Monitoring
ABR	Auditory Brainstem Response
AC	Active Component
ACD	Augmentative Communication Devices
ACI	Autologous Chondrocyte Implantation
ACIP	Advisory Committee on Immunization Practices
ACO	Administrative Contracting Officer
ACOG	American College of Obstetricians and Gynecologists
ACOR	Administrative Contracting Officer's Representative
ACS	American Cancer Society
ACSP	Autism Demonstration Corporate Services Provider
ACTUR	Automated Central Tumor Registry
AD	Active Duty
ADA	American Dental Association American Diabetes Association Americans with Disabilities Act
ADAMHA	Alcohol, Drug Abuse, And Mental Health Administration
ADAMHRA	Alcohol, Drug Abuse, And Mental Health Reorganization Act
ADCP	Active Duty Claims Program
ADD	Active Duty Dependent
ADDP	Active Duty Dental Program
ADFM	Active Duty Family Member

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ADH	Atypical Ductal Hyperplasia
ADL	Activities of Daily Living
ADP	Automated Data Processing
ADSM	Active Duty Service Member
AF	Atrial Fibrillation
AFB	Air Force Base
AFOSI	Air Force Office of Special Investigations
AGR	Active Guard/Reserve
AHA	American Hospital Association
AHLTA	Armed Forces Health Longitudinal Technology Application
AHRQ	Agency for Healthcare Research and Quality
AI	Administrative Instruction
AIDS	Acquired Immune Deficiency Syndrome
AIIM	Association for Information and Image Management
AIS	Ambulatory Infusion Suite Automated Information Systems
AIX	Advanced IBM Unix
AJ	Administrative Judge
ALA	Annual Letter of Assurance
ALB	All Lines Busy
ALH	Atypical Lobular Hyperplasia
ALL	Acute Lymphocytic Leukemia
ALOS	Average Length-of-Stay
ALS	Action Lead Sheet Advanced Life Support
ALT	Autolymphocyte Therapy
AM&S	Acquisition Management and Support (Directorate)
AMA	Against Medical Advice American Medical Association
AMCB	American Midwifery Certification Board
AMH	Accreditation Manual for Hospitals
AMHCA	American Mental Health Counselor Association
AML	Acute Myelogenous [Myeloid] Leukemia
ANSI	American National Standards Institute
AOA	American Osteopathic Association
APA	American Psychiatric Association American Podiatry Association
APC	Ambulatory Payment Classification
API	Application Program Interface
APN	Assigned Provider Number
APO	Army Post Office
ART	Assisted Reproductive Technology
ARU	Automated Response Unit

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ARVC	Arrhythmogenic Right Ventricular Cardiomyopathy
ASA	Adjusted Standardized Amount American Society of Anesthesiologists
ASAP	Automated Standard Application for Payment
ASC	Accredited Standards Committee Ambulatory Surgical Center
ASCA	Administrative Simplification Compliance Act
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASD	Assistant Secretary of Defense Atrial Septal Defect Autism Spectrum Disorder
ASD(C3I)	Assistant Secretary of Defense for Command, Control, Communications, and Intelligence
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
ASD (MRA&L)	Assistant Secretary of Defense for Manpower, Reserve Affairs, and Logistics
ASP	Average Sale Price
ATA	American Telemedicine Association
ATB	All Trunks Busy
ATO	Approval to Operate
AVM	Arteriovenous Malformation
AWOL	Absent Without Leave
AWP	Average Wholesale Price
B&PS	Benefits and Provider Services
B2B	Business to Business
BACB	Behavioral Analyst Certification Board
BBA	Balanced Budget Act
BBP	Bloodborne Pathogen
BBRA	Balanced Budget Refinement Act
BC	Birth Center
BCaBA	Board Certified Assistant Behavior Analyst
BCABA	Board Certified Associate Behavior Analyst
BCAC	Beneficiary Counseling and Assistance Coordinator
BCBA	Board Certified Behavior Analyst
BCBS	Blue Cross [and] Blue Shield
BCBSA	Blue Cross [and] Blue Shield Association
BCC	Biostatistics Center
BH	Behavioral Health
BI	Background Investigation
BIPA	Benefits Improvement Protection Act
BL	Black Lung
BLS	Basic Life Support
BMI	Body Mass Index
BMT	Bone Marrow Transplantation

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BNAF	Budget Neutrality Adjustment Factor
BOS	Bronchiolitis Obliterans Syndrome
BP	Behavioral Plan
BPC	Beneficiary Publication Committee
BPS	Beneficiary and Provider Services
BRAC	Base Realignment and Closure
BRCA	BReast CAncer (genetic testing)
BRCA1/2	BReast CAncer Gene 1/2
BS	Bachelor of Science
BSGI	Breast-Specific Gamma Imaging
BSID	Bayley Scales of Infant Development
BSR	Beneficiary Service Representative
BWE	Beneficiary Web Enrollment
C&A	Certification and Accreditation
C&CS	Communications and Customer Service
C&P	Compensation and Pension
C/S	Client/Server
CA	Care Authorization
CA/NAS	Care Authorization/Non-Availability Statement
CABG	Coronary Artery Bypass Graft
CAC	Common Access Card
CAD	Coronary Artery Disease
CAF	Central Adjudication Facility
CAH	Critical Access Hospital
CAMBHC	Comprehensive Accreditation Manual for Behavioral Health Care
CAP	Competitive Acquisition Program
CAP/DME	Capital and Direct Medical Education
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAPP	Controlled Access Protection Profile
CAS	Carotid Artery Stenosis
CAT	Computerized Axial Tomography
CB	Consolidated Billing
CBC	Cypher Block Chaining
CBE	Clinical Breast Examination
CBHCO	Community-Based Health Care Organizations
CBP	Competitive Bidding Program
CBSA	Core Based Statistical Area
CC	Common Criteria Convenience Clinic Criminal Control (Act)
CC&D	Catastrophic Cap and Deductible
CCDD	Catastrophic Cap and Deductible Data

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CCEP	Comprehensive Clinical Evaluation Program
CCMHC	Certified Clinical Mental Health Counselor
CCN	Case Control Number
CCPD	Continuous Cycling Peritoneal Dialysis
CCR	Cost-To-Charge Ratio
CCTP	Custodial Care Transitional Policy
CD	Compact Disc
CDC	Centers for Disease Control and Prevention
CDCF	Central Deductible and Catastrophic Cap File
CDD	Childhood Disintegrative Disorder
CDH	Congenital Diaphragmatic Hernia
CD-I	Compact Disc - Interactive
CDR	Clinical Data Repository
CDRL	Contract Data Requirements List
CD-ROM	Compact Disc - Read Only Memory
CDT	Current Dental Terminology
CEA	Carotid Endarterectomy
CEIS	Corporate Executive Information System
CEO	Chief Executive Officer
CEOB	CHAMPUS Explanation of Benefits
CES	Cranial Electrotherapy Stimulation
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CFRD	Cystic Fibrosis-Related Diabetes
CFS	Chronic Fatigue Syndrome
CGMS	Continuous Glucose Monitoring System
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veteran Affairs
CHBC	Criminal History Background Check
CHBR	Criminal History Background Review
CHC	Civilian Health Care
CHCBP	Continued Health Care Benefits Program
CHCS	Composite Health Care System
CHEA	Council on Higher Education Accreditation
CHKT	Combined Heart-Kidney Transplant
CHOP	Children's Hospital of Philadelphia
CI	Counterintelligence
CIA	Central Intelligence Agency
CID	Central Institute for the Deaf
CIF	Central Issuing Facility
	Common Intermediate Format
CIO	Chief Information Officer

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CIPA	Classified Information Procedures Act
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CL	Confidentiality Level (Classified, Public, Sensitive)
CLIA	Clinical Laboratory Improvement Amendment
CLIN	Contract Line Item Number
CLKT	Combined Liver-Kidney Transplant
CLL	Chronic Lymphocytic Leukemia
CMAC	CHAMPUS Maximum Allowable Charge
CMHC	Community Mental Health Center
CML	Chronic Myelogenous Leukemia
CMN	Certificate(s) of Medical Necessity
CMO	Chief Medical Officer
CMP	Civil Money Penalty
CMR	Cardiovascular Magnetic Resonance
CMS	Centers for Medicare and Medicaid Services
CMVP	Cryptographic Module Validation Program
CNM	Certified Nurse Midwife
CNS	Central Nervous System Clinical Nurse Specialist
CO	Contracting Officer
COB	Close of Business Coordination of Benefits
COBC	Coordination of Benefits Contractor
COBRA	Consolidated Omnibus Budget Reconciliation Act
CoCC	Certificate of Creditable Coverage
COCO	Contractor Owned-Contractor Operated
COE	Common Operating Environment
CONUS	Continental United States
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
COPA	Council on Postsecondary Accreditation
COPD	Chronic Obstructive Pulmonary Disease
COR	Contracting Officer's Representative
CORF	Comprehensive Outpatient Rehabilitation Facility
CORPA	Commission on Recognition of Postsecondary Accreditation
COTS	Commercial-off-the-shelf
CP	Cerebral Palsy
CPA	Certified Public Accountant
CPE	Contract Performance Evaluation
CPI	Consumer Price Index
CPI-U	Consumer Price Index - Urban (Wage Earner)
CPNS	Certified Psychiatric Nurse Specialists

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CPR	CAC PIN Reset
CPT	Chest Physiotherapy Current Procedural Terminology
CPT-4	Current Procedural Terminology, 4th Edition
CQM	Clinical Quality Management
CQMP	Clinical Quality Management Program
CQMP AR	Clinical Quality Management Program Annual Report
CQS	Clinical Quality Studies
CRM	Contract Resource Management (Directorate)
CRNA	Certified Registered Nurse Anesthetist
CRS	Cytoreductive Surgery
CRT	Computer Remote Terminal
CSA	Clinical Support Agreement
CSE	Communications Security Establishment (of the Government of Canada)
CSP	Corporate Service Provider Critical Security Parameter
CST	Central Standard Time
CSU	Channel Sending Unit
CSV	Comma-Separated Value
CSW	Clinical Social Worker
CT	Central Time Computerized Tomography
CTA	Computerized Tomography Angiography
CTC	Computed Tomographic Colonography
CTCL	Cutaneous T-Cell Lymphoma
CTEP	Cancer Therapy Evaluation Program
CUC	Chronic Ulcerative Colitis
CVAC	CHAMPVA Center
CVS	Contractor Verification System
CY	Calendar Year
DAA	Designated Approving Authority
DAO	Defense Attache Offices
DBA	Doing Business As
DBN	DoD Benefits Number
DC	Direct Care
DCAA	Defense Contract Audit Agency
DCAO	Debt Collection Assistance Officer
DCID	Director of Central Intelligence Directive
DCII	Defense Clearance and Investigation Index
DCIS	Defense Criminal Investigating Service
DCN	Document Control Number
DCP	Data Collection Period
DCPE	Disability Compensation and Pension Examination

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DCR	Developed Character Reference
DCS	Duplicate Claims System
DCSI	Defense Central Security Index
	Ductal Carcinoma In Situ
DCWS	DEERS Claims Web Service
DD (Form)	Department of Defense (Form)
DDAS	DCII Disclosure Accounting System
DDP	Dependent Dental Plan
DDS	DEERS Dependent Suffix
DE	Durable Equipment
DECC	Defense Enterprise Computing Center
DED	Dedicated Emergency Department
DEERS	Defense Enrollment Eligibility Reporting System
DELM	Digital Epiluminescence Microscopy
DENC	Detailed Explanation of Non-Concurrence
DepSecDef	Deputy Secretary of Defense
DES	Data Encryption Standard Disability Evaluation System
DFAS	Defense Finance and Accounting Service
DG	Diagnostic Group
DGH	Denver General Hospital
DHHS	Department of Health and Human Services
DHP	Defense Health Program
DIA	Defense Intelligence Agency
DIACAP	DoD Information Assurance Certification And Accreditation Process
DII	Defense Information Infrastructure
DIS	Defense Investigative Service
DISA	Defense Information System Agency
DISCO	Defense Industrial Security Clearance Office
DISN	Defense Information Systems Network
DISP	Defense Industrial Security Program
DITSCAP	DoD Information Technology Security Certification and Accreditation Process
DLAR	Defense Logistics Agency Regulation
DLE	Dialyzable Leukocyte Extract
DLI	Donor Lymphocyte Infusion
DM	Disease Management
DMDC	Defense Manpower Data Center
DME	Durable Medical Equipment
DMEPOS	Durable medical equipment, prosthetics, orthotics, and supplies
DMI	DMDC Medical Interface
DMIS	Defense Medical Information System
DMIS-ID	Defense Medical Information System Identification (Code)

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DMLSS	Defense Medical Logistics Support System
DMZ	Demilitarized Zone
DNA	Deoxyribonucleic Acid
DNA-HLA	Deoxyribonucleic Acid - Human Leucocyte Antigen
DNACI	DoD National Agency Check Plus Written Inquiries
DO	Doctor of Osteopathy Operations Directorate
DOB	Date of Birth
DOC	Dynamic Orthotic Cranioplasty (Band)
DoD	Department of Defense
DoD AI	Department of Defense Administrative Instruction
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDIG	Department of Defense Inspector General
DoD P&T	Department of Defense Pharmacy and Therapeutics (Committee)
DOE	Department of Energy
DOEBA	Date of Earliest Billing Action
DOES	DEERS Online Enrollment System
DOHA	Defense Office of Hearings and Appeals
DOJ	Department of Justice
DOLBA	Date of Latest Billing Action
DOS	Date Of Service
DP	Designated Provider
DPA	Differential Power Analysis
DPI	Designated Providers Integrator
DPO	DEERS Program Office
DPPO	Designated Provider Program Office
DRA	Deficit Reduction Act
DREZ	Dorsal Root Entry Zone
DRG	Diagnosis Related Group
DRPO	DEERS RAPIDS Program Office
DRS	Decompression Reduction Stabilization
DSAA	Defense Security Assistance Agency
DSC	DMDC Support Center
DSCC	Data and Study Coordinating Center
DS Logon	DoD Self-Service Logon
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSM-III	Diagnostic and Statistical Manual of Mental Disorders, Third Edition
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DSMC	Data and Safety Monitoring Committee
DSMO	Designated Standards Maintenance Organization
DSMT	Diabetes Self-Management Training

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DSO	DMDC Support Office
DSPOC	Dental Service Point of Contact
DSU	Data Sending Unit
DTF	Dental Treatment Facility
DTM	Directive-Type Memorandum
DTR	Derived Test Requirements
DTRO	Director, TRICARE Regional Office
DUA	Data Use Agreement
DVA	Department of Veterans Affairs
DVAHCF	Department of Veterans Affairs Health Care Finder
DVD	Digital Video Disc
DWR	DSO Web Request
Dx	Diagnosis
DXA	Dual Energy X-Ray Absorptiometry
E-ID	Early Identification
E-NAS	Electronic Non-Availability Statement
e-QIP	Electronic Questionnaires for Investigations Processing
E&M	Evaluation & Management
E2R	Enrollment Eligibility Reconciliation
EAL	Common Criteria Evaluation Assurance Level
EAP	Employee-Assistance Program Ethandamine phosphate
EBC	Enrollment Based Capitation
ECA	External Certification Authority
ECAS	European Cardiac Arrhythmia Society
ECG	Electrocardiogram
ECHO	Extended Care Health Option
ECT	Electroconvulsive Therapy
ED	Emergency Department
EDC	Error Detection Code
EDI	Electronic Data Information Electronic Data Interchange
EDIPI	Electronic Data Interchange Person Identifier
EDIPN	Electronic Data Interchange Person Number
EDI_PN	Electronic Data Interchange Patient Number
EEG	Electroencephalogram
EEPROM	Erasable Programmable Read-Only Memory
EFM	Electronic Fetal Monitoring
EFMP	Exceptional Family Member Program
EFP	Environmental Failure Protection
EFT	Electronic Funds Transfer Environmental Failure Testing
EGHP	Employer Group Health Plan

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E/HPC	Enrollment/Health Plan Code
EHHC	ECHO Home Health Care Extended Care Health Option Home Health Care
EHP	Employee Health Program
EHRA	European Heart Rhythm Association
EIA	Educational Interventions for Autism Spectrum Disorders
EID	Enrollment Information for Dental
EIDS	Executive Information and Decision Support
EIN	Employer Identification Number
EIP	External Infusion Pump
EKG	Electrocardiogram
ELN	Element Locator Number
ELISA	Enzyme-Linked Immunoabsorbent Assay
E/M	Evaluation and Management
EMC	Electronic Media Claim Enrollment Management Contractor
EMDR	Eye Movement Desensitization and Reprocessing
EMG	Electromyogram
EMTALA	Emergency Medical Treatment & Active Labor Act
ENTNAC	Entrance National Agency Check
EOB	Explanation of Benefits
EOBs	Explanations of Benefits
EOC	Episode of Care
EOE	Evoked Otoacoustic Emission
EOG	Electro-oculogram
EOMB	Explanation of Medicare Benefits
ePHI	electronic Protected Health Information
EPO	Erythropoietin Exclusive Provider Organization
EPR	EIA Program Report
EPROM	Erasable Programmable Read-Only Memory
ER	Emergency Room
ERISA	Employee Retirement Income and Security Act of 1974
ESRD	End Stage Renal Disease
EST	Eastern Standard Time
ESWT	Extracorporeal Shock Wave Therapy
ET	Eastern Time
ETIN	Electronic Transmitter Identification Number
EWPS	Enterprise Wide Provider System
EWRAS	Enterprise Wide Referral and Authorization System
F&AO	Finance and Accounting Office(r)
FAI	Femoroacetabular Impingement
FAP	Familial Adenomatous Polyposis

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FAR	Federal Acquisition Regulations
FASB	Federal Accounting Standards Board
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FCCA	Federal Claims Collection Act
FDA	Food and Drug Administration
FDB	First Data Bank
FDL	Fixed Dollar Loss
Fed	Federal Reserve Bank
FEHBP	Federal Employee Health Benefit Program
FEL	Familial Erythrophagocytic Lymphohistiocytosis
FEV ₁	Forced Expiratory Volume
FFM	Foreign Force Member
FHL	Familial Hemophagocytic Lymphohistiocytosis
FI	Fiscal Intermediary
FIPS	Federal Information Processing Standards (or System)
FIPS PUB	FIPS Publication
FISH	Fluorescence In Situ Hybridization
FISMA	Federal Information Security Management Act
FL	Form Locator
FMCRA	Federal Medical Care Recovery Act
FMRI	Functional Magnetic Resonance Imaging
FOBT	Fecal Occult Blood Testing
FOC	Full Operational Capability
FOIA	Freedom of Information Act
FPO	Fleet Post Office
FQHC	Federally Qualified Health Center
FR	Federal Register Frozen Records
FRC	Federal Records Center
FSO	Facility Security Officer
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FX	Foreign Exchange (lines)
FY	Fiscal Year
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office
GBL	Government Bill of Lading
GDC	Guglielmi Detachable Coil
GFE	Government Furnished Equipment
GHP	Group Health Plan
GHz	Gigahertz

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GIFT	Gamete Intrafallopian Transfer
GIQD	Government Inquiry of DEERS
GP	General Practitioner
GPCI	Geographic Practice Cost Index
H/E	Health and Environment
HAC	Health Administration Center Hospital Acquired Condition
HAVEN	Home Assessment Validation and Entry
HBA	Health Benefits Advisor
HBO	Hyperbaric Oxygen Therapy
HCC	Health Care Coverage
HCDP	Health Care Delivery Program
HCF	Health Care Finder
HCFA	Health Care Financing Administration
HCG	Human Chorionic Gonadotropin
HCIL	Health Care Information Line
HCM	Hypertrophic Cardiomyopathy
HCO	Healthcare Operations Division
HCP	Health Care Provider
HCPC	Healthcare Common Procedure Code (formerly HCFA Common Procedure Code)
HCPCS	Healthcare Common Procedure Coding System (formerly HCFA Common Procedure Coding System)
HCPR	Health Care Provider Record
HCSR	Health Care Service Record
HDC	High Dose Chemotherapy
HDC/SCR	High Dose Chemotherapy with Stem Cell Rescue
HDGC	Hereditary Diffuse Gastric Cancer
HDL	Hardware Description Language
HEAR	Health Enrollment Assessment Review
HEDIS	Health Plan Employer Data and Information Set
HepB-Hib	Hepatitis B and Hemophilus influenza B
HHA	Home Health Agency
HHA PPS	Home Health Agency Prospective Payment System
HHC	Home Health Care
HHC/CM	Home Health Care/Case Management
HHRG	Home Health Resource Group
HHS	Health and Human Services
HI	Health Insurance
HIAA	Health Insurance Association of America
HIC	Health Insurance Carrier
HICN	Health Insurance Claim Number
HINN	Hospital-Issued Notice Of Noncoverage

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HINT	Hearing in Noise Test
HIPAA	Health Insurance Portability and Accountability Act (of 1996)
HIPEC	Hyperthermic Intraperitoneal Chemotherapy
HIPPS	Health Insurance Prospective Payment System
HIQH	Health Insurance Query for Health Agency
HIV	Human Immunodeficiency Virus
HL7	Health Level 7
HLA	Human Leukocyte Antigen
HMAC	Hash-Based Message Authentication Code
HMO	Health Maintenance Organization
HNPCC	Hereditary Non-Polyposis Colorectal Cancer
HOPD	Hospital Outpatient Department
HPA&E	Health Program Analysis & Evaluation
HPSA	Health Professional Shortage Area
HPV	Human Papilloma Virus
HRA	Health Reimbursement Arrangement
HRG	Health Resource Group
HRS	Heart Rhythm Society
HRT	Heidelberg Retina Tomograph Hormone Replacement Therapy
HSCRC	Health Services Cost Review Commission
HTML	HyperText Markup Language
HTTP	HyperText Transfer (Transport) Protocol
HTTPS	Hypertext Transfer (Transport) Protocol Secure
HUAM	Home Uterine Activity Monitoring
HUD	Humanitarian Use Device
HUS	Hemolytic Uremic Syndrome
HVPT	Hyperventilation Provocation Test
IA	Information Assurance
IATO	Interim Approval to Operate
IAVA	Information Assurance Vulnerability Alert
IAVB	Information Assurance Vulnerability Bulletin
IAVM	Information Assurance Vulnerability Management
IAW	In accordance with
IBD	Inflammatory Bowel Disease
IC	Individual Consideration Integrated Circuit
ICASS	International Cooperative Administrative Support Services
ICD	Implantable Cardioverter Defibrillator
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICF	Intermediate Care Facility
ICMP	Individual Case Management Program

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Acronyms And Abbreviations

ICMP-PEC	Individual Case Management Program For Persons With Extraordinary Conditions
ICN	Internal Control Number
ICSP	Individual Corporate Services Provider
ID	Identification Identifier
IDB	Intradiscal Biacuplasty
IDD	Internal or Intervertebral Disc Decompression
IDE	Investigational Device Exemption Investigational Device
IDEA	Individuals with Disabilities Education Act
IDES	Integrated Disability Evaluation System
IDET	Intradiscal Electrothermal Therapy
IDME	Indirect Medical Education
IdP	Identity Protection
IDTA	Intradiscal Thermal Annuloplasty
IE	Interface Engine Internet Explorer
IEA	Intradiscal Electrothermal Annuloplasty
IEP	Individualized Educational Program
IFSP	Individualized Family Service Plan
IG	Implementation Guidance
IgA	Immunoglobulin A
IGCE	Independent Government Cost Estimate
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IIHI	Individually Identifiable Health Information
IIP	Implantable Infusion Pump
IM	Information Management Instant Message/Messaging Intramuscular
IMRT	Intensity Modulated Radiation Therapy
IND	Investigational New Drugs
INR	International Normalized Ratio Intramuscular International Normalized Ratio
INS	Immigration and Naturalization Service
IOC	Initial Operational Capability
IOD	Interface Operational Description
IOLs	Intraocular Lenses
IOM	Internet Only Manual
IORT	Intra-Operative Radiation Therapy
IP	Inpatient
IPC	Information Processing Center (outdated term, see SMC)
IPHC	Intraperitoneal Hyperthermic Chemotherapy

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IPN	Intraperitoneal Nutrition
IPP	In-Person Proofing
IPPS	Inpatient Prospective Payment System
IPS	Individual Pricing Summary
IPSEC	Secure Internet Protocol
IQ	Intelligence Quotient
IQM	Internal Quality Management
IRB	Institutional Review Board
IRR	Individual Ready Reserve
IRS	Internal Revenue Service
IRTS	Integration and Runtime Specification
IS	Information System
ISN	Investigation Schedule Notice
ISO	International Standard Organization
ISP	Internet Service Provider
IT	Information Technology
ITSEC	Information Technology Security Evaluation Criteria
IV	Initialization Vector Intravenous
IVF	In Vitro Fertilization
JC	Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations (JCAHO))
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JCOS	Joint Chiefs of Staff
JFTR	Joint Federal Travel Regulations
JNI	Japanese National Insurance
JTF-GNO	Joint Task Force for Global Network Operations
JUSDAC	Joint Uniformed Services Dental Advisory Committee
JUSMAC	Joint Uniformed Services Medical Advisory Committee
JUSPAC	Joint Uniformed Services Personnel Advisory Committee
KB	Knowledge Base
KO	Contracting Officer
LAA	Limited Access Authorization
LAC	Local Agency Check
LAK	Lymphokine-Activated Killer
LAN	Local Area Network
LASER	Light Amplification by Stimulated Emission of Radiation
LCF	Long-term Care Facility
LCIS	Lobular Carcinoma In Situ
LDL	Low Density Lipoprotein
LDLT	Living Donor Liver Transplantation
LDR	Low Dose Rate

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LLLT	Low Level Laser Therapy
LNT	Lexical Neighborhood Test
LOC	Letter of Consent
LOD	Letter of Denial/Revocation Line of Duty
LOI	Letter of Intent
LOS	Length-of-Stay
LOT	Life Orientation Test
LPN	Licensed Practical Nurse
LSIL	Low-grade Squamous Intraepithelial Lesion
LSN	Location Storage Number
LTC	Long-Term Care
LUPA	Low Utilization Payment Adjustment
LV	Left Ventricle [Ventricular]
LVEF	Left Ventricular Ejection Fraction
LVN	Licensed Vocational Nurse
LVRS	Lung Volume Reduction Surgery
MAC	Maximum Allowable Charge Maximum Allowable Cost
MAC III	Mission Assurance Category III
MAID	Maximum Allowable Inpatient Day
MB&RB	Medical Benefits and Reimbursement Branch
MBI	Molecular Breast Imaging
MCIO	Military Criminal Investigation Organization
MCS	Managed Care Support
MCSC	Managed Care Support Contractor
MCSS	Managed Care Support Services
MCTDP	Myelomeningocele Clinical Trial Demonstration Protocol
MD	Doctor of Medicine
MDI	Mental Developmental Index Multiple Daily Injection
MDR	MHS Data Repository
MDS	Minimum Data Set
MEB	Medical Evaluation Board
MEC	Marketing and Education Committee
MEI	Medicare Economic Index
MEPS	Military Entrance Processing Station
MEPRS	Medical Expense Performance Reporting System
MET	Microcurrent Electrical Therapy
MFCC	Marriage and Family Counseling Center
MGCRB	Medicare Geographic Classification Review Board
MGIB	Montgomery GI Bill
MH	Mental Health

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MHO	Medical Holdover
MHS	Military Health System
MHSO	Managing Health Services Organization
MHSS	Military Health Services System
MI	Myocardial Infarction
MI&L	Manpower, Installations, and Logistics
MIA	Missing In Action
MIDCAB	Minimally Invasive Direct Coronary Artery Bypass
MIRE	Monochromatic Infrared Energy
MLNT	Multisyllabic Lexical Neighborhood Test
MMA	Medicare Modernization Act
MMP	Medical Management Program
MMSO	Military Medical Support Office
MMWR	Morbidity and Mortality Weekly Report
MNR	Medical Necessity Report
MOA	Memorandum of Agreement
MOMS	Management of Myelomeningocele Study
MOP	Mail Order Pharmacy
MOU	Memorandum of Understanding
MPI	Master Patient Index
MR	Magnetic Resonance Medical Review Mentally Retarded
MRA	Magnetic Resonance Angiography
MRHFP	Medicare Rural Hospital Flexibility Program
MRI	Magnetic Resonance Imaging
MRPU	Medical Retention Processing Unit
MS	Microsoft®
MSA	Metropolitan Statistical Area
MSC	Military Sealift Command
MSIE	Microsoft® Internet Explorer
MSP	Medicare Secondary Payer
MST	Mountain Standard Time
MSUD	Maple Syrup Urine Disease
MSW	Masters of Social Work Medical Social Worker
MT	Mountain Time
MTF	Military Treatment Facility
MUE	Medically Unlikely Edits
MV	Multivisceral (transplant)
MVS	Multiple Virtual Storage
MWR	Morale, Welfare, and Recreation
N/A	Not Applicable

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N/D	No Default
NAC	National Agency Check
NACI	National Agency Check Plus Written Inquiries
NACLC	National Agency Check with Law Enforcement and Credit
NADFM	Non-Active Duty Family Member
NARA	National Archives and Records Administration
NAS	Naval Air Station
	Non-Availability Statement
NATO	North Atlantic Treaty Organization
NAVMED	Naval Medical (Form)
NBCC	National Board of Certified Counselors
NCCI	National Correct Coding Initiatives
NCF	National Conversion Factor
NCI	National Cancer Institute
NCPAP	Nasal Continuous Positive Airway Pressure
NCPDP	National Council of Prescription Drug Program
NCQA	National Committee for Quality Assurance
NCVHS	National Committee on Vital and Health Statistics
NDAA	National Defense Authorization Act
NDC	National Drug Code
NDMS	National Disaster Medical System
NED	National Enrollment Database
NETT	National Emphysema Treatment Trial
NF	Nursing Facility
NGPL	No Government Pay List
NHLBI	National Heart, Lung and Blood Institute
NHSC	National Health Service Corps
NICHD	National Institute of Child Health and Human Development
NIH	National Institutes of Health
NII	Networks and Information Integration
NIPRNET	Nonsecure Internet Protocol Router Network
NIS	Naval Investigative Service
NISPOM	National Industrial Security Program Operating Manual
NIST	National Institute of Standards and Technology
NLT	No Later Than
NMES	Neuromuscular Electrical Stimulation
NMOP	National Mail Order Pharmacy
NMR	Nuclear Magnetic Resonance
NMT	Nurse Massage Therapist
NOAA	National Oceanic and Atmospheric Administration
NoPP	Notice of Private Practices
NOSCASTC	National Operating Standard Cost as a Share of Total Costs

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NP	Nurse Practitioner
NPDB	National Practitioner Data Bank
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
NPR	Notice of Program Reimbursement
NPS	Naval Postgraduate School
NPWT	Negative Pressure Wound Therapy
NQF	National Quality Forum
NRC	Nuclear Regulatory Commission
NRS	Non-Routine [Medical] Supply
NSDSMEP	National Standards for Diabetes Self-Management Education Programs
NTIS	National Technical Information Service
NUBC	National Uniform Billing Committee
NUCC	National Uniform Claims Committee
O/ATIC	Operations/Advanced Technology Integration Center
OA	Office of Administration
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OASD (H&E)	Office of the Assistant Secretary of Defense (Health and Environment)
OASD (MI&L)	Office of the Assistant Secretary of Defense (Manpower, Installations, and Logistics)
OASIS	Outcome and Assessment Information Set
OB/GYN	Obstetrician/Gynecologist
OBRA	Omnibus Budget Reconciliation Act
OCE	Outpatient Code Editor
OCHAMPUS	Office of Civilian Health and Medical Program of the Uniformed Services
OCMO	Office of the Chief Medical Officer
OCONUS	Outside of the Continental United States
OCR	Office of Civil Rights
OCSP	Organizational Corporate Services Provider
OCT	Optical Coherence Tomograph
OD	Optical Disk
OF	Optional Form
OGC	Office of General Counsel
OGC-AC	Office of General Counsel-Appeals, Hearings & Claims Collection Division
OGP	Other Government Program
OHI	Other Health Insurance
OHS	Office of Homeland Security
OIG	Office of Inspector General
OMB	Office of Management and Budget
OP/NSP	Operation/Non-Surgical Procedure
OPD	Outpatient Department
OPM	Office of Personnel Management

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OPPS	Outpatient Prospective Payment System
OR	Operating Room
OSA	Obstructive Sleep Apnea
OSAS	Obstructive Sleep Apnea Syndrome
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
OSS	Office of Strategic Services
OT	Occupational Therapy (Therapist)
OTC	Over-The-Counter
OUSD	Office of the Undersecretary of Defense
OUSD (P&R)	Office of the Undersecretary of Defense (Personnel and Readiness)
P/O	Prosthetic and Orthotics
P&T	Pharmacy And Therapeutics (Committee)
PA	Physician Assistant
PACAB	Port Access Coronary Artery Bypass
PACO ₂	Partial Pressure of Carbon Dioxide
PAO ₂	Partial Pressure of Oxygen
PAK	Pancreas After Kidney (transplant)
PAP	Papanicolaou
PAT	Performance Assessment Tracking
PatID	Patient Identifier
PAVM	Pulmonary Arteriovenous Malformation
PBM	Pharmacy Benefit Manager
PC	Peritoneal Carcinomatosis Personal Computer Professional Component
PCA	Patient Controlled Analgesia
PCDIS	Purchased Care Detail Information System
PCI	Percutaneous Coronary Intervention
PCM	Primary Care Manager
PCMBN	PCM By Name
PCMRA	PCM Research Application
PCMRS	PCM Panel Reassignment (Application) PCM Reassignment System
PCO	Procurement (Procuring) Contracting Officer
PCP	Primary Care Physician Primary Care Provider
PCS	Permanent Change of Station
PD	Passport Division
PDA	Patent Ductus Arteriosus Personal Digital Assistant
PDD	Percutaneous (or Plasma) Disc Decompression
PDDBI	Pervasive Developmental Disorders Behavior Inventory

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PDDNOS	Pervasive Developmental Disorder Not Otherwise Specified
PDF	Portable Document Format
PDI	Potentially Disqualifying Information
PDQ	Physicians's Data Query
PDR	Person Data Repository
PDS	Person Demographics Service
PDTS	Pharmacy Data Transaction System
PDX	Principal Diagnosis
PE	Physical Examination
PEC	Pharmacoeconomic Center
PEP	Partial Episode Payment
PEPR	Patient Encounter Processing and Reporting
PERMS	Provider Education and Relations Management System
PET	Positron Emission Tomography
PFCRA	Program Fraud Civil Remedies Act
PFPP	Partnership For Peace
PFPWD	Program for Persons with Disabilities
Phen-Fen	Pondimin and Redux
PHI	Protected Health Information
PHIMT	Protected Health Information Management Tool
PHP	Partial Hospitalization Program
PHS	Public Health Service
PI	Program Integrity (Office)
PIA	Privacy Impact Assessment (Online)
PIC	Personnel Investigation Center
PIE	Pulsed Irrigation Evacuation
PIN	Personnel Identification Number
PIP	Personal Injury Protection Personnel Identity Protection
PIRFT	Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
PIT	PCM Information Transfer
PIV	Personal Identity Verification
PK	Public Key
PKE	Public Key Enabling
PKI	Public Key Infrastructure
PKU	Phenylketonuria
PLS	Preschool Language Scales
PM-DRG	Pediatric Modified-Diagnosis Related Group
PMPM	Per Member Per Month
PMR	Percutaneous Myocardial Laser Revascularization
PNET	Primitive Neuroectodermal Tumors
PNT	Policy Notification Transaction

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POA	Power of Attorney Present On Admission
POA&M	Plan of Action and Milestones
POC	Pharmacy Operations Center Plan of Care Point of Contact
POL	May 1996 TRICARE/CHAMPUS Policy Manual 6010.47-M
POS	Point of Sale (Pharmacy only) Point of Service Public Official's Statement
POV	Privately Owned Vehicle
PPACA	Patient Protection and Affordable Care Act
PPD	Per Patient Day
PPN	Preferred Provider Network
PPO	Preferred Provider Organization
PPP	Purchasing Power Parity
PPS	Prospective Payment System Ports, Protocols and Services
PPSM	Ports, Protocols, and Service Management
PPV	Pneumococcal Polysaccharide Vaccine
PQI	Potential Quality Indicator Potential Quality Issue
PR	Periodic Reinvestigation
PRC	Program Review Committee
PRFA	Percutaneous Radiofrequency Ablation
PRG	Peer Review Group
PRO	Peer Review Organization
ProDUR	Prospective Drug Utilization Review
PROM	Programmable Read-Only Memory
PRP	Personnel Reliability Program
PRPP	Pharmacy Redesign Pilot Project
PSA	Prime Service Area Physician Scarcity Area
PSAB	Personnel Security Appeals Board
PSCT	Peripheral Stem Cell Transplantation
PSD	Personnel Security Division
PSG	Polysomnography
PSI	Personnel Security Investigation
PST	Pacific Standard Time
PT	Pacific Time Physical Therapist Physical Therapy Prothrombin Time

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PTA	Pancreas Transplant Alone Percutaneous Transluminal Angioplasty
PTC	Processed To Completion
PTCA	Percutaneous Transluminal Coronary Angioplasty
PTK	Phototherapeutic Keratectomy
PTNS	Posterior Tibial Nerve Stimulation
PTSD	Post-Traumatic Stress Disorder
PVCs	Premature Ventricular Contractions
QA	Quality Assurance
QC	Quality Control
QI	Quality Improvement Quality Issue
QII	Quality Improvement Initiative
QIO	Quality Improvement Organization
QIP	Quality Improvement Program
QLE	Qualifying Life Event
QM	Quality Management
QUIG	Quality Indicator Group
RA	Radiofrequency Annuloplasty Remittance Advice
RADDP	Remote Active Duty Dental Program
RAM	Random Access Memory
RAP	Request for Anticipated Payment
RAPIDS	Real-Time Automated Personnel Identification System
RC	Reserve Component
RCC	Recurring Credit/Debit Charge
RCN	Recoupment Case Number Refund Control Number
RCS	Report Control Symbol
RD	Regional Director Registered Dietitian
RDBMS	Relational Database Management System
RDDDB	Reportable Disease Database
REM	Rapid Eye Movement
RF	Radiofrequency
RFA	Radiofrequency Ablation
RFI	Request For Information
RFP	Request For Proposal
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RhoGAM	RRho (D) Immune Globulin
RN	Registered Nurse
RNG	Random Number Generator

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RO	Regional Office
ROC	Resumption of Care
ROFR	Right of First Refusal
ROM	Read-Only Memory Rough Order of Magnitude
ROT	Read-Only Table
ROTC	Reserved Officer Training Corps
ROVER	RHHI OASIS Verification
RPM	Record Processing Mode
RRA	Regional Review Authority
RTC	Residential Treatment Center
rTMS	Repetitive Transcranial Magnetic Stimulation
RUG	Resource Utilization Group
RV	Residual Volume Right Ventricle [Ventricular]
RVU	Relative Value Unit
SAAR	System Authorization Access Request
SAD	Seasonal Affective Disorder
SADMERC	Statistical Analysis Durable Medical Equipment Regional Carrier
SAFE	Sexual Assault Forensic Examination
SAO	Security Assistant Organizations
SAP	Special Access Program
SAPR	Sexual Assault Prevention and Response
SAS	Sensory Afferent Stimulation
SAT	Service Assist Team
SBCC	Service Branch Classification Code
SBI	Special Background Investigation
SCA	Service Contract Act
SCH	Sole Community Hospital
SCHIP	State Children's Health Insurance Program
SCI	Sensitive Compartmented Information Spinal Cord Injury
SCIC	Significant Change in Condition
SCOO	Special Contracts and Operations Office
SCR	Stem Cell Rescue
S/D	Security Division
SD (Form)	Secretary of Defense (Form)
SEP	Sensory Evoked Potentials
SES	Senior Executive Service
SelRes	Selected Reserve
SF	Standard Form
SGDs	Speech Generating Devices
SHCP	Supplemental Health Care Program

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SI	Sensitive Information Small Intestine (transplant) Special Indicator (code) Status Indicator
SIDS	Sudden Infant Death Syndrome
SIF	Source Input Format
SII	Special Investigative Inquiry
SI/L	Small Intestine-Live (transplant)
SIOP-ESI	Single Integrated Operational plan-Extremely Sensitive Information
SIP	System Identification Profile
SIT	Standard Insurance Table
SMC	System Management Center
SNF	Skilled Nursing Facility
SNS	Sacral Nerve Root Stimulation
SOC	Start of Care
SOFA	Status Of Forces Agreement
SOIC	Senior Officer of the Intelligence Community
SON	Submitting Office Number
SOR	Statement of Reasons
SPA	Simple Power Analysis
SPECT	Single Photon Emission Computed Tomography
SPK	Simultaneous Pancreas Kidney (transplant)
SPOC	Service Point of Contact
SPR	SECRET Periodic Reinvestigation
SQL	Structured Query Language
SRE	Serious Reportable Event
SSA	Social Security Act Social Security Administration
SSAA	Social Security Authorization Agreement
SSAN	Social Security Administration Number
SSBI	Single-Scope Background Investigation
SSDI	Social Security Disability Insurance
SSL	Secure Socket Layer
SSM	Site Security Manager
SSN	Social Security Number
SSO	Short-Stay Outlier
ST	Speech Therapy
STF	Specialized Treatment Facility
STS	Specialized Treatment Services
STSF	Specialized Treatment Service Facility
SUBID	Sub-Identifier
SUDRF	Substance Use Disorder Rehabilitation Facility
SVO	SIT Validation Office

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SVT	Supraventricular Tachycardia
SWLS	Satisfaction With Life Scale
TAD	Temporary Additional Duty
TAFIM	Technical Architecture Framework for Information Management
TAMP	Transitional Assistance Management Program
TAO	TRICARE Alaska Office TRICARE Area Office
TAR	Total Ankle Replacement
TARO	TRICARE Alaska Regional Office
TB	Tuberculosis
TBD	To Be Determined
TBE	Tick Borne Encephalitis
TBI	Traumatic Brain Injury
TC	Technical Component
TCP/IP	Transmission Control Protocol/Internet Protocol
TCSRC	Transitional Care for Service-Related Conditions
TDD	Targeted Disc Decompression
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contract
TDP	TRICARE Dental Program/Plan
TDY	Temporary Duty
TED	TRICARE Encounter Data
TEE	Transesophageal Echocardiograph [Echocardiography]
TEFRA	Tax Equity and Fiscal Responsibility Act
TEOB	TRICARE Explanation of Benefits
TEPRC	TRICARE Encounter Pricing (Record)
TEPRV	TRICARE Encounter Provider (Record)
TET	Tubal Embryo Transfer
TF	Transfer Factor
TFL	TRICARE For Life
TFMDP	TRICARE (Active Duty) Family Member Dental Plan
TGRO	TRICARE Global Remote Overseas
TGROHC	TGRO Host Country
TIFF	Tagged Imaged File Format
TIL	Tumor-Infiltrating Lymphocytes
TIMPO	Tri-Service Information Management Program Office
TIN	Taxpayer Identification Number
TIP	Thermal Intradiscal Procedure
TIPS	Transjugular Intrahepatic Portosystemic Shunt
TIS	TRICARE Information Service
TLAC	TRICARE Latin America/Canada
TLC	Total Lung Capacity
TMA	TRICARE Management Activity

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TMA-A	TRICARE Management Activity - Aurora
TMAC	TRICARE Maximum Allowable Charge
TMCPA	Temporary Military Contingency Payment Adjustment
TMH	Telemental Health
TMI&S	Technology Management Integration & Standards
TMOP	TRICARE Mail Order Pharmacy
TMR	Transmyocardial Revascularization
TMS	Transcranial Magnetic Stimulation
TNEX	TRICARE Next Generation (MHS Systems)
TNP	Topical Negative Pressure
TOB	Type of Bill
TOE	Target of Evaluation
TOL	TRICARE Online
TOM	August 2002 TRICARE Operations Manual 6010.51-M February 2008 TRICARE Operations Manual 6010.56-M
TOP	TRICARE Overseas Program
TOPO	TRICARE Overseas Program Office
TPA	Third Party Administrator
TPC	Third Party Collections
TPharm	TRICARE Pharmacy
TPL	Third Party Liability
TPM	August 2002 TRICARE Policy Manual 6010.54-M February 2008 TRICARE Policy Manual 6010.57-M
TPN	Total Parenteral Nutrition
TPOCS	Third Party Outpatient Collections System
TPR	TRICARE Prime Remote
TPRADFM	TRICARE Prime Remote Active Duty Family Member
TPRADSM	TRICARE Prime Remote Active Duty Service Member
TPRC	TRICARE Puerto Rico Contract(or)
TQMC	TRICARE Quality Monitoring Contractor
TRDP	TRICARE Retiree Dental Program
TRI	TED Record Indicator
TRIAP	TRICARE Assistance Program
TRM	August 2002 TRICARE Reimbursement Manual 6010.55-M February 2008 TRICARE Reimbursement Manual 6010.58-M
TRO	TRICARE Regional Office
TRO-N	TRICARE Regional Office-North
TRO-S	TRICARE Regional Office-South
TRO-W	TRICARE Regional Office-West
TRPB	TRICARE Retail Pharmacy Benefits
TRR	TRICARE Retired Reserve
TRRx	TRICARE Retail Pharmacy
TRS	TRICARE Reserve Select

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TRSA	TRICARE Reserve Select Application
TSC	TRICARE Service Center
TSF	Target of Evaluation Security Functions
TSM	August 2002 TRICARE Systems Manual 7950.1-M February 2008 TRICARE Systems Manual 7950.2-M
TSP	Target of Evaluation Security Policy
TSR	TRICARE Select Reserve
TSRDP	TRICARE Select Reserve Dental Program
TSRx	TRICARE Senior Pharmacy
TSS	TRICARE Senior Supplement
TSSD	TRICARE Senior Supplement Demonstration
TTPA	Temporary Transitional Payment Adjustment
TTY	Teletypewriter
TUNA	Transurethral Needle Ablation
TYA	TRICARE Young Adult
UAE	Uterine Artery Embolization
UARS	Upper Airway Resistance Syndrome
UB	Uniform Bill
UBO	Uniform Business Office
UCBT	Umbilical Cord Blood Stem Cell Transplantation
UCC	Uniform Commercial Code Urgent Care Center
UCCI	United Concordia Companies, Inc.
UCSF	University of California San Francisco
UIC	Unit Identification Code
UIN	Unit Identifier Number
UM	Utilization Management
UMO	Utilization Management Organization
UMP	User Maintenance Portal
UPIN	Unique Physician Identification Number
UPPP	Uvulopalatopharyngoplasty
URFS	Unremarried Former Spouse
URL	Universal Resource Locator
US	Ultrasound United States
USA	United States of America
USACID	United States Army Criminal Investigation Division
USAF	United States Air Force
USAO	United States Attorneys' Office
USC	United States Code
USCG	United States Coast Guard
USCO	Uniformed Services Claim Office
USD	Undersecretary of Defense

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USD (P&R)	Undersecretary of Defense (Personnel and Readiness)
USDI	Undersecretary of Defense for Intelligence
USFHP	Uniformed Services Family Health Plan
USHBP	Uniformed Services Health Benefit Plan
USMC	United States Marine Corps
USMTF	Uniformed Services Medical Treatment Facility
USN	United States Navy
USPDI	United States Pharmacopoeia Drug Information
USPHS	United States Public Health Service
USPS	United States Postal Service
USPSTF	U.S. Preventive Services Task Force
USS	United Seaman's Service
USTF	Uniformed Services Treatment Facility
UV	Ultraviolet
VA	Veterans Affairs (hospital) Veterans Administration
VAC	Vacuum-Assisted Closure
VAD	Ventricular Assist Device
VAMC	VA Medical Center
VATS	Video-Assisted Thoroscopic Surgery
VAX-D	Vertebral Axial Decompression
VD	Venereal Disease
VO	Verifying Office (Official)
VPN	Virtual Private Network
VPOC	Verification Point of Contact
VRDX	Reason Visit Diagnosis
VSAM	Virtual Storage Access Method
VSD	Ventricular Septal Defect
WAC	Wholesale Acquisition Cost
WAN	Wide Area Network
WATS	Wide Area Telephone Service
WC	Worker's Compensation
WebDOES	DEERS Online Enrollment System Web (application)
WEDI	Workgroup for Electronic Data Interchange
WIC	Women, Infants, and Children (Program)
WII	Wounded, Ill, and Injured
WLAN	Wireless Local Area Network
WORM	Write Once Read Many
WRAMC	Walter Reed Army Medical Center
WTC	World Trade Center
WTRR	Wire Transfer Reconciliation Report
WTU	Warrior Transition Unit

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X-Linked SCID	X-Linked Severe Combined Immunodeficiency Syndrome
XML	eXtensible Markup Language
ZIFT	Zygote Intrafallopian Transfer

2D	Two Dimensional
3D	Three Dimensional

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