

TRICARE ENROLLMENT/DISENROLLMENT ON DEERS

1.0. MANAGED CARE ENROLLMENT PROCEDURES

Enrollment into TRICARE Prime will be entered into DEERS from the **DEERS** supplied **Desktop Enrollment Software (DOES)** application in support of the **National Enrollment Database**. For enrollment to **civilian** network PCMs, a 6900 or 8000 series DMIS-ID (depending upon date and place of enrollment) will be entered on DEERS with a **Network Provider Type Code of 'C'**. **Civilian** network. DMIS-IDs will follow the order of the region number, i.e., Region 3 will use 6903, Region 4 will use 6904, etc. If the enrollee is enrolling with an MTF/ Clinic PCM, then the actual DMIS-ID of the MTF/Clinic will be entered on DEERS with a **Network Provider Type Code of 'D'**. TPR enrollees will be enrolled using the 7900 or 8000 series (again, depending upon date and place of enrollment) with the **Network Provider Type Code of 'C'**.

As part of NED, Network Provider Type Codes of 'C', 'D', and 'U' are replacing the PCM Location Codes of '00' and '01'. The Network Provider Type Codes are defined in the DMDC DEERS Data Dictionary. Though DOES will automatically populate the Network Provider Type Code field based on the entered coverage plan, it is still the responsibility of the MCSC to verify that the Network Provider Type Code is correct for each enrollment.

1.1. Civilian Network Primary Care Manager Selections

1.1.1. Prime enrollees selecting a **civilian** network primary care manager must be updated in DEERS with the 6900 or 8000 series network DMIS-ID corresponding to the enrollment region as follows:

PRIME **CIVILIAN** NETWORK ENROLLMENT

| REGION | DMIS-ID |
|---|-------------------------------------|
| Region 1 | 6901, 8000-8099 |
| Region 2 | 6501 ¹ , 6902, 8000-8099 |
| Region 3 | 6903 |
| Region 4 | 6904 |
| Region 5 | 6905, 8000-8099 |
| Region 6 | 6906 |
| Region 7 | 6907 |
| Region 8 | 6908 |
| ¹ 6501 valid through 09/30/99. | |

PRIME **CIVILIAN** NETWORK ENROLLMENT (CONTINUED)

| REGION | DMIS-ID |
|---|---------|
| Region 9 | 6909 |
| Region 10 | 6910 |
| Region 11 | 6911 |
| Region 12 | 6912 |
| Region 13 | 6913 |
| Region 14 | 6914 |
| Region 15 | 6915 |
| ¹ 6501 valid through 09/30/99. | |

1.2. Military Treatment Facility Primary Care Manager Selections

1.2.1. Prime enrollees selecting or being assigned an MTF/Clinic primary care manager must be updated in DEERS with the specific MTF/Clinic DMIS-ID for the PCM.

1.2.2. The **Provider Type** Code will require mandatory entry.

TRICARE PRIME REMOTE

| REGION | DMIS-ID |
|--|-----------------|
| Region 1 | 7901, 8000-8099 |
| Region 2 | 7902, 8000-8099 |
| Region 3 | 7903 |
| Region 4 | 7904 |
| Region 5 | 7905, 8000-8099 |
| Region 6 | 7906 |
| Region 7 | 7907 |
| Region 8 | 7908 |
| Region 9 | 7909 |
| Region 10 | 7910 |
| Region 11 | 7911 |
| Region 12 | 7912, 7916 |
| DMIS-ID 6911 is valid for TPR in region 11 through 09/30/99. | |

2.0. ONGOING DMIS-ID AND PCM LOCATION CODE IDENTIFICATION REQUIREMENTS

For the instructions that follow, the ADP codes discussed are applied to the DEERS/TMA interface systems as identified below:

Enrollment Status Code – This a HCSR field for assigning type of enrollment.

DMIS-ID – This is a DEERS field as well as a HCSR field for assigning the enrollment DMIS-ID. The value in this field must be the same on both DEERS and HCSRs.

PCM Location Code – This is a DEERS field for assigning either a network or MTF/Clinic PCM. This value in this field on DEERS is linked to the Enrollment Status Code on HCSR submissions as identified in the ADP Manual Chapters 2, 5, and 6.

2.1. Non-TPR Active Duty Service Member Enrollment, Medicare Senior Prime, and Supplemental Health Care Program

The HCSR PCM Location DMIS-ID from 10/01/97 forward must be the valid MTF/Clinic DMIS-ID, it cannot contain PCM Location DMIS-ID values of 6901-6915, 7901-7912, 7916, 8000-8099. The Enrollment Status Code must = 'Z' for Active Duty Service Member, 'BB' for Medicare Senior Prime, or 'SR' for Supplemental Health Care Program - Referred Care. PCM Location Code must be "00".

2.2. TRICARE Prime Remote Active Duty Service Member Enrollment

Enrollment Status Code for the following DMIS-IDs from 10/01/97 forward must be 'W'.

2.2.1. Regions 1, 2, and 5

From 10/01/97 through 09/30/99, the DMIS-ID for region 1 must be blank, 7901 or can be 8001-8099, Region 2 must be blank, 7902 or 8000-8099, and region 5 must be blank, 7905 or 8001-8099. Where a DMIS-ID has been assigned, a PCM Location Code must also be assigned of "01".

From 10/01/99 **until NED implementation**, the DMIS-ID for region 1 must be 7901 or 8000-8099, region 2 must be 7902 or 8000-8099, and region 5 must be 7905 or 8000-8099. Blank will no longer be accepted and the PCM Location Code must be "01".

Upon NED implementation, PCM Location Codes will no longer be entered during enrollment. However a Network Provider Type Code 'C' will be entered by the MCSC through DOES.

2.2.2. Region 11

On or after 10/01/97 through 09/30/99, the DMIS-ID for region 11 must be 6911 or blank. Where a DMIS-ID has been assigned, a PCM Location Code must also be assigned of "01".

From 10/01/99 **until NED implementation**, the region 11 DMIS-ID must be 7911 and the PCM Location Code must = "01".

Upon NED implementation, PCM Location Codes will no longer be entered during enrollment. However a Network Provider Type Code 'C' will be entered by the MCSC through DOES.

2.2.3. Regions 3, 4, 6-10, 12

From 10/01/99 **until NED implementation**, the DMIS-ID must be 7903, 7904, 7906-7910, 7912, or 7916. PCM Location Code must = "01".

Upon NED implementation, PCM Location Codes will no longer be entered during enrollment. However a Network Provider Type Code 'C' will be entered by the MCSC through DOES.

2.3. Active Duty Family Member, Retiree, and Retiree Family Member MTF/ Clinic Enrollment

The Enrollment Status Code must be "Z" for all MTF/Clinic enrollees for all regions from 10/01/97 forward.

From 10/01/97 **until NED implementation**, the DMIS-ID must be a valid MTF/ Clinic DMIS-ID. It cannot be a DMIS-ID value of 6901-6915, 7901-7912, 7916, 8000-8099, or blank. The Enrollment Status Code must = 'Z' for MTF/Clinic enrolled beneficiaries, 'BB' for TRICARE Senior Prime (TSP) enrollees, or 'SR' for Supplemental Health Care Program. PCM Location Code must = "00".

Upon NED implementation, PCM Location Codes will no longer be entered during enrollment. However a Network Provider Type Code 'D' will be entered by the MCSC through DOES.

2.4. Active Duty Family Member, Retiree, and Retiree Family Member **Civilian** Network Enrollment - For DEERS

The Enrollment Status Code must be 'U' for all network enrollees for all regions from 10/01/97 forward.

2.4.1. Regions 1, 2, and 5

From 10/01/97 **until NED implementation**, the DMIS-ID for region 1 must be 6901 or 8000-8099, region 2 must be 6902 or 8000-8099, and region 5 must be 6905 or 8000-8099. The PCM Location code must = "01".

On or after 10/01/97 through 09/30/99, region 2 the DMIS-ID can also = 6501 with a PCM Location code "01".

Upon NED implementation, PCM Location Codes will no longer be entered during enrollment. However a Network Provider Type Code 'C' will be entered by the MCSC through DOES.

2.4.2. Regions 3, 4, 6-15

From 10/01/97 **until NED implementation**, the PCM Location DMIS-ID must be 6903, 6904, 6906-6915 respectively with a PCM Location code "01".

Upon NED implementation, PCM Location Codes will no longer be entered during enrollment. However a Network Provider Type Code 'C' will be entered by the MCSC through DOES.

The grid below depicts the information stated for ongoing enrollments **after NED implementation**.

| ENROLLEE | DMIS-ID | NETWORK PROVIDER TYPE CODE |
|---|--|----------------------------|
| ADSM and ADFM (MTF/ Clinic Enrollee) | MTF/Clinic | D |
| ADFM (Civilian Network Enrollee) | Region 1, 2, or 5 = 8000 series before 08/01/2000 and 6900 series on/after 08/01/2000 All other regions = 6900 series | C |
| TPR Enrollee | Region 1, 2, or 5 = 7900 or 8000 series before 08/01/2000 and 7900 series on/after 08/01/2000 All other regions = 7900 series | C |
| TPR Enrollee prior to 10/01/99 | All regions = Blank or Region 11 = 6911 or Blank | Blank |

3.0. SENDING A TRICARE PRIME ENROLLMENT TO DEERS

In order to send a TRICARE Prime enrollment to DEERS, the contractor must first use the DEERS **On-line Enrollment System (DOES)** desktop Eligibility/Enrollment software application to send a TRICARE eligibility query to DEERS. DEERS will then return a TRICARE Eligibility response through the desktop application indicating whether the beneficiary is eligible for TRICARE Prime enrollment. Once the determination has been made that the beneficiary is TRICARE eligible, the TRICARE Prime enrollment will be entered into DEERS via the DEERS desktop application to support the **National Enrollment Database (NED)**. **The MCSC will receive and process the EIT transaction as described in the NED Technical Specifications.** Technical layouts for this software application can be found in the "DEERS Technical Specifications for TRICARE **NED**" documentation on the DMDC website at: <http://www.dmdc.osd.mil>. Once DEERS receives the TRICARE enrollment information and updates their database, a response, the "DEERS Enrollment Information Transfer" will be returned to the contractor with the enrollment information utilizing the **EIT file layout described in Appendix A of the NED Technical Specifications Document.**

3.1. Centralized Network PCM File

The MCSC shall transmit a provider file to a centralized Government location for only those providers/groups that are available for PCM Assignment. This file will be completely refreshed on a daily or weekly basis. The data elements include all PCM-Related data elements as stated in the DEERS Technical Specification for the TRICARE National Enrollment Database solution.

3.2. Civilian Network PCM Assignment

At the time of enrollment, or enrollment transfer, if a Civilian Network PCM is selected, and if the selection of a Civilian Network PCM is approved by the MTF commander (if applicable), then the civilian network PCM selection will be entered by the MCSCs on DOES. In support of this, the contractor will submit data about all available civilian network PCMs into a Government hosted Centralized Civilian Network PCM File. A response of the network PCM information will be transmitted from the centralized file to DOES at the time of a query during enrollment.

For Regions 1, 2, and 5: Prior to assignment of a Civilian Network PCM to a beneficiary, the MCSC must have first entered the PCM ID into CHCS PCM ID Field (New Field).

3.3. Direct Care PCM Assignment

All direct care PCM assignments will be performed by the MTF on CHCS. CHCS will not communicate Direct Care PCM assignments to DEERS.

3.4. PCM Changes and Beneficiary Address Updates

Civilian Network PCM assignment changes and beneficiary address updates will be done online real time. The **beneficiary** address must be the residential **mailing** address. PCM names and PCM-ID will be updated on DEERS according to the instructions in the DEERS/MHS Architecture that can be found on the DMDC website listed in 3.0 above. Enrollment DMIS-ID and **Network Provider Type** Code will be entered as described above.

3.5. Enrollment Fee Updates to DEERS

Enrollment fees can be sent to DEERS either online or in batch fee update information will be sent via FTP using the FEE Payment Transfer record layout provided in the "DEERS Technical Specifications," **which describes the technical process to adjust fee payment**. The contractor shall be responsible for ensuring that DEERS reflects the current fee payments on DEERS at all times.

3.6. Fiscal Year Catastrophic Caps and Deductibles

Fiscal Year Catastrophic Cap and Deductibles will continue to be updated within the TMA CDCF System in Aurora, Colorado utilizing the guidelines in the ADP Manual, [Chapter 11](#). Again, the contractor shall be responsible for ensuring that the CDCF reflects the current Fiscal Year Catastrophic Caps and Deductibles at all times.

3.7. Enrollment Year Catastrophic Caps

The enrollment year catastrophic caps will be handled internally within the contractor's systems and will be passed to the gaining contractor in portability situations. Enrollment year catastrophic cap data will not be reported to DEERS.

3.8. Updating OHI

DEERS OHI will remain as it is currently maintained on DEERS which is either a "yes" or "no" indicator.

3.9. Enrollment Anniversary Date Corrections

Enrollment Anniversary Date Corrections can be accomplished using the Enrollment/Disenrollment Cancellation feature. Restrictions on the use and limits on how far an enrollment can be backdated are addressed in the "DEERS Technical Specifications for TRICARE NED" document.

4.0. DISENROLLMENTS/TRANSFERS

Disenrollments and transfers are performed three basic ways, as follows:

4.1. Disenrollment performed by the contractor due to fee payment failure, etc. These transactions come from the contractor to DEERS, and are initiated using the DOES application.

4.2. Transfer push notification from DEERS to the losing contractor when an enrollment transfer has occurred across contracts. Note: If a transfer takes place across regions within a contract, DEERS will not provide a push notification. The contractor must maintain these transfers internally.

4.3. Disenrollment by DEERS. Where sponsors have separated from DEERS or beneficiaries have experienced a loss of TRICARE eligibility benefits, DEERS will perform a disenrollment on their own database and send a Disenrollment Push Notification to the affected contractor.

5.0. ENROLLMENT INTEGRATION TESTING

A final enrollment integration test shall be performed by the contractor using the enrollment files beginning on the date specified in the TMA furnished integration test plan.

5.1. Prior to the testing process, the contractors are to produce data sets that will be used to perform the test cases as specified in the test plan furnished by TMA to the contractors. The data sets will include the sponsor's Social Security Number, Last Name, and Date of Birth. The data sets are to be produced from two DMIS ID locations per Region and TMA will communicate to the contractors when the data sets are to be forwarded to DMDC. The file name of the data set forwarded to DMDC is to include the associated DMIS ID number.

5.2. The contractors will work in conjunction with the TRICARE Infrastructure Management Program Office (TIMPO), DMDC, and local communications providers to

ensure that connectivity to the testing environments is validated and ready for testing by the date indicated within the testing timeline.

5.3. The contractors are to develop their test cases and expected outcomes using a beneficiary/plan/event matrix, and provide them to TMA for inclusion in the final test plan no later than the date to be communicated to contractors by TMA.

5.4. On a date to be specified by TMA, the contractors are to commence running the test cases that they had supplied. MCSCs will self-report the results of each test case. Self-reporting is to be accomplished via a tracking application furnished to each contractor by TMA.

5.5. Problems are to be documented via the tracking application furnished to each contractor, and reported to TMA as specified in the System Test Plan.

5.6. The contractors will participate in a daily progress conference during the first full week of testing and a twice-weekly progress conference during the remainder of the testing period. The dates of the respective conferences will be specified to the contractors by TMA. Additional ad hoc meetings may be called by the TMA Project Manager as needed to address immediate testing concerns.

6.0. CLAIMS PROCESSING VERIFICATION TESTING

6.1. Testing efforts shall focus on verifying the accuracy of the data transferred in the EIT record, and residing in the contractors' enrollment system and DEERS. If the accuracy of this data can be verified, the Government could be reasonably confident that claims would process accurately. It will be critical that all MCSCs closely monitor the claims processing for the first 60 days following implementation to identify problems as they arise.

6.2. In lieu of TMA performing traditional benchmark tests, the MCSCs shall develop claims processing risk mitigation plans which will specifically outline the efforts they will undertake to ensure that their claims processing systems and the incorporated DEERS Online Enrollment System is functional and yields accurate results at the start date. These efforts shall include development and application of claims processing, enrollment, and portability test scenarios as well as schedules for testing claims processing functions that could be affected by the NED. Testing shall use sample data extracted from the 100 percent test data files and loaded to the test region(s) established by DMDC on DEERS. The contractors shall coordinate with DMDC for the data loads and connectivity to the test region(s).

6.3. The testing shall include enrollment activity scenarios with corresponding test claims. The claims processing risk mitigation plans shall describe the enrollment scenarios and the types and numbers of claims that will be tested. In addition, the plans shall include descriptions of the expected results for each enrollment and claim to be tested against which the contractor shall determine success or failure. The risk mitigation plans shall propose methodologies for recording and reporting the test results. Each contractor shall submit a detailed claims processing risk mitigation plan for each regional contract for which they are responsible to the NED Program Manager during the Final Design Review, for review and acceptance.

6.4. At a minimum, the contractor shall compare various systems/files to which the EIT record data was loaded including, but not limited to, the contractors' enrollment systems, provider files and financial systems where enrollment fee information is stored. The comparison shall also involve queries to legacy DEERS to ensure that the DEERS data that will be accessed during claims processing mirrors corresponding data on the Enrollment Files. The comparison shall also involve accessing the NED via the DOES application and verifying that the EIT record data and contractor system data matches that residing on the production NED. It is critical that the data verification test include, at a minimum: 1) validation that the Civilian Network PCM in the claims processing system files; 2) validation that the eligibility information and enrollment status data matches with the original data submitted for conversion; and 3) verification that enrollment fee information matches across all involved systems with the original data submitted. The Government shall oversee this process on-site at the claims processing contractor's locations and the level of accuracy of the data recorded. This effort will require a coordinated effort between TMA, the Lead Agents/MTFs, and the MCSCs.

6.5. The contractors shall record the results of the comparisons for each record in the samples. The recording instrument shall show, at a minimum, the record being compared and the systems accessed to verify that the data matches. Where errors are identified, the specifics shall be recorded in include, but not limited to, the data that was found discrepant, the system(s) in which the discrepancy was found, and the source/cause of the error, if known. The findings shall be provided to the Government immediately.

7.0. FISCAL YEAR CATASTROPHIC CAP AND DEDUCTIBLE TESTING

As an adjunct of the claims processing validation testing, the fiscal year catastrophic cap and deductible on the TMA-Aurora CDCF File will also be tested. Guidelines for the CDCF testing are as follows:

7.1. The managed care support contractors shall notify TMA-Aurora at least thirty days in advance of when they plan to test with the CDCF file. At that time, a point of contact (POC) from the contractor and a POC for TMA-Aurora within the CDCF staff will be established to commence and coordinate the testing effort. Any problem handling shall also be accomplished through these POCs.

7.2. Development of test cases and analysis of test results shall be the sole responsibility of the managed care support contractor.

7.3. All data received from each managed care support contractor shall be maintained concurrently on the TMA-Aurora CDCF test file. No single contractor will be allowed to have its own data deleted from the file or altered by TMA-Aurora because such actions could adversely affect all contractors' data.

7.4. The CDCF will be available for testing within the same hours it is available for production. Also, on-site TMA-Aurora POCs will only be available during normal production hours.

7.5. Testing limitations are that the files must be VSAM, no more than 5000 records per day, and no more than 50,000 records total for the overall test period. The test environment is expected to be null at the commencement of testing.

7.6. The naming conventions and testing environment will be the same as it has been for the past three years. Any contractor who has made changes to their CICS environment within the last three years and has not already tested with the CDCF test region must contact TMA-Aurora to ensure proper connectivity at least 30 days in advance of testing.

8.0. TMA & DMDC DEERS ON-LINE ENROLLMENT SYSTEM (DOES)-USER SCENARIO COMMENTS

Below are the results of a user scenario that was processed through the DEERS/MCSC interface with DMDC and a high-volume Managed Care Support Contractor utilizing the DOES Application. The purpose was to determine acceptability of speed of transmission between DEERS and the contractor using DOES. The configurations below represent not only the minimum acceptable environment configurations but the recommended configurations.

8.1. On Thursday, May 11, 2000 TMA and DMDC representatives in conjunction with a Managed Care Support Contractor (MCSC) conducted a DOES application scenario at the MCSC facility in order to note the DOES application performance and operability in a common enrollment clerk's work environment. The DOES application was installed on 10 PC user workstations, each with a configuration as listed below:

- Pentium 133 MHz processor
- 15" VGA color monitors
- 32 Mb of RAM
- Windows 95 operating system

8.2. At a specified time during the day, each enrollment clerk was instructed to open, or launch, the DOES application with the following software applications running and with the associated memory usage:

- Microsoft Outlook 97 - 3.1 K
- CHCS Rumba Terminal Session - 18.7 K
- PGBA Rumba Terminal Session - 2.5 K
- Microsoft Internet Explorer Version 4 - 3.5 K
- 3 proprietary MCSC database applications and all other Windows processes - 17 K

8.3. These programs were identified by the MCSC executives as the most common set of enrollment clerk PC applications that would be running simultaneously during a normal workday.

8.4. At the specified time, each clerk launched the DOES application simultaneously and proceeded to log into the DOES application and perform a unique TRICARE enrollment eligibility query using individual test beneficiaries provided by DMDC. While each enrollment clerk had the DOES enrollment application running, a new TRICARE enrollment was performed successfully by the TMA representative.

8.5. All representatives were then provided with the memory usage and performance indicators of each of the open software applications on an individual desktop PC. The anticipated sum of the components of the DOES application will use approximately 15 K of memory, with the above listed additional applications running simultaneously. The actual memory usage of the DOES application components will be published in the subsequent

change order language presented to the MCSC contractors, and included in the technical specifications documentation published by DMDC.

8.6. At this time TMA and DMDC viewed the DOES application as successfully operational. TMA recommends the minimum system requirements as published by DMDC in the Technical Specifications For the TRICARE National Enrollment Database (NED) Solution.

