

CONTRACTOR REQUIREMENTS

1.0. INITIAL CLAIMS

Contractors must query the CDCF for each individual claim to determine the amount of expenses that have been credited to the beneficiary's deductible and catastrophic cap before payment. The query to determine status must be completed before calculation of the payment. After calculation of the payment, the contractor must transmit a query update record to report the amount to add to the master summary record. The CDCF updates amounts applied toward each limit from the update query.

1.1. The CDCF does not determine what expenses can be credited to the deductible or to the cap. The contractor determines what expenses to apply to the deductible and cap and reports these to the CDCF.

1.2. All claims to which the deductible or the cap may apply must be queried, regardless of whether the deductible or catastrophic limit has been reached. See [OPM, Chapter 8, Section 8](#) for requirements on application of deductible and cost sharing. Do not query complete denials or claims to which neither the regular program deductible nor catastrophic cap limits apply (e.g., PFPWD).

1.3. The contractor relies completely on the CDCF posted records for claims with a date of service on or after October 1, 1994. For prior fiscal years the contractor must rely upon their own internal files (sponsor/family member deductible and catastrophic cap files). For FY 1995 and 1996, the contractor must continue to maintain their own internal files (sponsor and beneficiary deductible and catastrophic cap files) even though CDCF is in use.

1.4. Limited editing will be done. Specific edits are described in [Section 6](#).

1.5. The CDCF maintains three years of data on line. The data collection will begin with FY 1995. The file will eventually contain the current fiscal year and each of the two preceding fiscal years.

1.6. If a claim action that would affect deductible or cap status for the sponsor SSN (family) is pending in the CDCF (i.e., claims status query has occurred without corresponding claims update query) and a contractor queries the file, the contractor submitting the query is informed that an update is pending. If the open query is from a different contractor, the querying contractor must resubmit a query and receive a status response before calculating payment. If the open query is from the same contractor, the contractor will not receive an unqualified approval on each individual query because of the other pending claim. However, the contractor may elect to use the initial query and its claim data response in determining the payment amount for more than one pending claim for the same sponsor SSN. This decision is coded in the query, and may be changed to fit contractor

claims processing needs. It may be hard coded the same for all claims or may be different for different types of contractor actions or for actions from different contractor processing stations. See [Section 3, paragraph 6.0.](#) for a complete description of the “lockout” codes and their use.

1.7. The contractor is not required to query status on another claim or adjustment for the same beneficiary that is being processed at the same time. An contractor may query for a claim or a money adjustment using a “claim status query” for one of several claims for the same SSN, and send multiple update queries (query types 20 and 40).

1.8. If the contractor receives a “lockout” response more than 48 hours from the time stamp shown in the query response, call TRICARE Management Activity (TMA), National Claims Processing System Office for assistance in resolving the query.

2.0. CANCELLATIONS AND ADJUSTMENTS

2.1. Cancel queries are used to completely remove posted transactions from CDCE. Changes to posted deductible and cap amounts are reported as adjustments. Once an amount posted toward a deductible or catastrophic cap is removed by a cancel (or partially removed by an adjustment) there is no “automatic” adjustment of claims that have been already posted. Deductible/catastrophic cap amounts are taken on the subsequent claim(s) posted to the CDCE.

2.2. The contractor may cancel or change data they have submitted. They may also change data submitted by a previous contractor within a region for which they now have responsibility. The contractor may not change data on a query posting submitted by any other contractor.

2.3. The contractor must submit a claims status query (type 10) prior to submitting an adjustment (type 40). Multiple type 40 queries may be submitted after a single type 10 query for the patient.

2.4. Adjustments are reported when the contractor adjusts claims so that any of the following are affected:

2.4.1. Family deductible credited for this claim

2.4.2. Beneficiary deductible credited for this claim

2.4.3. Family cap credited for this claim

2.4.4. Beneficiary cap credited for this claim

2.4.5. Former spouse cap credited for this claim

2.4.6. Former spouse deductible credited for this claim

2.5. Once an adjustment (query type 40) has been processed, it may not be canceled. The contractor may change it with another adjustment (type 40), but may not cancel it (type 50). If

the adjustment must be completely nullified, the contractor sends another adjustment changing the amount equally in the opposite direction.

3.0. CHANGES IN SPONSOR OR BENEFICIARY IDENTIFYING DATA

A separate query, the non-money correction (query type 70), is used to correct SSNs, former spouse indicators, DEERS suffixes, dates of birth, and names. See [Section 4, paragraph 11.0](#) for instructions for such changes.

4.0. STATUS UPDATE WITHOUT CLAIM

The contractor may update beneficiary and/or family status without a claim, under certain circumstances. The contractor does not need to query status first, although they may need to query status on another claim for the same beneficiary that is being processed at the same time. An "Update Without Claim," query type 80, is submitted to post deductible deductibles and catastrophic cap adjustments credits without an associated claim when these were not previously posted to the CDCF. This process is used primarily for TRICARE Europe claims, but may be used for other necessary situations as well.

5.0. HANDLING MULTIPLE BIRTHS ON THE SAME DATE AND OTHER RECORDS WHERE DEFINITIVE DEERS SUFFIX ABSENT

5.1. To determine if a record is established for the individual identified in the query record, electronic matching uses the sponsor SSN, fiscal year, and patient (beneficiary) identifier data. The first of these patient identifier data is patient date of birth. However, because more than one family member may have the same date of birth, it is frequently necessary to also use the patient first name and the patient subidentifier. See [Section 6, paragraph 4.0](#) for a detailed table illustrating the match criteria.

5.1.1. Temporary Identification Until A DEERS Suffix Is Assigned

5.1.1.1. There may be situations where there are two or more individuals in the same family for whom:

5.1.1.1.1. A definitive DEERS suffix has not yet been assigned; and

5.1.1.1.2. SSN, date of birth, and first name are equal.

5.1.1.2. In these situations, the contractor must assign a one digit beneficiary subidentifier number (0 through 9) to identify the individuals under the same sponsor. The contractor will have to carry this subidentifier in their system. The contractor may use additional criteria such as sex to assist in the internal identification. However, only the one position subidentifier is reported in the query process, and that is required only when the SSN, date of birth, and first name are not sufficient to identify an individual that has not yet had a definitive DEERS suffix assigned.

5.1.1.3. Once a beneficiary subidentifier is assigned and reported to the CDCF it must be used on transmissions to the CDCF until a definitive DEERS suffix is recorded. Otherwise, query records may not match the CDCF master record.

5.1.2. Correction Of The Query Record (CDCF) Upon Assignment Of DEERS Suffix

After a DEERS suffix is assigned, the CDCF must be adjusted to include the new suffix. Normally this will be done when the next claim is processed, however contractors may elect to do it at any time. This is handled as follows:

5.1.2.1. Contractor Adding New DEERS Suffix

5.1.2.1.1. The contractor may add the DEERS suffix using query type 70 at any time they learn of the assignment of a suffix. See [Section 4, paragraph 11.0](#).

5.1.2.1.2. If the contractor does not change the posted suffix but sends a query using the new suffix, the CDCF processes as described in [Section 3, paragraph 5.1.2.2](#).

5.1.2.2. Automatic System Adjustments

5.1.2.2.1. When a query is received containing a valid DEERS suffix other than 70-75 and the master summary record contains a 70-75 DEERS suffix, the CDCF will change the master summary record suffix to agree with the query, if all the following are equal:

5.1.2.2.1.1. Sponsor

5.1.2.2.1.2. Fiscal Year

5.1.2.2.1.3. Beneficiary date of birth

5.1.2.2.1.4. Beneficiary first name

5.1.2.2.1.5. Beneficiary subidentifier assigned suffix

5.1.2.2.2. If the query and master summary record agree on sponsor, fiscal year, and date of birth, but not on either or both of first name or family member subidentifier, the query will be returned as an error. The contractor must process a non-money correction per [Section 4, paragraph 11.0](#).

5.1.2.3. Annual Cleanup Of Nonspecific DEERS Suffixes

5.1.2.3.1. Once annually, the CDCF will extract summary records with the following characteristics:

5.1.2.3.1.1. DEERS dependent suffix on summary record is 70-75; or

5.1.2.3.1.2. Family member age is over 12 months and under two years

5.1.2.3.2. Records will be sent to the last contractor that queried to process a correction. The contractor should query DEERS to determine the suffix and process a correction as described in [Section 3, paragraph 5.1.2.1](#). A listing of such records will be sent to the contractors by 15 January for the prior fiscal year, starting in January 1995. Contractors will have 30 days to complete the required adjustment actions.

5.1.2.3.3. The CDCF request to the contractor will be on paper unless TMA determines that the volume is sufficiently high to warrant an electronic process. In the latter case a process will be developed and contractors will be informed.

6.0. LOCKOUT OPTION

6.1. The lockout option is a code submitted by the contractor indicating the type of action the contractor wants taken when they submit a query while there is an open query for the same SSN from the same contractor. A lockout option is required on a claims status query (query type 10) and on an update without claim (query type 80). Some lockout options are also available on claims updates, adjustments and updates without claims (query types 20, 40 and 80).

6.2. If the lockout is from another contractor, the subsequent querying contractor will always be locked out (response type x4) regardless of the lockout option code.

6.3. Lockout options 1,2,3 and 4 are used on query type 10 and lockout options 3 and 4 are used only on query type 10, and lockout indicators 5 and 6 are used on query types 20, 40 and 80. Lockouts begin after the CDCF accepts a status query as valid.

6.4. The lockout indicator codes follow:

6.4.1. Code 1 = No lockout. The CDCF will generate a response type 13 if contractor number is equal.

6.4.2. Code 2 = All lockout. The CDCF will generate a response type 14 or 84 regardless of contractor number.

6.4.3. Code 3 = No lockout if all characters of contractor internal control number and HCSR suffix match. The CDCF will generate a response type 14 if all 15 characters do not match.

6.4.4. Code 4 = No lockout if contractor internal control number matches. CDCF will generate a response type 14 if contractor internal control number does not match.

6.4.5. Code 5 = Continue lockout is used to change lockout time stamp. Its use is limited to claim update queries, adjustments, and updates without claims. The CDCF will reset the time stamp used for lockout determination.

6.4.6. Code 6 = Deactivate lockout. The CDCF will deactivate lockout for the specified claim control number. Other claims may still have the family locked.

NOTE: Query type 00 will also deactivate lockout.

6.5. The lockout and the lockout time stamp are automatically deactivated when a claim update query, adjustment query, or update without claim query for the same contractor internal control number is received, unless a code 5 is sent on the claim update query, adjustment query, or the update without claim query.

7.0. PROCESSING FLAGS

7.1. In order to handle situations where the contractor must direct the CDCF to bypass certain edits or perform atypical actions, the CDCF has a field for processing flags.

7.2. The only currently assigned processing flags are "A" and "B." "A" is used to inform the CDCF that a contractor is taking action on a claim that they did not originally process. The contractor may only use this code on a claim for a region for which they now have the contract, but that another contractor previously had the contract.

7.3. The CDCF will modify its edits on contractor number for adjustments and cancellations with flag "A," to access a table of acceptable contractors where the contract holders have changed.

7.4. "B" is used to tell the CDCF to bypass edits for matching patient subidentifier and other patient matching criteria, when the query was initially errored and the contractor has determined, after development, that both the query record and the master record are correct. In this situation, the CDCF will create a new patient record. See [Section 6](#) for a detailed table of when new records will be created.

7.5. Some history records contain a processing flag "C." This means the query is one that was included in the initial load.

8.0. DATA RETENTION REQUIREMENTS

8.1. The CDCF will retain a history of all queries and responses indefinitely, and query capability will be available to TMA auditors. They are expected to use this facility for any data needed about assessment of deductible or credit for catastrophic cap. Each query record contains the Contractor Internal Control Number and HCSR, if applicable, for the auditor to relate the query to the claim.

8.2. Contractors are not required to retain any data beyond that which they need for their own purposes.

9.0. NATO BENEFICIARIES

9.1. When assigning a dummy SSN for processing claims for NATO families, the contractor must first send a type 30 query to determine if the planned number is already active in the CDCF. If the response type is 31 with zero for all "met amount" fields, the number has not been reported to the CDCF and may be assigned. A type 31 with any met amount greater than zero, or a type 33, indicates that the number is already in use for an individual.

9.2. A Type 32 response may indicate the number is in use, but it is not certain whether the query beneficiary data matches the master summary record beneficiary data.