

DEERS TYPE 3 RESPONSE RECORD DATA ELEMENT DEFINITION

DATA ELEMENT DEFINITION

| ELEMENT NAME: RECORD TYPE | | | |
|----------------------------------|---|---|----------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 1 (header portion) | Yes | 1 | None |
| FORMAT | Numeric - 1 character. | | |
| SOURCE | DEERS establishes Record Type values. | | |
| ELEMENT DEFINITION | The Record Type is a unique identifier assigned to each of the records within the DEERS/contractor online interface with the contractors. | | |
| ELEMENT PURPOSE | To uniquely identify the type of online record, ie., query, update, or response. | | |
| VALUE SPECIFICATIONS | 1 | DEERS Query Type 1. Submitted by the contractor to DEERS to determine whether a sponsor/family member is resident on DEERS today. | |
| | 2 | DEERS Query Type 2. Submitted by the contractor to DEERS to determine whether a patient is eligible for care for a specific treatment period. | |
| | 3 | DEERS Response Type 3. Returned from DEERS to indicate the eligible/ineligible response or the fact that the sponsor cannot be found on either a sponsor or family member query, or that no family members for the sponsor can be found on a family member query. | |
| | 4 | DEERS Response Type 4. Returned from DEERS to provide a listing of the entire family when an exact match cannot be made on either family member name or date of birth between the contractor data and DEERS data for a family member. | |
| | 5 | DEERS MCSP Update. Submitted by the contractor to DEERS to update beneficiary enrollment in managed care support program (MCSP) region or DMIS-ID location. | |
| | 6 | DEERS MCSP Response. Returned from DEERS to indicate the success/failure of the DEERS MCSP Update. | |

DATA ELEMENT DEFINITION

ELEMENT NAME: QUERY CODE

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|----------------------------------|---|--|---------------|
| Position 2-3 (header portion) | Yes | 1 | None |
| FORMAT | Numeric - 2 characters. | | |
| SOURCE | TMA assigned via Resource Management Division. | | |
| ELEMENT DEFINITION | The Query Code is a unique identifier for a contract within a region. | | |
| ELEMENT PURPOSE | To identify a specific contract for a region and to facilitate DEERS in identifying where to return response information. | | |
| VALUE SPECIFICATIONS | 06 | FHFS - Region 6 | |
| | 11 | FHFS - Region 11 | |
| | 13 | AdminaStar | |
| | 38 | Blue Cross Blue Shield of South Carolina | |
| | 45 | Wisconsin Physicians Service | |
| | 53 | Not currently in use | |
| | 57 | FHFS - New Orleans CRI BRAC | |
| | 59 | Aetna - CA/HI | |
| | 72 | FHC Options | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: CLAIM NUMBER | | | |
|-----------------------------------|---|--------------------|----------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 4-15 (header portion) | No | 1 | Spaces |
| FORMAT | Alphanumeric - 12 characters. | | |
| SOURCE | Contractor assigned. | | |
| ELEMENT DEFINITION | The claim number is the internal control number that the contractor assigns to uniquely identify each claim. | | |
| ELEMENT PURPOSE | To allow the contractor to tie the DEERS query and DEERS response to a given claim. This field is neither stored nor used by DEERS. It is merely passed in the interface. | | |
| VALUE SPECIFICATIONS | Contractor determined within the guidelines established by TMA. | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS DEPENDENT SUFFIX (DDS)

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|----------|----------------------------|--|
| Position 16-17 (header portion) | Yes | 1 | Entry of '75' by contractor. When DEERS receives a value '75' the entire family will be returned to the contractor so that the contractor can select the appropriate family member when the family member DDS was not known at the time of the query. Downloading logic applies. |
| FORMAT Numeric - 2 characters. | | | |
| SOURCE DEERS assigned. | | | |
| ELEMENT DEFINITION The DDS is a numeric categorization of family members based upon their relationship to the sponsor. | | | |
| ELEMENT PURPOSE To allow DEERS to select the correct patient within a family. | | | |
| VALUE SPECIFICATIONS | 01-19 | Dependent Children | |
| | 20 | Sponsor | |
| | 30-39 | Spouses | |
| | 40-44 | Mother of Sponsor | |
| | 45-49 | Father of Sponsor | |
| | 50-54 | Mother-in-law of Sponsor | |
| | 55-59 | Father-in-law of Sponsor | |
| | 60-69 | Other family members | |
| | 70-74 | Unknown by DEERS | |
| | 75 | Unknown by contractor | |
| | 98 | Service Secretary Designee | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: SPONSOR SSN | | | |
|------------------------------------|--|--------------------|-------------------------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 18-26 (header portion) | Yes | 1 | None. Downloading logic applies. |
| FORMAT | Numeric - 9 characters. | | |
| SOURCE | Assigned by Social Security Administration except in rare instances where a sponsor has no SSN, DEERS will assign a pseudo SSN. | | |
| ELEMENT DEFINITION | The SSN is a unique identifier used to locate a sponsor on DEERS or when combined with the first 5 digits of the Sponsor's last name and patient date of birth, a family member on DEERS. The contractor data obtained from the claim and passed to DEERS via the Type 1 or 2 query is compared to the DEERS data for a match. | | |
| ELEMENT PURPOSE | To uniquely identify a sponsor. | | |
| VALUE SPECIFICATIONS | Determined by SSA. | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR'S CURRENT SSN

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|------------------------------------|--|--------------------|----------------------|
| Position 27-35 (header portion) | No | 1 | Zeros |
| FORMAT | Numeric - 9 characters. | | |
| SOURCE | DEERS via Service Personnel Community. | | |
| ELEMENT DEFINITION | This field identifies the possibility of an individual sponsor with more than one SSN on DEERS. | | |
| ELEMENT PURPOSE | To identify possible transpositions in the Sponsor SSN number which may cause the contractor to inadvertently establish two deductibles for the same sponsor's family. | | |
| VALUE SPECIFICATIONS | DEERS fills this field when there is a 7 out of 9 match on the SSN and the Sponsor has the same name. | | |

DATA ELEMENT DEFINITION**ELEMENT NAME: SPONSOR'S NAME****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|------------------------------------|---|--------------------|---|
| Position 36-62 (header portion) | Yes | 1 | None for last name or first name. If not all 27 characters are used and no middle initial exists, a comma after first name is not necessary. DEERS will terminate the name at the first space. Downloading logic applies. |
| FORMAT | Alphanumeric - 27 characters. Last name maximum is 16; first name maximum is 10; middle initial is 1. Format is last name, first name, middle initial. Designations such as Jr., II, III, etc. must be appended to last name with no delimiter. | | |
| SOURCE | Supplied to DEERS by Service Personnel Community. | | |
| ELEMENT DEFINITION | Last name, first name, middle initial of the sponsor. | | |
| ELEMENT PURPOSE | To link to Sponsor's SSN to ensure correct sponsor is selected by DEERS. | | |
| VALUE SPECIFICATIONS | Last name, first name, middle initial. Commas are to be used as delimiters when maximum sizes are not used within the total 27 characters. Refer to Format below. Designations such as JR., II, III, etc. must be directly appended to the last name with no delimiter. | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S NAME

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|------------------------------------|---|--------------------|--|
| Position 63-89 (header portion) | Yes | 1 | None for last name or first name. If not all 27 characters are used and no middle initial exists, a comma after first name is not necessary. DEERS will terminate the name at the first blank space. Downloading logic applies. |
| FORMAT | Alphanumeric - 27 characters. Last name maximum is 16; first name maximum is 10; middle initial is 1. Format is last name, first name, middle initial. Designations such as Jr., II, III, etc. must be appended directly to last name with no delimiter. | | |
| SOURCE | DEERS supplied by Service Personnel Community. | | |
| ELEMENT DEFINITION | Name of patient. Last name, first name, middle initial. | | |
| ELEMENT PURPOSE | To identify the patient in combination with the Sponsor's SSN, first 5 digits of sponsor's last name, and patient date of birth. | | |
| VALUE SPECIFICATIONS | Last name, first name, middle initial. Commas are to be used as delimiters when maximum sizes are not used within the total 27 characters. Refer to Format below. Designations such as Jr., II, III, etc. must be appended directly to the last name with no delimiter. | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: PATIENT'S SEX | | | |
|------------------------------------|---|--------------------------|-------------------------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 90 (header portion) | Yes | 1 | None. Downloading logic applies. |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | Supplied to DEERS by Service Personnel Community. | | |
| ELEMENT DEFINITION | The contractor enters the patient sex from the claim onto the DEERS Query Type 1 or 2 and then DEERS returns the patient sex entered by the Service Personnel Community. Discrepancies must be resolved internally by the contractor at claims processing time. | | |
| ELEMENT PURPOSE | For the contractor's purpose, the patient sex is compared to type of procedure to ensure agreement. A simple example would be to ensure that a male had not had a hysterectomy performed. | | |
| VALUE SPECIFICATIONS | M | Male | |
| | F | Female | |
| | Z | Unknown (Undeterminable) | |

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S DATE OF BIRTH

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|------------------------------------|---|--------------------|-------------------------------------|
| Position 91-98 (header portion) | Yes | 1 | None. Downloading logic applies. |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | Supplied to DEERS from the Service Personnel Community. | | |
| ELEMENT DEFINITION | Date of birth as determined by a State issued certificate of birth or hospital certificate of birth and entered onto DEERS via the Service Personnel Community. | | |
| ELEMENT PURPOSE | To determine changes in eligibility based on age. | | |
| VALUE SPECIFICATIONS | See Reason for Change Codes - Addendum D . These codes give the ages for which eligibility is terminated. | | |

DATA ELEMENT DEFINITION**ELEMENT NAME: FROM DATE OF TREATMENT****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|-------------------------------------|--|--------------------|----------------------|
| Position 99-106 (header portion) | Yes | 1 | None |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | Contractor supplied. | | |
| ELEMENT DEFINITION | The From Date of Treatment is the beginning date of services for a procedure or hospital length of stay. | | |
| ELEMENT PURPOSE | To query DEERS for an entire treatment encounter to obtain an eligibility response determination based upon the full time. | | |
| VALUE SPECIFICATIONS | None | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: TO DATE OF TREATMENT

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|--|--------------------|----------------------|
| Position 107-114 (header portion) | Yes | 1 | None |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | Contractor supplied. | | |
| ELEMENT DEFINITION | The To Date of Treatment is the ending date of services for a procedure or hospital length of stay. | | |
| ELEMENT PURPOSE | To query DEERS for an entire treatment encounter to obtain an eligibility response determination based upon the full time. | | |
| VALUE SPECIFICATIONS | None | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: NAS REQUIRED INDICATOR | | | |
|--|---|--|---------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 115 (header portion) | Yes | 1 | None |
| FORMAT | Numeric - 1 character. | | |
| SOURCE | Contractor supplied. | | |
| ELEMENT DEFINITION | Prior to 10/16/2003, the NAS Required Indicator identified the various categories of NASs. Effective 10/16/2003, the NAS Required Indicator value must be '0'. | | |
| ELEMENT PURPOSE | To allow the contractor to select NASs corresponding to the type of care on the claim. For example only inpatient NASs can be requested for an inpatient claim. | | |
| VALUE SPECIFICATIONS | 0 | NAS data is not required for this claim. | |
| PRIOR TO 10/16/2003 | 1 | Request for DEERS to send all Inpatient NAS (INAS) data for the patient. | |
| | 2 | Request for DEERS to send all Outpatient NAS (ONAS) data for the patient. | |
| | 3 | Request for DEERS to send all INAS and ONAS data for the patient. | |
| | 4 | Request for DEERS to send only restricted NASs/Care Authorizations relating to appropriate MCSP contracts. | |
| | 5 | Request for DEERS to send all categories of NAS data listed above, i.e., non-selective. | |
| VALUE SPECIFICATIONS AFTER 10/16/2003 | 0 | Default Value | |

DATA ELEMENT DEFINITION

ELEMENT NAME: DATE OF ADMISSION

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|--|-------------|---------------|
| Position 116-123 (header portion) | No | 1 | Spaces |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD or blank. | | |
| SOURCE | Contractor supplied. | | |
| ELEMENT DEFINITION | The Date of Admission is the hospital admission date. Leave blank if date of admission is unknown. | | |
| ELEMENT PURPOSE | To reflect the date of admission entered into the DEERS eligibility inquiry Type 2 record. | | |
| VALUE SPECIFICATIONS | Typical date related validity checks. | | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: LAST UPDATE DATE | | | |
|---------------------------------------|--|--------------------|----------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 124-131 (header portion) | Yes | 1 | None |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | DEERS | | |
| ELEMENT DEFINITION | The last time the DEERS enrollment or eligibility information was updated is recorded in this field. | | |
| ELEMENT PURPOSE | To indicate to the contractor that something has recently changed. It could, for example, be a pay grade, or a marital change. It is intended to just be an advisory flag. | | |
| VALUE SPECIFICATIONS | Typical date related validity checks. | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: DESERT STORM INDICATOR

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|----------------------------------|---|---|----------------------|
| Position 132 (header portion) | Yes | 1 | None |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | Supplied to DEERS via the Service Personnel Community | | |
| ELEMENT DEFINITION | The Desert Storm Indicator Field designates whether a sponsor was involved in Operation Desert Storm. | | |
| ELEMENT PURPOSE | To indicate that beneficiary claims for dates of service from April 1, 1991 through September 30, 1991, will be exempt from increased deductible charges. | | |
| VALUE SPECIFICATIONS | Space | No involvement in Operation Desert Storm. | |
| | D | Involvement in Operation Desert Storm. | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: INCAPACITATION | | | |
|-------------------------------------|---|--------------------------|----------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 133 (header portion) | Yes | 1 | None |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | Supplied to DEERS via the Service Personnel Committee | | |
| ELEMENT DEFINITION | The Incapacitation Field identifies temporary and permanent incapacitations for family members and temporary and permanent disabilities for sponsors. | | |
| ELEMENT PURPOSE | To determine whether an incapacitation/disability exists and to distinguish between a temporary and permanent classification. | | |
| VALUE SPECIFICATIONS | For Family Members: | | |
| | N | No incapacitation | |
| | T | Temporary incapacitation | |
| | P | Permanent incapacitation | |
| | For Sponsors: | | |
| | N | No disability | |
| | T | Temporary disability | |
| | P | Permanent disability | |

DATA ELEMENT DEFINITION

ELEMENT NAME: STUDENT

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|----------------------------------|--|-------------------------------------|----------------------|
| Position 134 (header portion) | Yes | 1 | None |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | Supplied to DEERS via Service Personnel Community | | |
| ELEMENT DEFINITION | The Student Field identifies full-time college students between the ages of 18 and 23. | | |
| ELEMENT PURPOSE | To extend TRICARE eligibility for full-time college students. | | |
| VALUE SPECIFICATIONS | 0 | No full-time college student status | |
| | 1 | Full-time college student status | |

NOTES AND SPECIAL INSTRUCTIONS:

The Student Field is followed by 30 positions of filler from 135-164.

DATA ELEMENT DEFINITION

| ELEMENT NAME: NAS SEGMENT COUNT | | | |
|--------------------------------------|---|---|---------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 165-166 (header portion) | Yes | 1 for this identifier (Minimum NAS segments = 0; Maximum = 45) | None |
| FORMAT | Numeric - 2 characters. | | |
| SOURCE | DEERS | | |
| ELEMENT DEFINITION | The NAS Segment Count gives the number of NASs DEERS is returning for the patient. Effective 10/16/2003, the NAS Segment Count value returned by DEERS will be '00'. | | |
| ELEMENT PURPOSE | To indicate to the contractor's system how many NAS segments are appended to the header portion of the record. There will be no NAS segments returned from DEERS on or after 10/16/2003. | | |
| VALUE SPECIFICATIONS | Numeric, must = '00' | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: ELIGIBILITY SEGMENT COUNT

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|----------|---|---------------|
| Position 167-168 (header portion) | Yes | 1 for this identifier (Minimum Eligibility segments = 1; Maximum = 14) | None |

FORMAT Numeric - 2 characters.

SOURCE DEERS

ELEMENT DEFINITION The Eligibility Segment Count gives the number of eligibility changes DEERS is returning for the patient.

ELEMENT PURPOSE To indicate to the contractor's system how many eligibility segments are appended to the header portion of the record.

VALUE SPECIFICATIONS Eligibility segments are appended to the 168 character fixed length header portion of the records. These segments have a length of 118 characters and can occur multiple times. The overall record length must not exceed 1920 characters.

NOTES AND SPECIAL INSTRUCTIONS:

Total length of the header portion is 168 characters.

DATA ELEMENT DEFINITION**ELEMENT NAME: PATIENT'S NAME****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--|---|--------------------|--|
| Position 1-27 (Eligibility Segment) | Yes | 1 | None for last name or first name. If not all 27 characters are used and no middle initial exists, a comma after first name is not necessary. DEERS will terminate the name at the first blank space. Downloading logic applies. |
| FORMAT | Alphanumeric - 27 characters. Last name maximum is 16; first name maximum is 10; middle initial is 1. Format is last name, first name, middle initial. Designations such as Jr., II, III, etc. must be appended directly to last name with no delimiter. | | |
| SOURCE | DEERS supplied by Service Personnel Community | | |
| ELEMENT DEFINITION | Name of patient. Last name, first name, middle initial. | | |
| ELEMENT PURPOSE | To identify the patient in combination with the Sponsor's SSN, first 5 digits of sponsor's last name, and patient date of birth. | | |
| VALUE SPECIFICATIONS | Last name, first name, middle initial. Commas are to be used as delimiters when maximum sizes are not used within the total 27 characters. Refer to Format below. Designations such as Jr., II, III, etc. must be appended directly to the last name with no delimiter. | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS DEPENDENT SUFFIX (DDS)

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|--|----------------------------|--|
| Position 28-29 (Eligibility Segment) | Yes | Once for each segment. | Entry of '75' by contractor. When DEERS receives a value '75' the entire family will be returned to the contractor so that the contractor can select the appropriate family member when the family member DDS was not known at the time of the query. Downloading logic applies. |
| FORMAT | Numeric - 2 characters. | | |
| SOURCE | DEERS assigned. | | |
| ELEMENT DEFINITION | The DDS is a numeric categorization of family members based upon their relationship to the sponsor. In the case of divorced spouses, the first divorced spouse retains DDS 30. The next wife would be assigned DDS 31. | | |
| ELEMENT PURPOSE | To allow DEERS to select the correct patient within a family. | | |
| VALUE SPECIFICATIONS | 01-19 | Dependent Children | |
| | 20 | Sponsor | |
| | 30-39 | Spouses | |
| | 40-44 | Mother of Sponsor | |
| | 45-49 | Father of Sponsor | |
| | 50-54 | Mother-in-law of Sponsor | |
| | 55-59 | Father-in-law of Sponsor | |
| | 60-69 | Other family members | |
| | 70-74 | Unknown by DEERS | |
| | 75 | Unknown by contractor | |
| | 98 | Service Secretary Designee | |

DATA ELEMENT DEFINITION

| ELEMENT NAME: PATIENT'S SEX | | | |
|--------------------------------------|---|--------------------------|-------------------------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 30 (Eligibility Segment) | Yes | 1 | None. Downloading logic applies. |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | Supplied to DEERS by Service Personnel Community | | |
| ELEMENT DEFINITION | The contractor enters the patient sex from the claim onto the DEERS Query Type 1 or 2 and then DEERS returns the patient sex entered by the Service Personnel Community. Discrepancies must be resolved internally by the contractor at claims processing time. | | |
| ELEMENT PURPOSE | For the contractor's purpose, the patient sex is compared to type of procedure to ensure agreement. A simple example would be to ensure that a male had not had a hysterectomy performed. | | |
| VALUE SPECIFICATIONS | M | Male | |
| | F | Female | |
| | Z | Unknown (Undeterminable) | |

DATA ELEMENT DEFINITION

ELEMENT NAME: PATIENT'S DATE OF BIRTH

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|---|--------------------|-------------------------------------|
| Position 31-38 (Eligibility Segment) | Yes | 1 | None. Downloading logic applies. |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | Supplied to DEERS from the Service Personnel Community. | | |
| ELEMENT DEFINITION | Date of birth as determined by a State issued certificate of birth or hospital certificate of birth and entered onto DEERS via the Service Personnel Community. | | |
| ELEMENT PURPOSE | To determine changes in eligibility based on age. | | |
| VALUE SPECIFICATIONS | See Reason for Change Codes. These codes give the ages for which eligibility is terminated. | | |

DATA ELEMENT DEFINITION**ELEMENT NAME: DEERS DATA DISCREPANCY/ELIGIBILITY CODE****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|---|---|----------------------|
| Position 39-40 (Eligibility Segment) | Yes | Once with each occurrence of eligibility segments (min = 1; max = 10). Eligibility Code (values 50, 60, & 70) can change from one segment to the next. | None |
| FORMAT | Numeric - 2 characters. | | |
| SOURCE | DEERS | | |
| ELEMENT DEFINITION | This field will either give an eligibility determination or a discrepancy reason indicating that either no sponsor or no family members for the sponsor could be found on DEERS. Systems error messages are also reported in this field when DEERS is unable to attempt to match the contractor's input data. | | |
| ELEMENT PURPOSE | To determine eligibility or to obtain the appropriate discrepancy reason when an eligibility determination is impossible. | | |
| | NOTE: Any code other than 50, 60, or 70 will result in termination of the record after this field. | | |
| VALUE SPECIFICATIONS | Discrepancy Codes: | | |
| | 01 | Sponsor SSN not found on DEERS | |
| | 02 | Sponsor SSN found; Name matched; No family members found; Active Duty Sponsor | |
| | 03 | Sponsor SSN found; Name matched; No family members found; Sponsor not Active Duty | |
| | 30 | Invalid Data | |
| | Eligibility Codes: | | |
| | 50 | Eligible for Standard TRICARE, includes dual entitlement with Medicare for End Stage Renal Disease or Disabilities. | |
| | 60 | Enrolled in an Alternate Care Program such as TRICARE, or Sponsor SSN found; Name matched; DOB matched but ineligible because of no TRICARE privileges. | |
| | 70 | Sponsor SSN found; Name matched; DOB matched but treatment dates are outside eligibility dates. | |
| | Systems Messages: | | |
| | 80 | Program abend; DEERS response cannot be processed. | |

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS DATA DISCREPANCY/ELIGIBILITY CODE (CONTINUED)

| | | |
|---|----|--|
| VALUE SPECIFICATIONS (CONTINUED) | 81 | A file required by TRICARE processing is not open. |
| | 82 | Error in writing privacy log record. |
| | 83 | Error in contractor's record length. |
| | 84 | File or program is not located in CICS tables. |
| | 85 | "End of File" has been reached. |
| | 86 | Invalid contractor request has been issued. |
| | 87 | Any other exception |

DATA ELEMENT DEFINITION**ELEMENT NAME: FROM DATE OF TREATMENT****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|--|--------------------|----------------------|
| Position 41-48 (Eligibility Segment) | Yes | 1 | None |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | Contractor supplied. | | |
| ELEMENT DEFINITION | The From Date of Treatment is the beginning date of services for a procedure or hospital length of stay. | | |
| ELEMENT PURPOSE | To query DEERS for an entire treatment encounter to obtain an eligibility response determination based upon the full time. | | |
| VALUE SPECIFICATIONS | None | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: TO DATE OF TREATMENT

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|---|--------------------|----------------------|
| Position 49-56 (Eligibility Segment) | Yes | 1 | None |
| FORMAT | Numeric - 8 characters. Format is YYYYMMDD. | | |
| SOURCE | Contractor supplied. | | |
| ELEMENT DEFINITION | The To Date of Treatment is the ending date of services for a procedure or hospital length of stay. | | |
| ELEMENT PURPOSE | To query DEERS for an entire treatment encounter to obtain eligibility response determination based upon the full time. | | |
| VALUE SPECIFICATIONS | None | | |

DATA ELEMENT DEFINITION**ELEMENT NAME: SPONSOR'S STATUS CODE**

| RECORDS/LOCATOR NUMBERS | | | |
|--------------------------------------|--|--|----------------------|
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 57 (Eligibility Segment) | Yes | One determination repeated for each eligibility segment. Sponsor Status can change from one segment to the next. | X or Z |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | Supplied to DEERS via the Service Personnel Community. | | |
| ELEMENT DEFINITION | The Sponsor's Status Code is his/her status with the Uniformed Services. | | |
| ELEMENT PURPOSE | To obtain the Sponsor's Status based on the "From Date of Treatment". The DEERS history segments only include the sponsor's Status Code for the beginning of the treatment period requested by the contractor. If a change in status occurred prior to the end of the treatment period, it will not be reflected in the response from DEERS. | | |
| VALUE SPECIFICATIONS | Active Duty: | | |
| | A | Active Duty | |
| | B | Recalled to Active Duty | |
| | J | Academy Student/Navy OCS | |
| | N | National Guard | |
| | Q | Prisoner/Appellate | |
| | T | Foreign National (NATO) | |
| | V | Reserve | |
| | Retired: | | |
| | D | 100% disabled | |
| | F | Former Member | |
| | I | Permanently Disabled Retired List (PDRL) | |
| | O | Temporarily Disabled Retired List (TDRL) | |
| | R | Retired | |
| | W | Title III future Reserve Retiree | |
| | Deceased: | | |
| | K | Deceased | |

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR'S STATUS CODE (CONTINUED)

VALUE SPECIFICATIONS Other:

| | | |
|--------------------|---|----------------|
| (CONTINUED) | C | Civilian |
| | H | Medal of Honor |
| | P | Tamp Designee |
| | X | Other |
| | Z | Unknown |

DATA ELEMENT DEFINITION**ELEMENT NAME: SPONSOR'S BRANCH OF SERVICE**

| RECORDS/LOCATOR NUMBERS | | | |
|--------------------------------------|---|---|--|
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 58 (Eligibility Segment) | Yes | Once with each eligibility segment. This field does not display history. The same value will be reported on each segment. | X or Z NOTE: X or Z are not to be reported on HCSRS. A Branch of Service must be established for HCSR reporting. Downloading logic applies except where DEERS reports X or Z. |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | DEERS via Service Personnel Community. | | |
| ELEMENT DEFINITION | The Sponsor's Branch of Service identifies which of the Uniformed Services the sponsor is affiliated with. | | |
| ELEMENT PURPOSE | To enable the contractor to obtain the Branch of Service from DEERS and report to TMA for billing purposes. | | |
| VALUE SPECIFICATIONS | A | Army | |
| | C | CHAMPVA (Denied CHAMPVA Claims only after 01/01/96) | |
| | E | U.S. Public Health Service | |
| | F | Air Force | |
| | I | NOAA | |
| | M | Marines | |
| | N | Navy | |
| | P | Coast Guard | |
| | X | Other | |
| | Z | Unknown | |

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR'S PAY GRADE

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|---|--|----------------|
| Position 59-60 (Eligibility Segment) | Yes | One determination repeated for each eligibility segment. | 20, 90, 95, 99 |
| FORMAT | Alphabetic - 2 characters. | | |
| SOURCE | Supplied to DEERS via the Service Personnel Community. | | |
| ELEMENT DEFINITION | The Sponsor's Pay Grade is his/her pay status with the Uniformed Services. | | |
| ELEMENT PURPOSE | To obtain the Sponsor's Pay Grade based on the "From Date of Treatment". The DEERS history segments only include the sponsor's Status Code for the beginning of the treatment period requested by the contractor. If a change in status occurred prior to the end of the treatment period, it will not be reflected in the response from DEERS. | | |
| VALUE SPECIFICATIONS | 01-09 | Enlisted (E1 - E9) | |
| | 11-15 | Warrant Officer (W1 - W5) | |
| | 21-31 | Officer (O1 - O10) | |
| | 90 | Unknown | |

DATA ELEMENT DEFINITION**ELEMENT NAME: REASON FOR CHANGE CODE****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|---|--|----------------------|
| Position 61 (Eligibility Segment) | Yes | Once with each eligibility segment. The Reason for Change code can have different values with different segments for a given query response. | None |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | DEERS for "soft" Reason for Change Codes and DEERS via Service Personnel Community for "hard" Reason for Change Codes. | | |
| ELEMENT DEFINITION | There are two types of Reason for Change Codes, hard and soft. The hard Reason for Change Codes are those values explaining why a beneficiary's eligibility has ended. The soft Reason for Change Codes are those values indicating the potential termination of eligibility sometime in the future. | | |
| ELEMENT PURPOSE | To determine why eligibility has terminated in the case of hard Reason for Change and why it is expected to end in the case of soft Reason for Change Codes. Hard Reason for Change Codes directly impact claims processing and soft Reason for Change Codes alert the contractor to a change ahead which, in some cases can impact claims processing in a very short time. For Hard Reason for Change codes, the family member record will remain active on the DEERS database for two years without any query activity. If query activity occurs within the two-year period, the record will remain active for two years from the last query. | | |
| VALUE SPECIFICATIONS | Both hard and soft Reason for Change Code values are listed in Addendum D . | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: ALTERNATE CARE FLAG

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|--|--|---------------|
| Position 62 (Eligibility Segment) | Yes | Once for each eligibility segment. This value may be different on different segments. | None |
| FORMAT | Alphanumeric - 1 character. | | |
| SOURCE | DEERS via Service Personnel Community for TRICARE eligibility and contractors' update to DEERS for TRICARE enrollment. | | |
| ELEMENT DEFINITION | This flag is used to indicate a beneficiary's choice of utilizing TRICARE or USFHP designated providers. | | |
| ELEMENT PURPOSE | To determine how to process and cost share claims based on TRICARE enrollment or TRICARE requirements. | | |
| VALUE SPECIFICATIONS | A | Managed Care Support Program (MCSP) -- Active Duty member enrolled in MCSP - not entitled to TRICARE | |
| | B* | CHAMPVA (for claims processed by TRICARE, historical use only) (Not a DEERS response. This is an internal code for contractor systems) | |
| | D | MCSP -- Direct Care eligible only family members - enrolled in MCSP | |
| | E | MCSP -- TRICARE and Direct Care eligible (Family Members and Retirees enrolled in MCSP) | |
| | G* | CAM -- Ft. Sill (for historical claims processing only) | |
| | H* | CAM -- Ft. Carson (for historical claims processing only) | |
| | I | FEHBP Demonstration | |
| | J* | CAM -- Bergstrom (for historical claims processing only) | |
| | K | CAM -- Luke/Williams | |
| | N | Not enrolled in MCSP; TRICARE eligible | |
| | P* | Prime | |
| | S | Continued Health Care Benefit Program (CHCBP) | |
| | U | USFHP Designated Provider | |

NOTES AND SPECIAL INSTRUCTIONS:

Values displaying an "*" will be eliminated by approximately the beginning of FY97.

DATA ELEMENT DEFINITION**ELEMENT NAME: ALTERNATE CARE FLAG (CONTINUED)**

| | | |
|---|----|---|
| VALUE SPECIFICATIONS (CONTINUED) | V* | CHAMPVA (for claims processed by CHAMPVA concurrently while TRICARE was processing CHAMPVA claims, historical reference only) |
| | W | TRICARE Senior Supplement Demonstration (TSS) |

NOTES AND SPECIAL INSTRUCTIONS:

Values displaying an "*" will be eliminated by approximately the beginning of FY97.

DATA ELEMENT DEFINITION

ELEMENT NAME: DMIS-ID

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|--|---|----------------------|
| Position 63-66 (Eligibility Segment) | Yes | Once with each eligibility segment. Different values can appear for different segments. | None, Required Field |
| FORMAT | Alphanumeric - 4 characters (right justified). | | |
| SOURCE | Contractor via the Type 5 Update Record. | | |
| ELEMENT DEFINITION | The DMIS-ID identifies the location of the Primary Care Manager. For Primary Care Managers affiliated with an MTF/Clinic, the MTF clinic DMIS-ID will be used. For PCMs affiliated with the networks, a 6900, 7900, or 8000 series will be used. | | |
| ELEMENT PURPOSE | To enable the lead agent MTF to monitor and balance care given within the MTFs and the network providers. | | |
| VALUE SPECIFICATIONS | The DMIS-IDs will be valid MTF DMIS-IDs produced by Vector Research, Inc. in their regularly published catchment area directories. | | |

**ENROLLMENT STATUS OR PROGRAM CODE MATRIX
AS OF 10/01/1997 THROUGH 09/30/1999**

| HCSRs | | DEERS | |
|--------------------------------|-------------------------------|--------------------------------|---|
| REGION IDENTIFIER | ENROLLMENT STATUS/ PROGRAM | DMIS-ID | PCM LOCATION CODE REPORTED TO DEERS |
| Region 1 | U | 6901, 8000 - 8099 | 01 |
| | W | 7901, 8000 - 8099, or blank | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 2 | U | 6501, 6902, 8000 - 8099 | 01 |
| | W | 7902, 8000 - 8099, or blank | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 3 | U | 6903 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 4 | U | 6904 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 5 | U | 6905, 8000 - 8099 | 01 |
| | W | 7905, 8000 - 8099, or blank | 01 |
| | Z, BB | Valid MTF Clinic | 00 |
| Region 6 | U | 6906 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Central Region (Region 7/8) | U | 6907, 6908 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 9 | U | 6909 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 10 | U | 6910 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |

This table further clarifies the PCM Location DMIS-ID element.

**ENROLLMENT STATUS OR PROGRAM CODE MATRIX
 AS OF 10/01/1997 THROUGH 09/30/1999 (CONTINUED)**

| HCSRs | | DEERS | |
|-------------------|-------------------------------|------------------|---|
| REGION IDENTIFIER | ENROLLMENT STATUS/ PROGRAM | DMIS-ID | PCM LOCATION CODE REPORTED TO DEERS |
| Region 11 | U | 6911 | 01 |
| | W | 6911 or blank | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |
| Region 12 | U | 6912 | 01 |
| | Z, BB | Valid MTF/Clinic | 00 |

This table further clarifies the PCM Location DMIS-ID element.

ENROLLMENT STATUS OR PROGRAM CODE MATRIX
As Of 10/01/1999 THROUGH TPR ADFM IMPLEMENTATION

| HCSRs | | DEERS | |
|--------------------------------|-------------------------------|--------------------|---|
| REGION IDENTIFIER | ENROLLMENT STATUS/ PROGRAM | DMIS-ID | PCM LOCATION CODE REPORTED TO DEERS |
| Region 1 | U | 6901, 8000 - 8099 | 01 |
| | W | 7901, 8000 - 8099, | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 2 | U | 6902, 8000 - 8099 | 01 |
| | W | 7902, 8000 - 8099 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 3 | U | 6903 | 01 |
| | W | 7903 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 4 | U | 6904 | 01 |
| | W | 7904 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 5 | U | 6905, 8000 - 8099 | 01 |
| | W | 7905, 8000 - 8099 | 01 |
| | Z, BB, SR | Valid MTF Clinic | 00 |
| Region 6 | U | 6906 | 01 |
| | W | 7906 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Central Region (Region 7/8) | U | 6907, 6908 | 01 |
| | W | 7907, 7908 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |

This table further clarifies the PCM Location DMIS-ID element.

**ENROLLMENT STATUS OR PROGRAM CODE MATRIX
 AS OF 10/01/1999 THROUGH TPR ADFM IMPLEMENTATION (CONTINUED)**

| HCSRs | | DEERS | |
|-------------------|-------------------------------|------------------|---|
| REGION IDENTIFIER | ENROLLMENT STATUS/ PROGRAM | DMIS-ID | PCM LOCATION CODE REPORTED TO DEERS |
| Region 9 | U | 6909 | 01 |
| | W | 7909 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 10 | U | 6910 | 01 |
| | W | 7910 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 11 | U | 6911 | 01 |
| | W | 7911 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 12 | U | 6912 | 01 |
| | W | 7912, 7916 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |

This table further clarifies the PCM Location DMIS-ID element.

**ENROLLMENT STATUS OR PROGRAM CODE MATRIX
As Of **SEPTEMBER 1, 2002****

| HCSRs | | DEERS | |
|--------------------------------|-------------------------------|------------------|---|
| REGION IDENTIFIER | ENROLLMENT STATUS/ PROGRAM | DMIS-ID | PCM LOCATION CODE REPORTED TO DEERS |
| Region 1 | U | 6901 | 01 |
| | W | 7901 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 2 | U | 6902, 8007, 8009 | 01 |
| | W | 7902 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 3 | U | 6903 | 01 |
| | W | 7903 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 4 | U | 6904 | 01 |
| | W | 7904 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 5 | U | 6905 | 01 |
| | W | 7905 | 01 |
| | Z, BB, SR | Valid MTF Clinic | 00 |
| Region 6 | U | 6906 | 01 |
| | W | 7906 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Central Region (Region 7/8) | U | 6907, 6908 | 01 |
| | W | 7907, 7908 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |

This table further clarifies the PCM Location DMIS-ID element.

**ENROLLMENT STATUS OR PROGRAM CODE MATRIX
 AS OF SEPTEMBER 1, 2002 (CONTINUED)**

| HCSRs | | DEERS | |
|-------------------|-------------------------------|------------------|---|
| REGION IDENTIFIER | ENROLLMENT STATUS/ PROGRAM | DMIS-ID | PCM LOCATION CODE REPORTED TO DEERS |
| Region 9 | U | 6909 | 01 |
| | W | 7909 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 10 | U | 6910 | 01 |
| | W | 7910 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 11 | U | 6911 | 01 |
| | W | 7911 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |
| Region 12 | U | 6912 | 01 |
| | W | 7912, 7916 | 01 |
| | Z, BB, SR | Valid MTF/Clinic | 00 |

This table further clarifies the PCM Location DMIS-ID element.

DATA ELEMENT DEFINITION

| ELEMENT NAME: REGION CODE | | | |
|---|---|--|----------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 67-68 (Eligibility Segment) | No | Once with each segment. This field contains history. Different values can appear with different segments. | Spaces |
| FORMAT | Alphanumeric - 2 characters. | | |
| SOURCE | DEERS via MFIM | | |
| ELEMENT DEFINITION | The region code will uniquely identify the 12 regions within the United States and will identify countries outside the United States with specific country codes. | | |
| ELEMENT PURPOSE | To uniquely identify U.S. regions and other countries to determine, for one thing, which contractor is responsible for claims payment for the area. | | |
| VALUE SPECIFICATIONS | U.S. Region Codes: | Country Codes: | |
| | 01 = Region 1 | | |
| | 02 = Region 2 | | |
| | 03 = Region 3 | | |
| | 04 = Region 4 | OV = Overseas Non-Catchment | |
| | 05 = Region 5 | UK = Unknown Service Area | |
| | 06 = Region 6 | 13 = TRICARE Europe | |
| | 07 = Region 7 | 14 = TRICARE Pacific | |
| | 08 = Region 8 | 15 = TRICARE SouthCOM | |
| | 09 = Region 9 | | |
| | 10 = Region 10 | | |
| | 11 = Region 11 | | |
| | 12 = Region 12 | | |
| | NOTE: These country codes are not the same as the FIPS publication codes used for overseas claims processing, e.g., FIPS Pub Code 'UK' = United Kingdom | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: PCM LOCATION CODE

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|--|---|----------------------|
| Position 69-70 (Eligibility Segment) | Yes | Once per eligibility segment. The value in this field could be different for different eligibility segments because a beneficiary could move from one DMIS site to another and be assigned a network provider at one and an MTF at the other. | None, Required Field |
| FORMAT | Alphanumeric - 2 characters. | | |
| SOURCE | Contractors. | | |
| ELEMENT DEFINITION | The contractor indicates whether the beneficiary is assigned to a contracted network provider or a direct care Primary Care Manager (PCM). | | |
| ELEMENT PURPOSE | To determine and monitor the assignment and cost of sending care outside the MTF. | | |
| VALUE SPECIFICATIONS | 00 | Direct Care Primary Care Manager | |
| | 01 | Contracted Network Primary Care Manager. | |

DATA ELEMENT DEFINITION**ELEMENT NAME: PCM TELEPHONE NUMBER****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|---|---|--|----------------------|
| Position 71-80 (Eligibility Segment) | No | Once with each eligibility segment. Because beneficiaries can move to another DMIS site within the same region, the PCM telephone number could change. Different PCM telephone numbers can appear with different segments. | Spaces |
| FORMAT | Alphanumeric - 10 characters. | | |
| SOURCE | DEERS via CHCS. | | |
| ELEMENT DEFINITION | The MTF/clinic telephone where the primary care manager is affiliated. | | |
| ELEMENT PURPOSE | To allow a PCM cross check with the contractor. The contractor has the option of comparing the DEERS PCM telephone number with the contractor's provider file telephone number to ensure that the authorized PCM is being used. | | |
| VALUE SPECIFICATIONS | None | | |

DATA ELEMENT DEFINITION

ELEMENT NAME: RELATIONSHIP CODE

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|--|--|---------------|
| Position 81 (Eligibility Segment) | Yes | Once with each segment. Where a relationship changes during a treatment period, history segments will reflect the change code. An example is a pre-adoptive ward "W" whose adoption becomes final within the treatment period. | Z |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | DEERS via Service Personnel Community. | | |
| ELEMENT DEFINITION | The relationship codes describe the specific relationship of the patient to the sponsor. | | |
| ELEMENT PURPOSE | To determine the exact patient relationship for appropriate claims processing. | | |
| VALUE SPECIFICATIONS | Blank | Sponsor | |
| | C | Child or Step Child | |
| | F | Unremarried Widow(er) (unremarried means divorced from the sponsor but not remarried to anyone else) | |
| | G | Unmarried Widow(er) (unmarried means divorced, remarried to someone else, and divorced again) | |
| | H | Unmarried Former Spouse meeting 20/20/20 criteria | |
| | P | Dependent Parent, Dependent Step Parent, Dependent Parent-in-law, Dependent Step Parent-in-law | |
| | R | Unmarried Former Spouse divorced on or after 04/01/1985, meeting 20/20/15 criteria | |
| | S | Spouse | |
| | T | Unremarried Former Spouse meeting 20/20/20 criteria | |
| | W | Ward (includes foster and pre-adoptive children) | |
| | X | Other | |

DATA ELEMENT DEFINITION

ELEMENT NAME: RELATIONSHIP CODE (CONTINUED)

| | | |
|---|---|---|
| VALUE SPECIFICATIONS (CONTINUED) | Y | Unremarried Former Spouse, divorced prior to 04/01/1985, meeting 20/20/15 criteria |
| | Z | Unknown |

DATA ELEMENT DEFINITION

| ELEMENT NAME: MEDICARE | | | |
|--------------------------------------|---|--|----------------------|
| RECORDS/LOCATOR NUMBERS | | | |
| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
| Position 82 (Eligibility Segment) | Yes | Once per eligibility segment. Different values may appear with different segments. | None |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | DEERS via third party query to SSA. | | |
| ELEMENT DEFINITION | The Medicare Field identifies all possible combinations of entitlement that a beneficiary is affiliated with. | | |
| ELEMENT PURPOSE | To determine the extent of Medicare entitled/utilized by the patient. | | |
| VALUE SPECIFICATIONS | D | Eligible for Medicare Part A and Part B under age 65 where sponsor is not on active duty (Dual Medicare/ CHAMPUS entitled due to disability) (Eligibility Code 50 occurs with D for alternate care flag N) | |
| | E | Eligible for Medicare Part A at age 65 (Eligible under Spouse) | |
| | L | Eligible for Medicare Part A and Part B under age 65 whose sponsor is not on active duty (Dual Medicare/ CHAMPUS entitled for end stage renal disease) (Eligibility Code 50 occurs with L for alternate care flag N) | |
| | N | Not eligible for Medicare | |
| | O | Eligible for Medicare Part A after age 65 due to eligibility under spouse or completion of necessary social security quarters. | |
| | P | Purchased Medicare Part A at or after age 65. Generally used when State purchases Medicare to alleviate high Medicaid bills. | |
| | Q | Eligible for Medicare Part A only, under age 65 and spouse is on active duty. | |
| | S | Not eligible for Medicare Part A at age 65 or over; generally due to lack of accumulation of necessary social security quarters. | |

DATA ELEMENT DEFINITION**ELEMENT NAME: BRAC/SENIOR PHARMACY****RECORDS/LOCATOR NUMBERS**

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|--|---|----------------------|
| Position 83 (Eligibility Segment) | Yes | Once with each eligibility segment. Different segments may show where TRICARE Senior Pharmacy Benefits change from unauthorized to authorized or vice versa. This field also applies to Pharmacy Redesign Pilot Program. | None |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | DEERS | | |
| ELEMENT DEFINITION | The TRICARE Senior Pharmacy Field shows those MHS Medicare beneficiaries who are involved in the TRICARE Senior Pharmacy benefit for prescription drug payments. | | |
| ELEMENT PURPOSE | To determine which Medicare eligibles are authorized for the TRICARE Senior Pharmacy benefit. | | |
| VALUE SPECIFICATIONS | Y | Yes, for TRICARE Senior Pharmacy benefits authorization for former BRAC and PRP eligibles | |
| | N | No TRICARE Senior Pharmacy benefits authorization | |
| | R | All other eligible beneficiaries. | |
| | b/ | Blank (does not have eligibility for this plan) | |

NOTES AND SPECIAL INSTRUCTIONS:

Following the BRAC/Senior Pharmacy Field is 35 characters of filler. Then the NAS segment begins.

Total length of the Eligibility segment is 118 characters for 1 eligibility segment.

DATA ELEMENT DEFINITION

ELEMENT NAME: OTHER HEALTH INSURANCE INDICATOR

RECORDS/LOCATOR NUMBERS

| FIELD LOCATION | REQUIRED | OCCURRENCES | DEFAULT VALUE |
|--------------------------------------|---|---|---------------|
| Position 84 (Eligibility Segment) | No | Once with each NAS. Should be the same value with each segment. | Space |
| FORMAT | Alphabetic - 1 character. | | |
| SOURCE | DEERS via the eligibility response. | | |
| ELEMENT DEFINITION | This field identifies whether OHI exists. | | |
| ELEMENT PURPOSE | To determine whether OHI can help pay for the bill. | | |
| VALUE SPECIFICATIONS | C | Yes, other insurance | |
| | N | No other health insurance | |
| | S | TRICARE Supplemental only | |

FIGURE 9-E-1 CHAMPUS MEDICARE MATRIX

| | | CHAMPUS OUTPUT RESPONSES | | | |
|--|--|--------------------------|----------------|------------------------|----------|
| | | ELIGIBILITY CODE | ALTERNATE CARE | ELIGIBILITY END REASON | MEDICARE |
| | | 60 | B | # | D |
| | | 70 | B | # | D |
| | | 50 | N | # | D |
| | | 70 | N | # | D |
| | | 60 | E | # | D |
| | | 70 | E | # | D |
| | | 60 | G | # | D |
| | | 70 | G | # | D |
| | | 60 | H | # | D |
| | | 70 | H | # | D |
| | | 60 | J | # | D |
| | | 70 | J | # | D |
| | | 60 | K | # | D |
| | | 70 | K | # | D |
| | | 60 | P | # | D |
| | | 70 | P | # | D |
| | | 60 | U | # | D |
| | | 70 | U | # | D |
| | | 60 | V | # | D |
| | | 70 | V | # | D |
| | | 60 | A | # | E |
| | | 70 | A | # | E |
| | | | | | |
| | | 70 | N | # | E |
| | | 60 | D | # | E |
| | | 70 | D | # | E |
| | | 60 | N | # | E |
| | | 70 | N | # | E |
| | | 60 | U | # | E |
| | | 70 | U | # | E |
| | | 60 | B | # | L |

FIGURE 9-E-1 CHAMPUS MEDICARE MATRIX (CONTINUED)

| | | CHAMPUS OUTPUT RESPONSES | | | |
|--|--|--------------------------|----------------|------------------------|----------|
| | | ELIGIBILITY CODE | ALTERNATE CARE | ELIGIBILITY END REASON | MEDICARE |
| | | 70 | B | # | L |
| | | 50 | N | # | L |
| | | 70 | N | # | L |
| | | 60 | E | # | L |
| | | 70 | E | # | L |
| | | 60 | G | # | L |
| | | 70 | G | # | L |
| | | 60 | H | # | L |
| | | 70 | H | # | L |
| | | 60 | J | # | L |
| | | 70 | J | # | L |
| | | 60 | K | # | L |
| | | 70 | K | # | L |
| | | 60 | P | # | L |
| | | 70 | P | # | L |
| | | 60 | U | # | L |
| | | 70 | U | # | L |
| | | 60 | V | # | L |
| | | 70 | V | # | L |
| | | 60 | A | # | N |
| | | 70 | A | # | N |
| | | 60 | B | # | N |
| | | 70 | B | # | N |
| | | 50 | N | # | N |
| | | 70 | N | # | N |
| | | 60 | D | # | N |
| | | 70 | D | # | N |
| | | 60 | E | # | N |
| | | 70 | E | # | N |
| | | 60 | G | # | N |
| | | 70 | G | # | N |

FIGURE 9-E-1 CHAMPUS MEDICARE MATRIX (CONTINUED)

| | | CHAMPUS OUTPUT RESPONSES | | | |
|--|--|--------------------------|----------------|------------------------|----------|
| | | ELIGIBILITY CODE | ALTERNATE CARE | ELIGIBILITY END REASON | MEDICARE |
| | | 60 | H | # | N |
| | | 70 | H | # | N |
| | | 60 | J | # | N |
| | | 70 | J | # | N |
| | | 60 | K | # | N |
| | | 70 | K | # | N |
| | | 60 | N | # | N |
| | | 70 | N | # | N |
| | | 60 | P | # | N |
| | | 70 | P | # | N |
| | | 60 | U | # | N |
| | | 70 | U | # | N |
| | | 60 | V | # | N |
| | | 70 | V | # | N |
| | | 60 | N | # | O |
| | | 70 | N | # | O |
| | | 60 | N | # | O |
| | | 70 | N | # | O |
| | | 60 | A | # | P |
| | | 70 | A | # | P |
| | | 60 | B | # | P |
| | | 70 | B | # | P |
| | | 50 | N | # | P |
| | | 70 | N | # | P |
| | | 60 | D | # | P |
| | | 70 | D | # | P |
| | | 60 | E | # | P |
| | | 70 | E | # | P |
| | | 60 | G | # | P |
| | | 70 | G | # | P |
| | | 60 | H | # | P |

FIGURE 9-E-1 CHAMPUS MEDICARE MATRIX (CONTINUED)

| | | CHAMPUS OUTPUT RESPONSES | | | |
|--|--|--------------------------|----------------|------------------------|----------|
| | | ELIGIBILITY CODE | ALTERNATE CARE | ELIGIBILITY END REASON | MEDICARE |
| | | 70 | H | # | P |
| | | 60 | J | # | P |
| | | 70 | J | # | P |
| | | 60 | K | # | P |
| | | 70 | K | # | P |
| | | 60 | N | # | P |
| | | 70 | N | # | P |
| | | 60 | P | # | P |
| | | 70 | P | # | P |
| | | 60 | U | # | P |
| | | 70 | U | # | P |
| | | 60 | V | # | P |
| | | 70 | V | # | P |
| | | 60 | A | # | Q |
| | | 70 | A | # | Q |
| | | 50 | N | # | Q |
| | | 70 | N | # | Q |
| | | 60 | D | # | Q |
| | | 70 | D | # | Q |
| | | 60 | E | # | Q |
| | | 70 | E | # | Q |
| | | 60 | G | # | Q |
| | | 70 | G | # | Q |
| | | 60 | H | # | Q |
| | | 70 | H | # | Q |
| | | 60 | J | # | Q |
| | | 70 | J | # | Q |
| | | 60 | K | # | Q |
| | | 70 | K | # | Q |
| | | 60 | N | # | Q |
| | | 70 | N | # | Q |

FIGURE 9-E-1 CHAMPUS MEDICARE MATRIX (CONTINUED)

| | | CHAMPUS OUTPUT RESPONSES | | | |
|--|--|--------------------------|----------------|------------------------|----------|
| | | ELIGIBILITY CODE | ALTERNATE CARE | ELIGIBILITY END REASON | MEDICARE |
| | | 60 | P | # | Q |
| | | 70 | P | # | Q |
| | | 60 | U | # | Q |
| | | 70 | U | # | Q |
| | | 60 | A | # | S |
| | | 70 | A | # | S |
| | | 60 | B | # | S |
| | | 70 | B | # | S |
| | | 50 | N | # | S |
| | | 70 | N | # | S |
| | | 60 | D | # | S |
| | | 70 | D | # | S |
| | | 60 | E | # | S |
| | | 70 | E | # | S |
| | | 60 | G | # | S |
| | | 70 | G | # | S |
| | | 60 | H | # | S |
| | | 70 | H | # | S |
| | | 60 | J | # | S |
| | | 70 | J | # | S |
| | | 60 | K | # | S |
| | | 70 | K | # | S |
| | | 60 | N | # | S |
| | | 70 | N | # | S |
| | | 60 | P | # | S |
| | | 70 | P | # | S |
| | | 60 | U | # | S |
| | | 70 | U | # | S |
| | | 60 | V | # | S |
| | | 70 | V | # | S |

