Eligibility Verification

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Contractor query, the Contractor is responsible for making date comparisons to select the proper INAS.

(4) On retroactive INASs, the "Retroactive Data" on the DEERS response screen shall be the same as the hospitalization date or in maternity cases, the first prenatal visit. A retroactive INAS will have an NAS number sequence between 900 and 999. (Refer to the Type 3 DEERS response of this chapter.) It will also have a retroactive effective date that is separate from the INAS issuance date located within the INAS number. The retroactive effective date will show the beginning date of the effective period of the INAS. The Contractor is not responsible for performing any consistency edits on the INAS number and the retroactive effective date.

(5) A retroactive maternity INAS will be identified by the retroactive effective date (the first prenatal visit) and by the major diagnostic category 14. This INAS will be valid 42 days beyond the termination of the pregnancy.

(6) If the newborn remains in the hospital continuously after the mother's discharge, the mother's INAS will cover the infant in the same hospital for up to 15 days following the mother's discharge. Beyond the 15th day, the infant requires an INAS in his/her own right.

(7) When a newborn requires an INAS in his/her own right, the MTF will issue the newborn's INAS retroactive to the baby's date of birth. The Contractor will only need to query for the baby's INAS, instead of querying for both the mother and the child.

(8) For all chronic care-retroactive INAS issuances, the last three digits of the INAS number will be between 700-799.

(9) For all chronic care INAS issuances, the last three digits of the assigned INAS number will be between 800-899. (Refer to the Type 3 DEERS response of this chapter.) All chronic care INAS issuances will be valid for one year from the date of issuance.

c. ONAS Response

(1) When DEERS has ONAS data that supports the ONAS request in the Contractor query, the reply will contain the ONAS number, 2-digit code for the "Selected Outpatient Procedure Code" category, NAS status, reason for issuance, access counter, and other health insurance indicator. DEERS will return this information for any and all ONASs on its file for which the claim could apply. DEERS selects the appropriate ONASs in date order sequence by the most recently issued (in Julian format) within the "NAS Number" field. It is the Contractor's responsibility to match the closest issuance date within the "NAS Number" field to the treatment date on the claim form. All ONASs are issued for 30 days. In each instance, the treatment date on the claim form must be within the effective window period (30 days) to be matched to the ONAS.

(2) When ONAS data is included in the DEERS response record, DEERS will return a "2" in the "NAS Required Indicator" field on the DEERS response. The "NAS Segment Count" field will indicate the number of ONASs appended to the record. A maximum of 45 ONASs per dependent can be included in the record.

(3) On retroactive ONASs, the "Retroactive Date" field must be the same as the treatment date on the claim form.

4. Contractor NAS Report

Effective July 31, 1990, this report is no longer required.

5. NAS Override Authority

The persons listed in Addendum D of this chapter have NAS override authority for unusual cases.

H. Managed Care Enrollment Reporting Procedures

1. Network Primary Care Manager Selections

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

REGION	REGION
Region 1	6901
Region 2	6902
Region 3	6903
Region 4	6904
Region 5	6905
Region 6	6906
Region 7	6907
Region 8	6908
Region 9	6909
Region 10	6910
Region 11	6911
Region 12	6912

b. *The PCM Location Code will require mandatory entry of "01" for network primary care providers. There will be no default to spaces.*

2. Military Treatment Facility Primary Care Manager Selections:

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

b. *The PCM Location Code will require mandatory entry of "00" for MTF primary care providers. There will be no default to spaces.*

3. *ADP Update Procedures:*

a. *For all PRIME enrollees including GSU enrollees resident on DEERS as of the date of this change package, the DMIS-ID and PCM Location Code will have to be researched to ensure that it complies with the instructions above. To do this the MCS contractor must first query DEERS and then their own internal history to determine how the beneficiary's DMIS-ID and PCM location fields appear now for every beneficiary in their region(s). For those records that need to be updated, the new DEERS Adjustment Transaction must be used exactly as stated in ADP Manual, Chapter 9, Addendum A. The adjustment transaction is an on-line transaction to DEERS. No cartridge/tape batch updates to DEERS will be accepted.*

b. *On the adjustment transaction, the existing DMIS-ID is required as well as the new DMIS-ID, for either the MTF PCM or the network PCM. DEERS will compare the old to the new as one of the cross-check measures to ensure that the correct beneficiary is being updated and that the beneficiary has not moved to a new enrolling region. If a discrepancy occurs in the new DMIS-ID, DEERS will return an error message #34 stating "Invalid Enrolling Organization DMIS-ID." If a discrepancy occurs in the existing DMIS-ID, DEERS will return an error message 36, "Incorrect Old Enrolling Organization on Adjustment Transaction."*

c. *As of the date of this change package, regions 9, 10, and 12, are grouped together in DEERS as DMIS-ID 6512. This 6512 DMIS-ID must be updated with 6909, 6910, and 6912, accordingly, for network providers with a PCM Location Code "01." If MTF/Clinic PCMs also currently show DMIS-ID 6512, these must also be separated into the appropriate MTF/Clinic DMIS-ID with a PCM Location Code "00." The contractor shall enter DMIS-ID 6512 for regions 9, 10, and 12 on the Adjustment Transaction in the field called "Old Enrolling Organization DMIS-ID." The contractor shall enter either the specific network PCM or MTF/Clinic PCM DMIS-ID in the field called "New Enrolling Organization DMIS-ID."*

d. *It is imperative that the effective date on the adjustment transaction be the same as the enrollment date already in DEERS. Do not make the effective date today's date. The effective date is NOT the effective date of the DMIS-ID update. Rather, it is the effective date of the enrollment.* ***The effective date must equal the enrollment date****. If these dates are not equal, DEERS will return an error code 37 "Incorrect Enrollment Date on Adjustment Transaction."*

e. *As stated above, the PCM Location Code requires mandatory entry. If the PCM Location Code is not "00" or "01" an error message will be returned. If "00" does not agree with an MTF/Clinic DMIS-ID, an error message will be returned as will "01" not agreeing with a network 6900 series DMIS-ID. The error message for any of these discrepant/invalid conditions is #35 "Invalid PCM Location Code."*

f. *Once the MCS Contractor has completed the necessary programming to correctly align the DMIS-IDs and PCM Location Codes, the contractor will be required to test for a period of 30 days prior to implementation. The MCS contractor will be required to select a variety of PRIME production records for DEERS to copy into test. The production SSNs must be reported to TSO/OCHAMPUS Information Systems for testing on DEERS. When the DEERS copy is made, the last digit of the sponsor's SSN will be converted to*

"7" in the test environment. The initial realignment of DMIS-IDs and PCMs will not result in a new DEERS history segment. However, any PCM changes made after the initial realignment will result in a new history segment regardless of whether the change is made during a single enrollment period. The new history segment is required to track when a beneficiary changes from a network to an MTF/Clinic PCM or vice versa.

g. *For all new PRIME enrollments from the date of this change forward, the DMIS-ID will be entered on DEERS as the specific MTF/Clinic DMIS-ID for MTF/Clinic primary care manager selections or a 6900 series DMIS-ID for network primary care manager selections. The PCM Location Code will be reflected as either "00" for MTF/Clinic primary care manager selections or "01" for network primary care manager selections.*

h. *HCSR edits will be performed to ensure that MTF/Clinic DMIS-IDs and Enrollment Status Code "Z" agree as will HCSR edits be performed to ensure that network DMIS-IDs and Enrollment Status Code "U" agree.*

i. *The Enrollment Status Code "Z" shall be reported for PCM Location Code "00" whereas Enrollment Status Code "U" shall be reported for PCM Location Code "01" on HCSRs.*

j. *DMIS-ID reporting will be the same for the HCSR MTF Code as it is on DEERS and can be downloaded from DEERS. The HCSR MTF Code will show the specific MTF/Clinic DMIS-ID for PCM Location Code "00" or the appropriate 6900 series DMIS-ID for PCM Location Code "01".*

k. *MCS contractor problems and questions shall be reported to TSO/OCHAMPUS Information Systems for research by DEERS.*

NOTE:

In the Tidewater area, the Tidewater contractor will still report network PCMs "01" as DMIS-ID 6501. Tidewater MTF/Clinic PCMs "00" will be reported with the specific MTF/Clinic DMIS-ID. The claims processing contractor will not be responsible for the realignment on DEERS but will be responsible for HCSR reporting of these instructions. The HCSR reporting includes reporting Tidewater PCMs using Enrollment Status Code "U" and "Z" rather than "E".

Figure 9-A-14 CHAMPUS Managed Care Program System - Enrollment/Disenrollment Transaction - (Type 5 TX.)

Field	Length	Comments	
TRAN ID	4	*Assigned By DEERS*	
Record Type	1	5	Valid transaction type
Transaction Type	1	E	Enrollment transaction
		D	Disenrollment transaction
Sponsor's SSN	9	Sponsor's Social Security Number	
Sponsor's Name	27	Last name, first name, MI; first 5 characters of last name at minimum (no spaces, no special characters). If last name is less than 5 characters, end last name with a comma.	
Beneficiary's SSN	9	Beneficiary's Social Security Number. Leave blank, if unknown.	
Beneficiary's Date of Birth	8	YYYYMMDD	
Beneficiary's DDS	2	01-19	Eligible Dependent Children
		20	Sponsor
		30-39	Spouse of Sponsor
		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 Eligible Dependents
		70-74	Unknown by DEERS
		75	Pseudo DDS - Unknown by FI
		98	Service Secretary Designee
Beneficiary's Street	27	Street on which the beneficiary resides.	
Beneficiary's City	18	City in which the beneficiary resides.	
Beneficiary's State	2	State in which the beneficiary resides.	
Beneficiary's Zip Code	9	Zip code of beneficiary (fill zip code extension with zeroes, if unknown)	
Beneficiary's Phone Number	10	Area code and phone number of beneficiary. Leave blank, if unknown.	

Figure 9-A-14 CHAMPUS Managed Care Program System - Enrollment/Disenrollment Transaction - (Type 5 TX.) (Continued)

Field	Length	Comments	
Enrollment or Disenrollment Effective Date	8	YYYYMMDD	
Managed Care Type	1	E	Valid MCP Plan
Managed Care Plan DMIS	4		Valid *MTF/Clinic* DMIS *for MTF/Clinic PCM or a 6900 Series DMIS for a MCS contractor network PCM*
PCM Location Code	2	Network Provider Indicator, 00 = MTF Provider; 01 = Network Provider	
Filler	13		
TOTAL	155		

NOTES:

1. The address fields, including Beneficiary's Street, City, State, Zip Code, and Phone Number, should be left blank in a disenrollment transaction. In an enrollment transaction, the address fields are not required. If unknown, the address fields should be filled with spaces. If entered, the address fields must be complete (if one field is entered, all must be entered, except for Phone Number, which is optional).

Figure 9-A-25 **Discrepancy Reporting System - DSO Batch Trailer Record**

Field	Length	Comments
Record Type	1	'5'
Query Code	2	OCHAMPUS assigned Contractor number/query type
Contractor Batch Number	7	Contractor assigned number to identify the specific batch (same as Batch Header record)
DEERS Data Record Count	6	Actual count of responses or actual count rejected, if Accept/Reject Indicator in Batch Header Record = 0 or 2. Contractor Data Record Count, if Accept/Reject Indicator = 1.
Filler	288	
TOTAL	304	

Figure 9-A-26 CHAMPUS Managed Care Program System - Enrollment/Disenrollment Transaction - (Type 5 TX.) For Adjustments/Updates

Field	Length	Comments
Transaction ID	4	Same as Currently used by MCSC. Each MCSC has their own Transaction ID.
Transaction Type	1	'5'
Record Type	1	'C'
Sponsor SSN	9	Sponsors Social Security Number
Sponsor Name	27	Same as all other DEERS Name fields
Beneficiary SSN	9	Leave blank if unknown.
Beneficiary Date of Birth	8	YYYMMDD
Beneficiary DDS	2	Same format as all other DDSs.
Beneficiary Street	27	Beneficiary home address street
Beneficiary City	18	Beneficiary home address city
Beneficiary State	2	Beneficiary home address state
Beneficiary ZIP Code	9	Beneficiary home address zip code or zeros
Beneficiary Phone Number	10	Area code and phone number or blank if unknown.
Enrollment Effective Date	8	Same as on Current DEERS Record
Plan Type	1	'E'
New Enrolling Organization (DMIS-ID)	4	Four-digit numeric
PCM Location Code	2	'00' - MTF PCM '01' - MCSC Network
Old Enrolling Organization (DMIS-ID)	4	Same as on Current DEERS Record
DEERS will add the following four response codes to indicate the types of error on an adjustment transaction:		
	34	Invalid Enrolling Organization (DMIS-ID)
	35	Invalid PCM Location Code
	36	Incorrect Old Enrolling Organization on Adjustment Transaction
	37	Incorrect Enrollment Date on Adjustment Transaction

Eligibility Verification

Element Name:	**DMIS-ID**
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 series DMIS-ID linked to the contract region code will be used. For example, a network PCM for Region 11 will show DMIS-ID 6911.*
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.

Field Location:	Positions 63-66 (Eligibility Segment)
Format:	Alpha Numeric - 4 characters (right justified)
Occurrences:	Once with each eligibility segment. Different values can appear for different segments.
Required:	*Yes*
Default Value:	*None, Required Field*

Element Name:	**Region Code**
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

Field Locations:	Positions 67-68 (Eligibility Segment)
Format:	Alphanumeric - 2 characters
Occurrences:	Once with each segment. This field contains history. Different values can appear with different segments.
Required:	No
Default Value:	Spaces

Eligibility Verification

Element Name:	**PCM Location Code**
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.

Field Location:	Position 69-70 (Eligibility Segment)
Format:	Alphanumeric - 2 characters
Occurrences:	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.
Required:	*Yes*
Default Value:	*None, Required Field*

Element Name:	**PCM Telephone Number**
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.	
Field Location:	Positions 71-80 (Eligibility Segment)
Format:	*Alpha* Numeric - 10 characters
Occurrences:	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.
Required:	No
Default Value:	Spaces