

Standard Insurance Table/Other Health Insurance SIT/OHI

28 November 2016 1400 – 1500 EST

29 November 2016 0800 – 0900 EST

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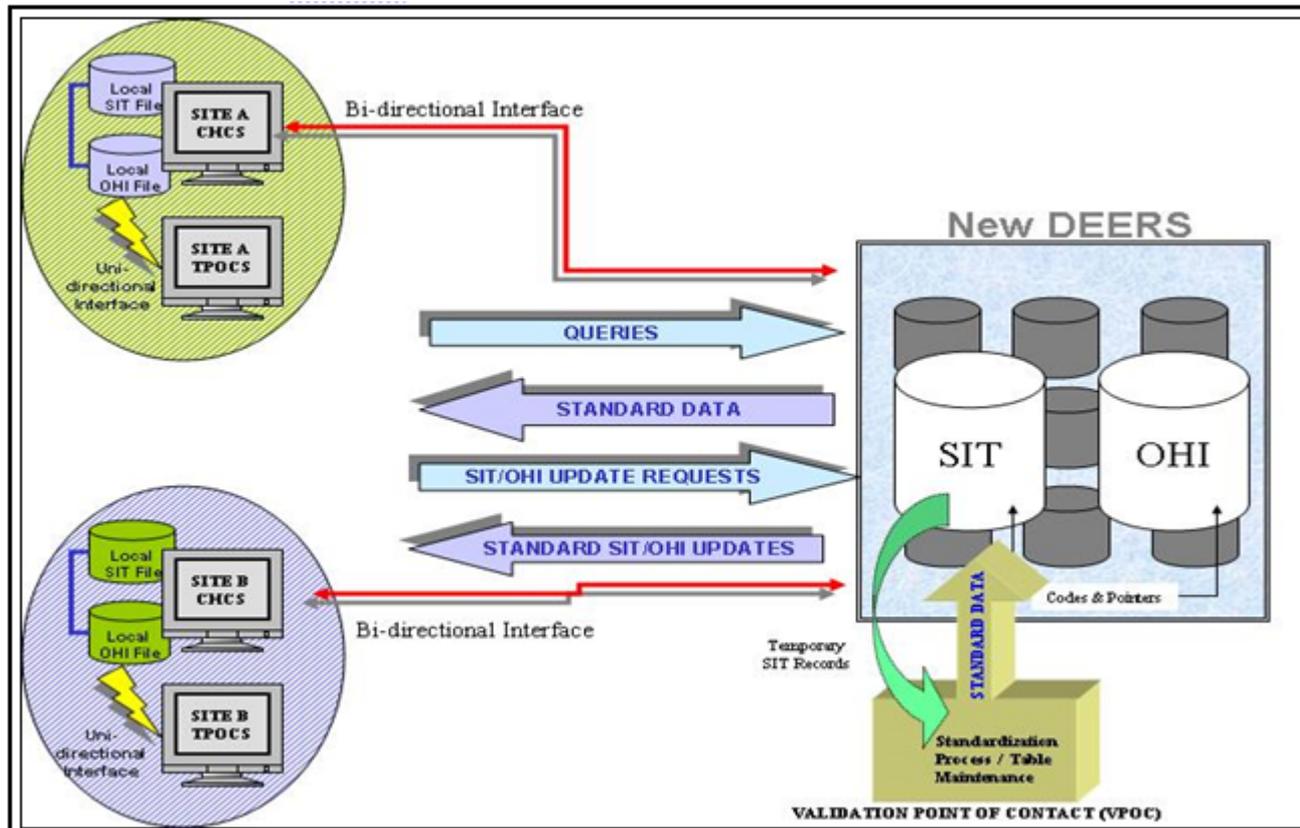
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- Applicable Laws, Regulations, and Guidance
- Other Health Insurance (OHI)
- Standard Insurance Table (SIT)
- Verification Point of Contact (VPOC) Function
- SIT Health Insurance Carrier (HIC) ID Reduction Efforts
- Common issues with SIT/OHI
- Impact on billing processes
- SIT/OHI under Military Health System (MHS) GENESIS
- Helpful Tips & Resources



- DoD Third Party Collections Program (TPCP) activities involve the billing of insurance, medical service, or health plan contracts or agreements on behalf of covered beneficiaries for both Inpatient and Outpatient services provided in Military Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs), to the fullest extent allowed under 10 U.S.C. 1095, CFR 32, part 220.
- TRICARE is the secondary payer when a covered beneficiary has OHI.
 - OHI does not limit beneficiary's access to care. But if he/she intentionally fails to provide OHI information, he/she could be disqualified for health care services from MTFs.
- DoD is authorized to collect “reasonable charges” less the covered beneficiary's appropriate deductible or copayment amount.
 - Cannot balance bill the covered beneficiary
- Funds collected from TPCP payers are returned and used to enhance health care delivery at the MTF providing the care.

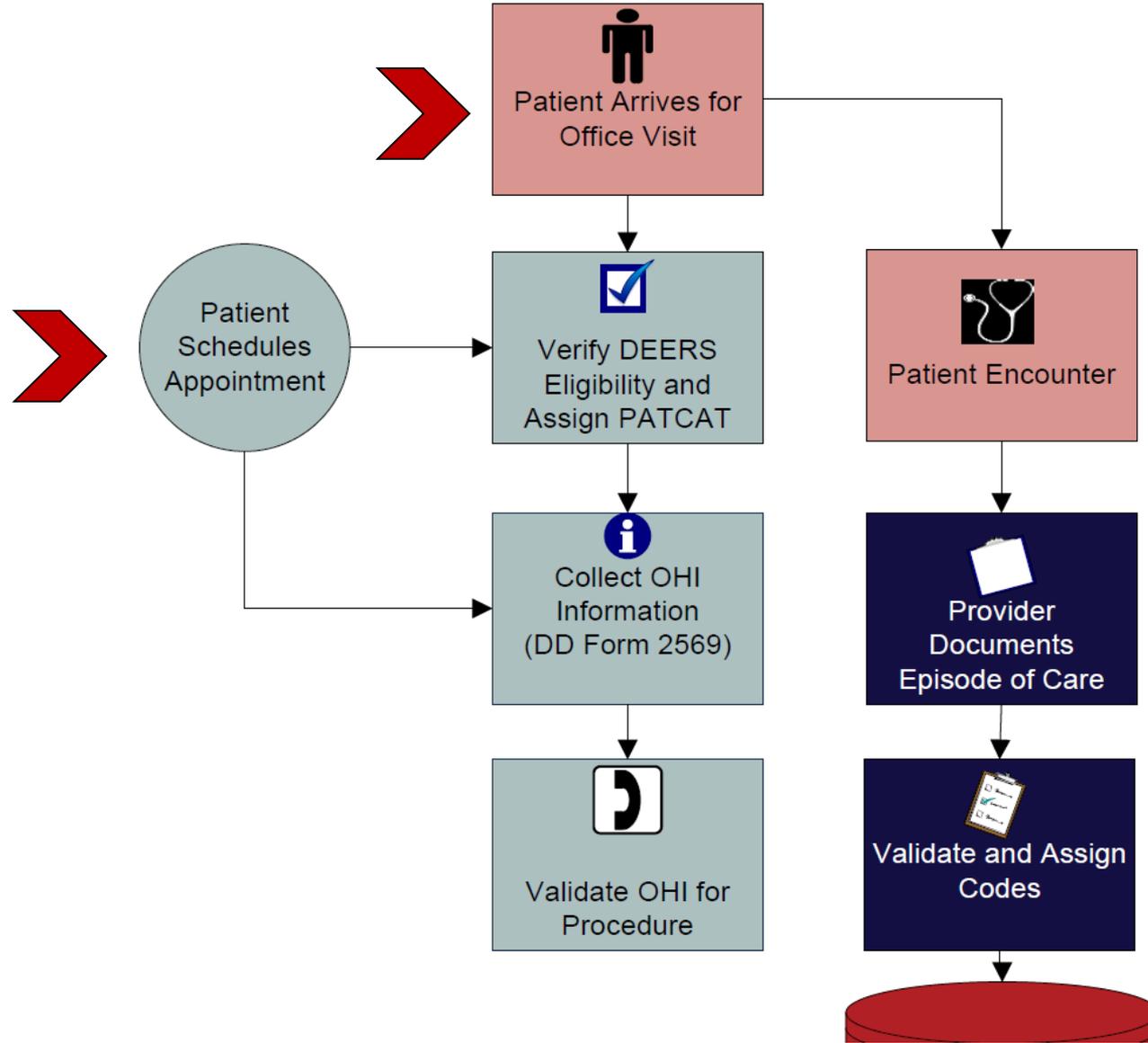
Data flow between Defense Enrollment Eligibility Reporting System (DEERS) and Composite Health Care System (CHCS)





Other Health Insurance (OHI)

- **What is Other Health Insurance (OHI)?**
 - OHI is any health insurance policy that a TRICARE beneficiary may carry which covers medical, dental, pharmacy, etc. established through an employer, private insurance company or by agreement.
 - OHI excludes TRICARE, TRICARE Supplemental plans, Medicare, Medicaid, and certain government-sponsored programs.
 - OHI data includes information about a patient's policy such as policy name and number, coverage type, and effective dates of coverage.
 - OHI is stored in the SIT in the form of Health Insurance Carrier (HIC) IDs. The HIC ID is assigned by Defense Enrollment Eligibility Reporting System (DEERS) and composed of:
 - First 3 characters of insurance company's name
 - Plus 2-character state abbreviation
 - Plus 4-digit number assigned by DEERS
 - E.g., Aetna of California = AETCA0001





National
Capital Region
Medical

Third Party Collection Insurance Verification Card

NOTE: Patients shall be required to renew their OHI Registration Card upon the anniversary of the issue date noted on the card or when OHI status or information is updated.

_____ Expiration Date

I, _____, certify that I have completed Form DD2569 Third Party Collection Program/Medical Services Account/Other Health Insurance (OHI) Form.

Patient Signature

MTF Representative/Issue Date

- The DD Form 2569, “Third Party Collection Program/Medical Services Account/Other Health Insurance,” is used to collect OHI information from all patients on an annual basis.
 - Form must be verified or updated with the beneficiary at each visit
- Each signed and completed form must be placed in the patient’s medical record or stored electronically.
- The DD Form 2569 (v Sep 2016) was recently renewed with an added question #7 to determine if a patient is eligible for Veterans Affairs (VA) benefits.
- <http://www.dtic.mil/whs/directives/forms/eforms/dd2569.pdf>

**THIRD PARTY COLLECTION PROGRAM/MEDICAL SERVICES ACCOUNT/
OTHER HEALTH INSURANCE***(Read Privacy Act Statement before completing this form.)*OMB No. 0720-0055
OMB approval expires
31 Aug, 2019

The public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0720-0055). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO REQUESTING MILITARY TREATMENT FACILITY.**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Sections 1079b, Procedures for charging fees for care provided to civilian; retention and use of fees collected; 1095, Health care services incurred on behalf of covered beneficiaries: collection from thirdparty payers; 42 USC, Chapter 32, Third Party Liability For Hospital and Medical Care; EO 9397 (SSN) as amended.

PURPOSE(S): Your information is collected to allow recovery from third parties for medical care provided to you in a Military Treatment Facility. **ROUTINE USE(S):** Your records may be disclosed outside of DoD to healthcare clearinghouses, commercial insurers providers, and other third parties in order to collect amounts owed to the Department of Defense. Your records may also be used and disclosed in accordance with 5 USC 552a(b) of the Privacy Act of 1974, a amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpclid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD.

Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

DISCLOSURE: Voluntary. Failure to provide complete and accurate information may result in disqualification for health care services from MTFs.

PATIENT INFORMATION

1. PATIENT NAME (Last, First, Middle Initial)

2. SSN

3. DATE OF BIRTH (YYYY/MM/DD)

4a. MAILING ADDRESS (Include ZIP Code)

b. HOME TELEPHONE NO.

()

5a. FAMILY MEMBER PREFIX

b. SPONSOR SSN

6a. PATIENT'S EMPLOYER'S NAME

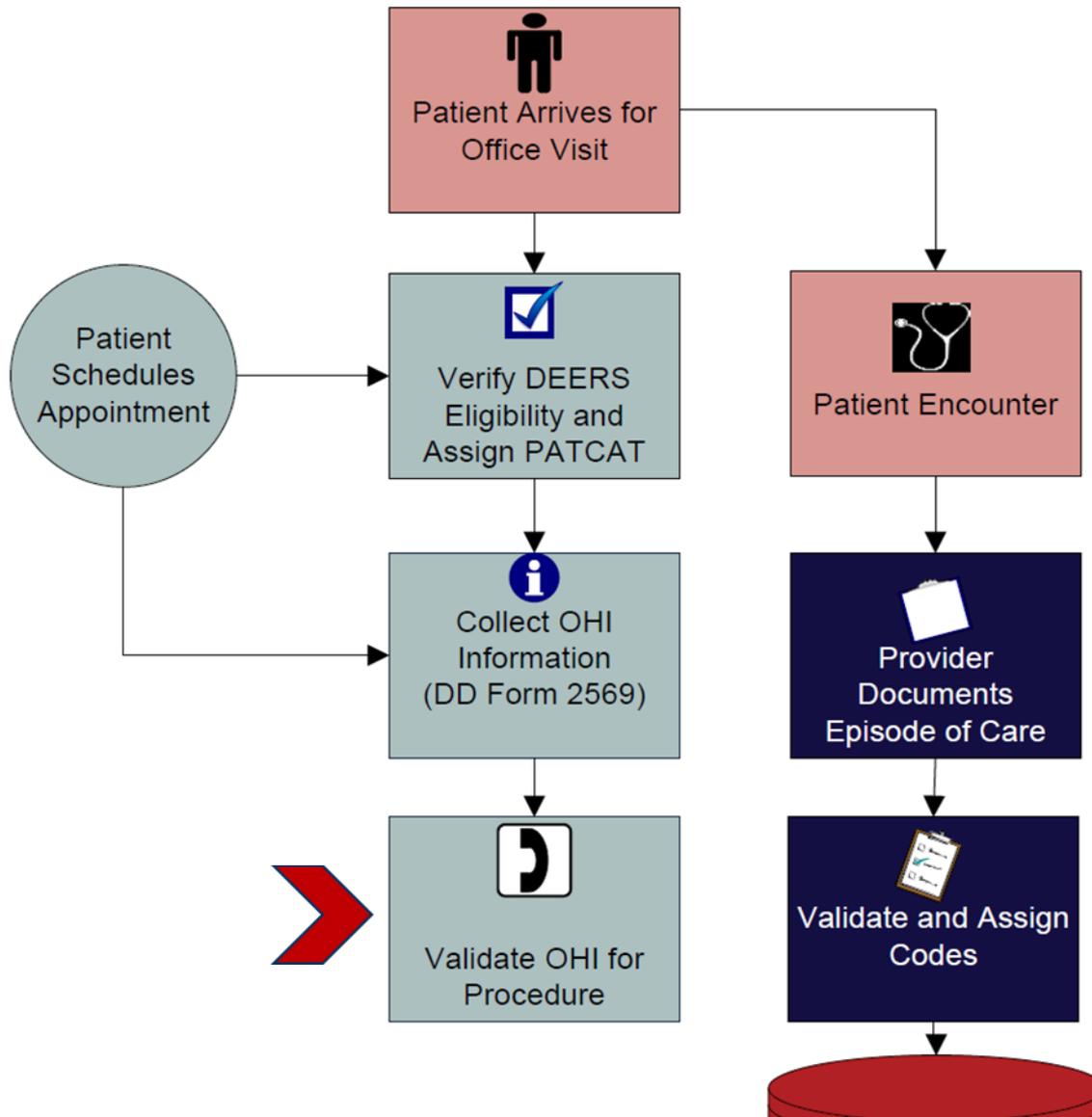
b. EMPLOYER TELEPHONE NUMBER

INSURANCE INFORMATION



INSURANCE INFORMATION		
7. ARE YOU ELIGIBLE FOR VETERANS AFFAIRS BENEFITS?		
a. YES. (If you have an insurance card (e.g., Veterans Health Identification Card (VHIC), Veterans Choice Card), that can be copied or scanned by the MTF representative, please provide it and proceed to Item 8; otherwise, please complete items 7.a.(1) through (5) below.)		
(1) Member ID	(2) Plan ID	(3) Expiration Date (YYYY/MM/DD)
(4) VA Facility Name (e.g., primary care/specialty clinic) that assists in coordinating your care		
(5) VA Facility Address and Telephone Number		
b. NO. (Proceed to Item 8.)		

8. DO YOU HAVE OTHER HEALTH INSURANCE? (This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)		
a. YES. (Complete Item 9 and the remaining sections below.)		
b. NO, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. (Proceed to Item 13.)		
c. NO, but I am not a DoD beneficiary. (Proceed to Item 12.)		
9. PRIMARY MEDICAL INSURANCE INFORMATION. If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 11; otherwise, please complete the blocks below.		
1. NAME OF POLICYHOLDER	2. POLICY NUMBER	3. DATE OF BIRTH (MM/DD/YYYY)
4. RELATIONSHIP TO POLICYHOLDER	5. DATE OF BIRTH (MM/DD/YYYY)	6. RELATIONSHIP TO POLICYHOLDER





- Menu Paths in CHCS for OHI Data Entry
 - #1: CA -> PAD -> ROM -> PII -> enter Patient Name -> DEERS OHI query -> Screen 1
 - #2: CA -> PAD -> ROM -> FRG or MRG -> Patient Name -> enter/edit registration information
 - #3: CA -> PAD -> ADT -> ADM -> enter Patient Name -> enter/edit demographics -> DEERS OHI query -> Screen 2



OHI Screen 1

OTHER HEALTH INSURANCE

Patient: SHAW,SHEILA	FMP/SSN: 30/000-00-0000
Patient Category: USN FAM MBR AD	Patient SSN: 000-00-0000
HCDP: TRICARE PRIME FAMILY C	DMDC Pat Id: 0000011111
Region Code: 01	Sex: FEMALE
PCM: WOLLIN,MAGDALENA	DOB/Age: 12 Aug 1972/30Y

Insurance Co Name Coverage Types and Ranking	Policy Id	Eff Date	End Date	Pol Stat
ADVANCE PCS RX(P)	4848394	28Jan2003	INDEF	(S)
AETNA HEALTH PLANS OF TEXAS XM(P) RX(S) IP(P) OP(P) PH(P) SN(P) LT(P) MH(P) DN(P) VI(P)	AE12345	09Dec2002	INDEF	(S)
RX ADVANCE PCS RX(N)	484839485j4h5u3y4655	28Jan2003	INDEF	(T)
+ PREMIER BLUE MD(S)	568-97-6857	18Sep2002	03Jan2004	(I)

Add **Update** **modKey** **Cancel** **copyFrom** **copyTo** **View/Print** **PreCert** **eXit**
 Add a new policy to selected patient's OHI profile

- “Add” Action
 - Used to add a new policy to a selected patient’s OHI profile
 - User selects existing HIC ID or creates a new HIC ID entry
 - User should first perform a partial look-up to see if company or coverage is already on the local CHCS SIT table
- “Update” Action
 - Allows users to edit/update information associated with a policy in the patient’s OHI profile
- “Cancel” Action
 - Used to select a policy or coverage type to cancel
 - Cancellation of a policy represents an error correction
 - Only originating MTF may cancel a policy



OHI Claim Filing Codes Table: (Most common choices are bolded)

09	= Self Pay (default)
12	= Preferred Provider Organization (PPO)
13	= Point of Service (POS)
14	= Exclusive Provider Organization (EPO)
BL	= Blue Cross/Blue Shield
CI	= Commercial Insurance
HM	= Health Maintenance Organization (HMO)
MC	= Medicaid
10	= Central Certification
OF	= Other Federal Program – Example: Medicare
11	= Other Non Federal Programs
MB	= Medicare Part B
15	= Indemnity Insurance
TV	= Title V Maternal/Child program
16	= HMO/Medicare Risk
VA	= Veteran's Plan
AM	= Automobile Medical
WC	= Worker's Comp
CH	= CHAMPUS (TRICARE) not supported by DEERS

Insurance Type Code Table

CI	= Commercial (default)
HM	= HMO
GP	= Group Policy
MP	= Medicare Primary
MC	= Medicaid
AP	= Auto Insurance Policy
CP	= Medicare Conditionally Primary
IP	= Individual Policy
LD	= Long Term Policy
LT	= Litigation
MB	= Medicare Part B
MI	= Medigap Part B
PP	= Personal Payment
SP	= Supplemental Policy
OT	= Other
CI	= Commercial
GR	= Group Policy

- Secondary menu option “Re-Point OHI Batch Utility”
 - Allows a user to re-point OHI associated with a selected HIC ID to a different user selected HIC ID.

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OHI MAINTENANCE - RE-POINT OHI BATCH UTILITY
-----
Obsolete Carrier Identifier: DARMI0001
Full Insurance Co Name: DART MGMT CORP

Replace with Carrier Identifier: METIL0001
Full Insurance Co Name: METROMED HEALTH PLANS
  
```

```

OHI MAINTENANCE - RE-POINT OHI BATCH UTILITY

Obsolete HIC: DARMI0001 DART MGMT CORP
Replacement HIC: METIL0001 METROMED HEALTH PLANS
-----
Patient Name           Sponsor SSN/FMP  Policy ID      Covrge Types and Ranking
                        Claim #         Status   Billed   Paid      Balance
-----
BAGSHAW, JENNIFER    000-00-0000/30  384838        XM(N)
MUNN, JUSTIN HAMILTO 000-00-0000/02  3843749893    XM(P)
-----

preView  Reprint  Quit
Preview a list of policies & claims that will be reprinted
  
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- One site may be, unknowingly, re-pointing OHI and affecting the billing of another site.
- Recommended procedure:
 - Print and view OHI list first, noting coverage types
 - Perform any changes manually on a separate document
 - Establish a POC at all sites of CHCS host
 - Email POCs of any re-pointing to be done
 - **DO NOT DEACTIVATE OHI**

OHI MAINTENANCE - RE-POINT OHI BATCH UTILITY

If you wish to block <DARMI0001> from being assigned to patient policies in the future and from displaying on SIT picklists, you may request deactivation of this insurance carrier.

Are you sure you want to deactivate <DARMI0001>? NO//



- Overseen by the Other Health Insurance (OHI) Program Office.
- Separate from and complements ABACUS (Service) OHI Discovery contract initiative
- Identifies OHI for beneficiaries with purchased care experience; discovered OHI shared with direct care if patient was also seen at an MTF
- OHI Discovery Process
 - Potential billable encounters are pulled from the MHS Data Repository (MDR) if patients with OHI have direct care experience
 - OHI is linked to each encounter
 - Data is uploaded into DEERS
 - MTFs receive information and bill encounters as is feasible and appropriate



Standard Insurance Table (SIT)

- **What is the SIT?**

- Centralized database in DEERS of commercial HIC IDs and their claims addresses and the types of coverage (XM, MD, RX, DN, VI, etc.) that each HIC offers.
- The centralization of SIT data allows for insurance company claim addresses to be managed and standardized throughout the MHS.
- Excludes insurance companies billed *only* under Medical Affirmative Claims (MAC) and Medical Services Account (MSA) Program.
- SIT has valid HIC name and claims address. OHI policy is “pointed” to the appropriate HIC address.

- **CHCS Menu Path: DAA > CFT > CFM > STM > SIT**

-----SIT Screen 1-----

CFS Common Files Supplementary Menu
DEP Department and Service File Enter/Edit
HOS Hospital Location File Enter/Edit
HPN Host Platform Name Enter/Edit
MCD Medical Center Division File Enter/Edit
MTF Medical Treatment Facility File Enter/Edit
PRO Provider File Enter/Edit
STM Standard Insurance Company Table Menu
UIC UIC Management Menu
ZIP Zip Code File Enter/Edit
ACT Inactivate/Reactivate File Entries

Select Common Files and Tables Maintenance Menu Option: **STM**

SIT Standard Insurance Company Table
VIC View Attorney Data
ATT Attorney Enter/Edit
REP Attorney Report

Select Standard Insurance Company Table Menu Option: **SIT**



STANDARD INSURANCE TABLE

Add Update View Cancel Deactivate Report Subscribe TPOCS Exit
View the insurance company and coverage type data for a selected insurance company.

SIT ID: STANDARD INSURANCE TABLE - ADD INS CO

Insurance Company Name:
Additional Description:
Carrier Website:
Customer Service Email:
BC/BS Code: HIC Status Code: HIC Verification Code:

Coverage/Payer Type:

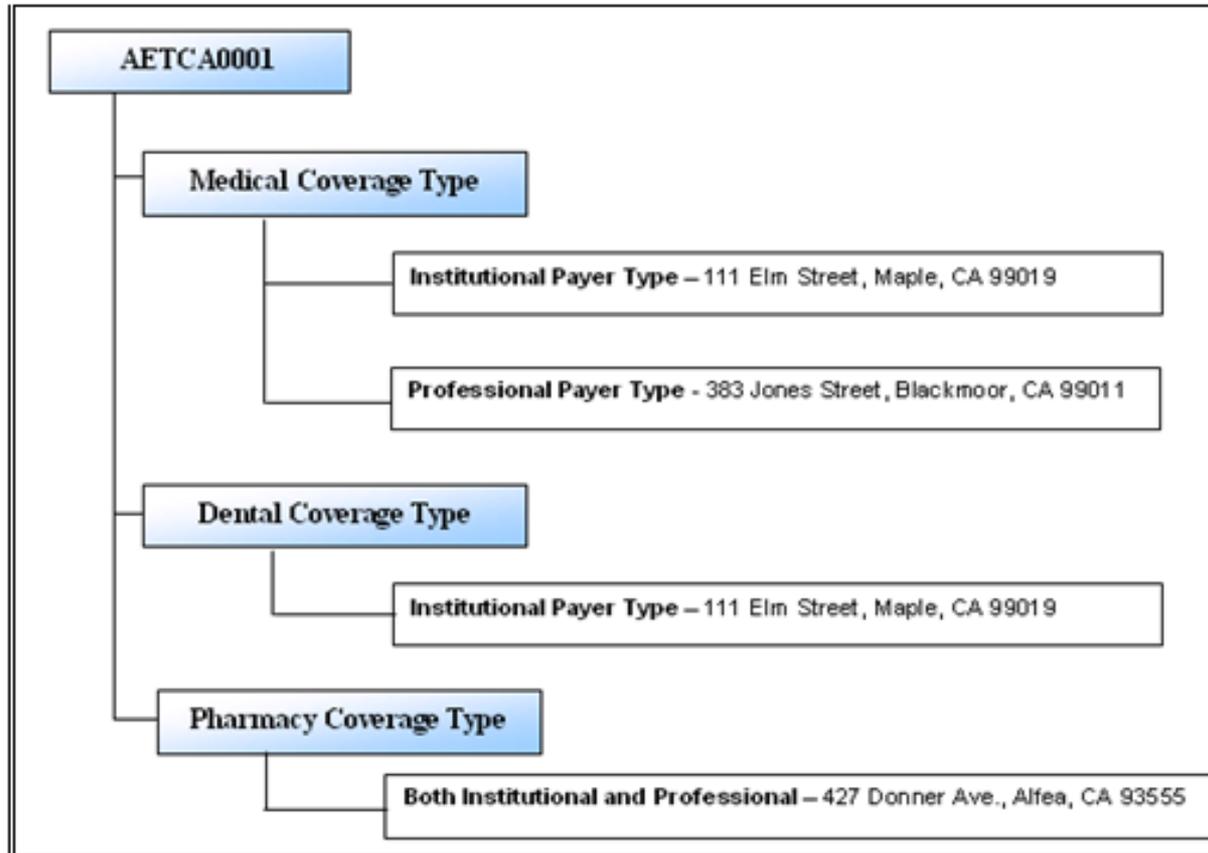
HIC Loc Commt:
HIC Std Commt:

Last Update System Name: <system name of current user defaults here>



OHI Entry in CHCS 5: Select Coverage Types

Data Element	Description
Coverage Type	XM = Comprehensive Medical (default) MD = Medical DN = Dental IP = Inpatient OP = Outpatient LT = Long Term Care RX = Pharmacy MH = Mental Health VI = Vision PH = Partial Hospitalization SN = Skilled Nursing
Payer Type Code	B = both Institutional and Professional (default) I = Institutional Only P = Professional Only N = Non-billable





OHI Entry in CHCS for Verification Point of Contact (VPOC)

Verification 6:

SIT ID: AETCA0001

STANDARD INSURANCE COMPANY

ADD INS CO

Insurance Company Name:

AETNA HEALTH CARE

Coverage Type:

PHARMACY

Payer Type Code:

**B (BOTH) INSTITUTIONAL AND
PROFESSIONAL**

Coverage Status Code: T

Coverage Verification Status: U

ATTN:

Pharmacy Claims

P.O. Box/St Address:

427 DONNER AVE

Zip Code:

93555

Zip Ext:

State/Country:

CALIFORNIA

City:

ALFREA

Phone Number:

8581021928

Phone Ext:

FAX Number:



- VPOC Home Page



[Home](#) | [Verification](#) | [New Actions](#) | [Global Updates](#) | [Reports](#) | [Help](#) | [Log Off](#)

Carrier Verification

Update (0)

Deactivate (0)

Coverage Verification

Add (2625)

Update (0)



Add Verification: Search

HIC ID	COV	PYR	HIC NAME	ADDRESS	CITY	STATE	ZIP
ACOWM0006	MD	B	ACORDIA NATIONAL	P O BOX 11522	CHARLESTON	WV	25339
AETKY0037	RX	B	AETNA	P.O.BOX 14024	LEXINGTON	KY	40511
AETKY0038	RX	B	AETNA US HEALTHCARE	P. O. BOX 140224	LEXINGTON	KY	40511
AETKY0039	RX	B	AETNA US HEALTHCARE	P.O. BOX 14024	LEXINGTON	KY	40511
AETTX0051	RX	B	AETNA HEALTHCARE	PO BOX 686005	SAN ANTONIO	TX	78263
AIGDE0002	XM	B	AIG	PO BOX 15701	WILMINGTON	DE	19850
AIGNY0001	XM	B	AIG WORLD SOURCE	80 PINE STREET 8TH FLOOR	NEW YORK	NY	10007
AMETX0021	RX	B	AMERICAN ADMINSTRATIVE GROUP	320 S POLK, STE. 200	AMARILLO	TX	79101
APWMD0004	RX	P	APWU HEALTHCARE PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	21061
APWMD0005	RX	P	APWU PHARMACY	P.O. BOX 1358	GLEN BURNIE	MD	21061
ARGMO0022	RX	B	ARGUS PHARMACY	PO BOX 419019	KANSAS CITY	MO	64141
BCBAZ0052	RX	B	BCBS	PO BOX 52136	PHOENIX	AZ	85071
BCBCO0003	MD	B	BCBS OF COLORADO	PO BOX 173680	DENVER	CO	80217
BCBKY0016	RX	B	BCBS OF ALABAMA	PO BOX 14711	LEXINGTON	KY	40511
BLUCA0039	MD	P	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	95921
BLUCA0039	RX	B	BLUE SHIELD OF CALIFORNIA	PO BOX 272510	CHICO	CA	95921
BLUCA0083	XM	B	BLUE CROSS OF CALIFORNIA	PO BOX 12020	BAKERSFIELD	CA	93381
BLUOK0006	XM	B	BLUE CROSS BLUE SHIELD OF OKLAHOMA	PO BOX 21128	TULSA	OK	74121



Add Verification: Detail

HIC Carrier:

HIC ID: COVKY0064	Status Code: T
Ver. Status Code: U	Ver. System Name: DARNALL
Ver. Status Date: 2016-10-05	Ver. Status Time: 14:00:55
* HIC Name: COVENTRY HEALTH CARE	Carrier Creation Date:
Standard Comment:	Local Comment:
Website Address:	Cust. Service E-mail:
Cross Ref ID:	
* POC Full Name: ROPPLE, MICHELLE LYNN	POC Contact E-mail: MICHELLE.L.ROPPLA.CIV@MAIL.MIL
* POC Telephone No: 2888381	POC Telephone No Ext.:

HIC Coverage:

* Coverage Type Code: MD	* Coverage Payer Type Code: B
Status Code: T	Ver. Status Code: U
Ver. Status Date: 2016-10-05	Ver. Status Time: 14:00:55
	Coverage Creation Date:

Mailing Address:

Attention:	
* Address: PO BOX 7370	
* City: LONDON	State Code: KY
Zip Code: 40742	Zip Ext.:
* Country: United States	
Standard Comments:	Local Comments:
* Telephone No: 8007279712	Ext.:
Fax:	

[Update](#)[Verify](#)[Reject](#)[View Coverages](#)

- VPOC will “Reject” HIC ID addition request if:
 - Insurer is considered invalid (E.g., not a valid health insurance provider)
 - Incorrect address
 - POC information not included (Phone # and Email Address)
 - DEERS will terminate all associated OHI
- VPOC will “Update” HIC ID addition request if:
 - Information contains any typos
 - Phone # is incorrect



HIC Status Code

S = Standard (already verified)

T = Temporary

D = Deactivated

P = Placeholder

C = Canceled

R = Rejected

HIC Verification Status

D = Unverified Data (OHI)

U = Unverified Carrier

V = Verified



SIT HIC ID Reduction Efforts

HIC_ID	HIC_STAT_CD	HIC_VER_STAT_CD	HIC_NM	HIC_CVG_TYP_CD	HIC_CVG_PCD	HICC_MA_LN2_TX	HICC_MA_CTY_NM	HICC_STND_CMT_TX
21SNJ0002	S	V	21ST CENTURY HEALTH	XM	B	PO BOX 50307	CHERRY HILL	
21SNJ0001	S	V	21ST CENTURY HEALTH & BENEFITS	XM	B	PO BOX 5037	CHERRY HILL	
AAGTX0002	S	V	AAG	XM	B	PO BOX 612989	DALLAS	
AAGTX0001	S	V	AAG BENEFIT PLAN ADMINISTRATORS INC	XM	B	PO BOX 619070	DALLAS	
ACENV0001	S	V	ACEC	XM	B	PO BOX 44109	LAS VEGAS	
ACENV0002	S	V	ACEC LIFE HEALTH TRUST	XM	B	PO BOX 44109	LAS VEGAS	
ADMCA0001	S	V	ADMAR CORP	XM	B	PO BOX 478	SANTA ANA	
ADMCA0002	S	V	ADMAR CORP	XM	B	PO BOX 578	SANTA ANA	
ADMPA0004	S	V	ADMINISTRATIVE CONCEPTS	XM	B	994 OLD EAGLE SCHOOL RD	WAYNE	
ADMPA0002	S	V	ADMINISTRATIVE CONCEPTS	XM	B	997 OLD EAGLE SCHOOL RO	WAYNE	

- The DHA UBO PO collaborates with Defense Manpower Data Center (DMDC) and Express Scripts (ESI) on cleaning up the SIT.
- DMDC has developed an automated query to identify duplicate HIC IDs within the SIT.
 - So far, over 1,000 HIC IDs have been identified
 - HIC IDs have no OHI attached and have never been utilized
- ESI has been provided a list of invalid Rx HIC IDs.
 - HIC IDs contain employer information as opposed to health insurer information
 - IT Department is reviewing HIC ID mapping logic

- **What is the SIT/OHI impact on billing processes?**
 - Standardized and centralized SIT and OHI data across the MHS information systems allows MTFs to bill OHI for services rendered. SIT and OHI information is shared with Direct Care and Purchase Care.
 - Allows for straightforward changes to the Local SIT
 - Increases potential for Third Party Collections.
 - If a patient has OHI and is covered by TRICARE, federal law requires MTFs to collect reasonable payments.
 - If a third party payer pays any portion or all of a claim, it will be considered as satisfying the normal medical services or subsistence charges.

- Incomplete queries with duplicate HIC entries
- Use of “RX” prefix: “RXAetna” for insurance carrier
- Use of commas, periods, symbols: 1.800.234.5678 or 1-800-234-5678- It must look like: **8002345678**
- Use of Defense Switched Network (DSN) instead of commercial telephone number
- Invalid insurance carrier telephone number
- Incorrect Coverage Type: XM, MD entered and insurer is clearly Pharmacy (RX)
- Failure to “cancel” an incorrect entry

- Loss of connectivity with DEERS:
 - MTF did not subscribe to DEERS during a 7-day period, and local CHCS became out of sync with the central SIT.
- MTF must request a full subscription:
 - Menu path: DAA -> CFT -> CFM -> STM -> SIT -> Subscribe action.
 - Select the DOD HIC Full Inquiry secondary menu option.
 - Answer “yes” to the question, “Proceed with Full Subscription?”
 - The system will confirm that a Full Subscription has been tasked.
 - The data returned from DEERS will be integrated automatically into CHCS.

- Use of Placeholder Policies
 - Temporary OHI entry with preliminary/incomplete payer information.
 - The word “Placeholder” or either one or a series of 9s is entered into the Insurance Payer field.
 - Managed Care Support Contractors routinely create Placeholders as a method to identify potential OHI.
 - UBO staff members are **discouraged** from using Placeholder as a valid SIT/OHI entry.
- OHI Report
 - MSA -> IFM -> IOR -> OHI
 - Select DMIS ID
 - Select Placeholder

- Remember to:
 - Query the local CHCS SIT table first before adding a new entry to avoid duplicates
 - Use the commercial telephone number for POC
 - Obtain a valid insurance carrier telephone number
 - Use local comment field for additional information
 - Cancel an entry when it is a mistake
 - **Do not deactivate any Health Insurance Carriers (HICs)**
 - When in doubt, contact the VPOC
 - vpoc.helpdesk@altarum.org

- Decision Tree: When to add a new HIC ID
 1. Perform a partial lookup
 - Consider any found carrier as a potential match
 2. Do **NOT** add a new HIC ID if the partial lookup matches:
 - Insurer Name, Address, City, State, and Zip
 - If current telephone # differs, there may be more than one which is considered acceptable
 - A variation in Insurer Name is acceptable
 3. Add a new HIC ID if differences in:
 - Insurer Name, Address, City, State, and Zip

- Pharmacy (Rx), Vision (VI), and Dental (DN) Options

1. Enter information as a Coverage Type Code under an existing HIC ID

HIC ID: FIRPA0001

HIC NAME: First Choice

Coverage Type: XM

123 Capital Street Harrisburg, PA

Rx Pharmacy

658 Marymount Ave Hershey, PA

- Pharmacy (Rx) Options

2. The Pharmacy Benefit Manager (PBM) as a new HIC ID (e.g., Caremark or Express Scripts)

HIC ID	CARAZ0001
HIC NAME	Caremark
Coverage Type	Rx

- All PBMs must be entered as an independent HIC ID with an Rx Coverage Type



- The deployment of MHS GENESIS has been pushed back to February 2017.
 - Plans incorporated within MHS GENESIS will consist of the DEERS HIC ID and Coverage Type
- DMDC, DHA, the Services and MHS GENESIS team are developing a preliminary list of HIC IDs based on what is currently utilized for billing by the Pacific Northwest MTFs at GENESIS's Initial Operating Capacity (IOC).
- After building out the health plans for the Pacific Northwest, the team will continue to collaborate to discuss all other health plans needed for the data base as GENESIS rolls out.



- DHA UBO Helpdesks
 - vpoc.helpdesk@altarum.org
 - UBO.helpdesk@altarum.org
- DHA UBO Website
 - <http://www.health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office>

