



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6010.01
January 14, 2020

HCO/PAD

SUBJECT: Healthcare Benefit Eligibility Verification and Patient Registration Procedures

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (ag), establishes the Defense Health Agency's (DHA) procedures for verifying eligibility, proper patient registration, and patient identity management within the Military Health System (MHS). Standardized patient registration guidance is essential in maintaining a competent and effective workforce capable of executing health service support in an optimal manner.
2. **APPLICABILITY.** This DHA-PI applies to the DHA, Military Departments (MILDEPs), Combatant Commands, and military medical treatment facilities (MTFs) within the MHS.
3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (b) through (f), that:
 - a. The Director, DHA, has the authority to develop and issue implementation and procedural guidance, in accordance with References (b) and (c), to specify documentation and management procedures for record systems supporting the Service Treatment Record (STR) and other components of the DoD Health Record, in accordance with Reference (d).
 - b. Eligibility for medical and dental benefits are determined in accordance with References (e) and (f). DoD MTF personnel are responsible for verifying eligibility and providing care consistent with the beneficiary entitlement, in accordance with Reference (d).
 - c. DoD Components will conduct deployment health activities before, during, and after joint and Service-specific deployments to assess and manage health risks. The DoD implements deployment health activities in order to deliver a medically ready force and protect the health of that force through individual medical readiness occupational and environmental health practices, health assessments, and health surveillance in accordance with References (j), (m), (ae), (af), and

(ag). Deployment health activities will anticipate, recognize, monitor, evaluate, record, report, communicate, control, and mitigate health threats, to include their immediate and long-term effects, in accordance with Reference (k).

d. The installation Military Personnel Office is responsible for validating a beneficiary's eligibility for DoD benefits. In accordance with Reference (d), designated MTF personnel will perform the following two-step check to confirm the patient's identity and verify entitlement:

(1) Complete a physical check of the Common Access Card (CAC) or Uniformed Services Identification card; and

(2) Verify status in Defense Enrollment Eligibility Reporting System (DEERS). The Military Services will develop procedures for instances where beneficiary status cannot be clearly determined to eliminate potential duplicate DoD Health Records.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).



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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
- (d) DoD Instruction 6040.45, "DoD Health Record Life Cycle Management," November 16, 2015, as amended
- (e) DoD Directive 6010.04, "Healthcare for Uniformed Services Members and Beneficiaries," August 17, 2015, as amended
- (f) Code of Federal Regulations, Title 32, Part 199
- (g) United States Code, Title 10, Section 1073c
- (h) United States Code, Title 10, Section 1074
- (i) DoD Instruction 6000.14, "DoD Patient Bill of Rights and Responsibilities in the Military Health System (MHS)," September 26, 2011, as amended
- (j) DoD Instruction 6025.19, "Individual Medical Readiness (IMR)," June 9, 2014
- (k) DoD Instruction 6490.03, "Deployment Health," June 19, 2019
- (l) DoD Instruction 1241.01, "Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements," April 19, 2016
- (m) DoD Instruction 6200.06, "Periodic Health Assessment (PHA)," September 8, 2016
- (n) DoD Instruction 1332.18, "Disability Evaluation System (DES)," August 5, 2014, as amended
- (o) DoD Instruction 6040.46, "The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program," April 14, 2016
- (p) DoD Instruction 6490.04, "Mental Health Evaluations of Members of the Military Services," March 4, 2013
- (q) Health Affairs Policy 11-005, "TRICARE Policy for Access to Care," February 23, 2011
- (r) DoD Instruction 1341.02, "Defense Enrollment Eligibility Reporting System (DEERS) Program and Procedures," August 18, 2016
- (s) Air Force Instruction 36-3026V1_IP, "Identification Cards for Members of the Uniformed Services, their Eligible Family Members, and Other Eligible Personnel," August 4, 2017
- (t) United States Code, Title 10, Chapter 1
- (u) United States Code, Title 10, Chapter 1209
- (v) DoD Instruction 6025.23, "Health Care Eligibility Under the Secretarial Designee Program and Related Special Authorities," September 16, 2011, as amended
- (w) Code of Federal Regulations, Title 32, Part 108
- (x) DoD Instruction 6015.23, "Foreign Military Personnel Care and Uniform Business Offices in Military Treatment Facilities (MTFs)," February 23, 2015
- (y) DoD Manual 6025.13, "Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)," October 29, 2013
- (z) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019

- (aa) DoD Instruction 1000.30, "Reduction of Social Security Number (SSN) Use Within DoD," August 1, 2012
- (ab) Code of Federal Regulations, Title 5, Part 339, Subpart C.301
- (ac) Assistant Secretary of Defense for Health Affairs Memorandum, "Guidance for Requesting Correction of Erroneously Entered Information in the Armed Forces Health Longitudinal Technology Application," September 9, 2013
- (ad) DoD Instruction 1000.13, "Identification (ID) Cards for Members of the Uniformed Services, Their Dependents, and Other Eligible Individuals," January 23, 2014, as amended
- (ae) DoD Instruction 6055.05, "Occupational and Environmental Health (OEH)," November 11, 2008 as amended
- (af) DoD Instruction 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees," February 5, 2010
- (ag) DoD Directive 6490.02E, "Comprehensive Health Surveillance," February 8, 2012, as amended

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, Assistant Secretary of Defense for Health Affairs, and in accordance with MHS communications plans, the Director, DHA, will:
 - a. Provide financial and personnel resources to monitor performance and compliance with this DHA-PI in coordination with the MILDEPs.
 - b. Develop and issue implementation and procedural guidance in accordance with Reference (d), to specify documentation and management procedures for patient registration and healthcare eligibility verification.
 - c. Ensure MTF Directors comply with, oversee, and execute the procedures outlined in this DHA-PI upon the transition of MTFs to the authority, direction, and control of Director, DHA in accordance with Reference (g).
2. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs, in coordination with the Director, DHA, will ensure MTF Service Commanders comply with, oversee, and execute the procedures outlined in this DHA-PI.
3. DEPUTY ASSISTANT DIRECTOR (DAD), HEALTHCARE OPERATIONS (HCO). The DAD-HCO will collaborate with appropriate stakeholders to make necessary changes to MTF procedures to ensure the implementation of the procedures outlined in this DHA-PI.
4. CHIEF, DHA PATIENT ADMINISTRATION DIVISION (PAD). The Chief, DHA PAD will:
 - a. Execute and operate the joint registration and identity management program in coordination with representatives of the MILDEPs and MTF Directors.
 - b. Coordinate with the MILDEPs, Markets, Defense Health Regions (DHRs), and MTF Directors to monitor compliance with the registration and identity management procedures in this DHA-PI in accordance with the references herein, and report compliance to DAD-HCO and other MHS governance as necessary.
 - c. Ensure change management operations are coordinated jointly with representatives from the MILDEPs to implement the procedures in this DHA-PI uniformly and effectively.

5. MARKET AND DHR DIRECTORS. The Market and DHR Directors will:

a. Monitor compliance with the registration and identity management procedures in this DHA-PI for the MTFs in their areas of responsibility, and report compliance to the Chief, DHA PAD as necessary.

b. Perform inspections of MTF registration and identity management processes and procedures and report findings to the Chief, DHA PAD and other MHS governance as necessary.

6. MTF DIRECTORS. The MTF Directors will:

a. Establish and execute necessary procedures and actions for verifying eligibility, proper patient registration, and patient identity management outlined in this DHA-PI.

b. Ensure all co-located medical or tenant units under their command, to include deployed locations, also implement and execute the procedures and actions outlined in this DHA-PI.

ENCLOSURE 3

PROCEDURES

1. HEALTHCARE ENTITLEMENTS AND PROVISION OF SERVICES. The DoD administers the TRICARE Managed Care Health Plan according to Reference (g). Additionally, the MILDEPs are directed to administer healthcare benefits in accordance with Reference (f). The Secretary of Defense administers healthcare benefits for members, retirees, and family members of the uniformed services pursuant to Reference (g).

a. MTFs must provide care without regard to the sponsor's or beneficiary's Service affiliation, rank or grade, in accordance with Reference (h), and in accordance with the patient rights and responsibilities outlined in Reference (i).

b. MTFs must support non-activated Reserve Component Service Members (RCSMs) based on DoD individual medical/dental readiness policy and Geographic Combatant Command theater-specific deployment requirements/force health protection guidance in accordance with References (j) through (p).

c. Enrollment in TRICARE Prime at an MTF or TRICARE Prime Remote location with a civilian Primary Care Manager (PCM) is mandatory for all Active Duty Service Members (ADSMs). Reference (q) details the priority of access to MTF care by beneficiary status.

d. Newborns and new adoptees are assumed eligible for care for up to the first 90 days of life or adoption as TRICARE Prime if one or more family members (including ADSM are enrolled in TRICARE Prime). Otherwise, they are assumed eligible as TRICARE Select for up to the first 90 days of life or adoption. Exception: If overseas, time frame is up to the first 120 days of life or adoption.

e. Upon registration in DEERS of newly eligible active duty family members, DEERS automatically enrolls them in TRICARE Prime if the residence is located in a Contiguous United States Prime Service Area. Active duty family members newly registered in DEERS are automatically enrolled in TRICARE Prime if the residence is listed within a Prime Service Area. For family members who reside outside of a Prime Service Area, DEERS will automatically enroll them in TRICARE Select. If desired, the sponsor or sponsor's family member has 90 days or 120 days if located overseas, to change the health plan. Requests for changes outside of this period are limited to the next TRICARE Open Season or another Qualifying Life Event occurs.

f. Retired members must register newborns or adoptees in DEERS and enroll in a TRICARE health plan (it is not automatic) within 90 days of the birth or adoption. Newborn(s) or adopted child(ren) not enrolled in a TRICARE plan within 90 days, or 120 days overseas, are only eligible for direct care on a space available basis, and request for enrollment is limited to the next TRICARE Open Season or upon another Qualifying Life Event.

g. MTFs must remind new parents to visit the local DEERS office to update their family members' DEERS status as soon as possible. MTFs will refer to the training material available on the DHA PAD milSuite site under the "Patient Registration" section for specific instructions regarding Newborn Registration and the DEERS Add Alert Letter. See paragraph 3f(6), of this enclosure for more information on the DHA PAD milSuite site.

2. ELIGIBILITY VERIFICATION. In the event of an emergency, MTF personnel must first render care necessary to preserve life, limb, and/or eyesight, and determine patients' eligibility after treatment. MTFs must verify eligibility for each patient or beneficiary seeking healthcare in the MHS. The installation Military Personnel Office, Unit Personnel Office, or the nearest Real-Time Automated Personnel Identification System (RAPIDS) Office is responsible for validating a beneficiary's eligibility for DoD benefits, including healthcare, in accordance with Reference (r). For additional information regarding the requirements to establish healthcare eligibility, MTFs may refer to Reference (s).

a. Eligibility Verification Process. MTF personnel must confirm the patient's identity by inspecting their Department of Defense Identification (DoD ID) card and verifying their entitlement by performing a DEERS check. These steps are described in more detail below:

(1) Individuals requesting care must provide satisfactory evidence of their beneficiary status by presenting a valid DoD ID before the MTF provides health care. Photocopies of an DoD ID card will not be accepted as a valid Identification card when seeking care, treatment, or services. MTF personnel must verify the DoD ID card belongs to the patient and ensure it is not expired. See paragraph 2.a.(1)(d), of this enclosure for information on confiscating fraudulent and/or expired DoD ID cards.

(a) Children under 10 years of age must be enrolled in DEERS, but generally do not require their own DoD ID card to prove healthcare eligibility. However, children who are eligible beneficiaries whose parents are dual military or divorced, and the child is not living with the sponsor or is in ward status, but whose guardians are not MHS beneficiaries, are required to have their own DoD ID card.

(b) Patients 10 years of age or older who present for care without a valid DoD ID card must first sign (or sponsor, parent, or legally authorized representative if patient is a minor), a Service-specific, or standardized statement indicating their willingness to provide documentation of eligibility within 30 days, or sponsors will be held responsible for the costs associated with the requested treatment or care if ineligible. See Appendix for the Sample Proof of Eligibility Letter template. A Service-specific form may be used until a DHA form is created and published. After the 30th day, if the individual has not produced evidence establishing eligibility and they appear ineligible in DEERS, the applicable MTF office will forward the patient information to the MTF Resource Management Office to initiate the billing process. This procedure applies to outpatient care, inpatient care, and ancillary care.

(c) RCSMs and their family members who have presented a valid DoD ID card and show as eligible in DEERS, will not be asked for a copy of active duty orders.

(d) MTFs will confiscate fraudulent or expired DoD ID cards. A representative from the MTF will take control of the DoD ID card. The MTF's servicing military criminal investigative organization will be notified when the MTF suspects the DoD ID card has been tampered with or is being fraudulently used. The MTF must ensure the confiscated DoD ID card is delivered to the nearest Military Personnel Office or RAPIDS facility. After the card is delivered the MTF must confirm receipt. If medical treatment has already been provided, the MTF must initiate administrative recoupment actions for the costs of the unauthorized military medical benefit in accordance with Reference (x).

(2) DEERS eligibility must be verified by accessing the appropriate menu option in the Electronic Health Record (EHR) or by referring to the General Inquiry of Defense Enrollment Eligibility Reporting System (GIQD) located within the opsConnect Web Application. A CAC is required to access GIQD. MTF personnel must contact their DEERS Site Security Manager to obtain access to GIQD. Refer eligibility questions to the MTF PAD Department Head/Division Officer or other MTF authorized official(s).

b. Exceptions. If patient eligibility cannot be verified in DEERS, the following exceptions, with proper documentation, should not be denied care solely based on the DEERS check:

(1) RCSM. Delivery of health-related services to non-activated RCSMs will be done in accordance with References (j) through (p).

(a) RCSM is on active duty for greater than 30 days and his/her family member(s) presents a valid DoD ID card and a copy of the member's active duty orders.

(b) RCSM is issued active duty orders for more than 30 days in support of a contingency operation or a preplanned mission (referred to as "delayed-effective-date" orders) as defined in Reference (t), and in accordance with Reference (u). The RCSM and their family members are eligible for "early" TRICARE medical and dental benefits beginning on the later of either:

1. The date their orders were issued, or

2. One hundred eighty days before the RCSM reports for duty or is "activated" to active duty.

(c) RCSMs and their family members are eligible for TRICARE benefits under the Transitional Assistance Management Program for 180 days beginning immediately after the RCSM's active duty period ends. See paragraph 2.b.(1)(b), of this enclosure.

(d) RCSM is seeking healthcare related to an injury, illness, or disease under an approved "In Line of Duty" determination and provides a signed copy by the member's command authority.

(2) Secretarial Designee. The patient is a Secretarial Designee as defined in References (v) and (w). MTFs will use the designee letter to verify eligibility and benefits and ensure the patient only receives care limited to the specific dates and diagnosis annotated in the approval letter.

(3) Foreign Military. The patient is a foreign military sponsor or family member as defined in References (w) and (x). Foreign military active and reserve members (and their family member dependents) are generally issued DoD ID cards and entered into DEERS in accordance with Reference (s), and will present them to MTF personnel for verification. If no DoD ID card is provided, MTFs will ask for a copy of the Foreign Service Member's (SM) orders.

(4) Military Post Office. The sponsor is stationed overseas, afloat, or has a Military Post Office address. The patient must present documentation to indicate the sponsor's status (e.g., temporary duty or Permanent Change of Station orders).

(5) Reserve Officers' Training Corps (ROTC). ROTC students who incur an injury, illness, or disease while traveling to or from and while attending required field training or practice cruises. ROTC students may also receive required medical examinations related to fitness for duty.

(6) Applicants seeking physical examinations for commissioning or enlistment in the uniformed services (includes the United States Merchant Marine Academy) with documentation provided by their recruiter.

c. Patient Fails DEERS Eligibility Verification Check. This section provides instructions for situations where a patient presents for care and the MTF is unable to determine their eligibility.

(1) MTF personnel will not provide routine or non-emergency care to patients with undetermined eligibility until the local Military Personnel Office makes a final determination on a patient's eligibility.

(2) Beneficiaries enrolled in a Uniformed Services Family Health Plan are not eligible for routine or non-emergency care at MTFs, including the Pharmacy.

d. Assisting Patients with Verifying and/or Updating Eligibility

(1) For Active Duty and Retired SMs, enrollment and registration in DEERS is normally automatic; however, this is not true for family members. It is incumbent on the sponsor to ensure they and their family members are properly enrolled and their DEERS accounts are updated.

(2) When DEERS verification cannot be validated for any beneficiary, a DEERS eligibility check must be performed. It is the sponsor's responsibility to keep DEERS records updated when personal eligibility information changes. This includes changes in military career status, addresses, and family status (marriage, divorce, birth, adoption, name change, etc.).

(3) Beneficiaries should be referred to the DEERS website to update their address and/or phone number at: <http://www.tricare.mil/Plans/Eligibility/DEERS.aspx>; call 1 (800) 538-9522, or 1 (866) 363-2883 for the deaf using a Text Telephone or Telecommunication Device; Fax 1 (800) 336-4416; or visit the nearest DoD ID card facility.

(4) Appellate Leave Eligibility/Enrollment for ADSMs. Enrollment to TRICARE Prime is mandatory for all ADSMs. This requirement does not end when the ADSM enters appellate leave status. ADSMs on appellate leave are not eligible for TRICARE Prime Remote due to lack of a permanent assignment to a TRICARE Prime Remote location. ADSMs in appellate leave status will remain enrolled in TRICARE Prime, at the designated MTF assigned, until their separation, discharge, or retirement date. ADSMs in appellate leave status may transfer their enrollment to another MTF but must remain enrolled in TRICARE Prime. Upon notification or discovery of an ADSM in appellate leave status, local MTF PAD personnel must brief the ADSM on how he or she may access MHS healthcare while in appellate leave status. Except in an emergency, if a SM in appellate leave status seeks care outside an MTF without prior approval, she/he will be held accountable and financially liable for the costs associated with the care.

e. Dependency Determinations for Incapacitated Children

(1) MTFs must follow the provisions established in Reference (s), regarding the initial eligibility criteria and procedures to apply for continued benefits for a child who becomes incapacitated before losing eligibility at age 21, or 23 if enrolled as a full-time student. Children enrolled in TRICARE Young Adult do not fall under the provisions of this paragraph.

(2) The Defense Finance and Accounting Service-Indianapolis Center (DFAS-IN) is the final approving authority for dependency determinations for Army and Air Force, whereas Navy Personnel Command (PERS 24) processes Incapacitated Dependent Program determinations for Navy personnel, and Headquarters United States Marine Corps, Manpower and Reserve Affairs (MFP-1) for active duty sponsors, and (MMSR-6) for Retired sponsors process Incapacitated Dependent Program determinations for Marine Corps personnel. The Manpower, Personnel, and Services, and Base Finance Office reviews the DD Form 137-5, Dependency Statement - Incapacitated Child Over Age 21, and other documentation to determine if the initial eligibility criteria warrant further processing and forwarding to the DFAS-IN, Navy Personnel Command (PERS 24), Headquarters United States Marine Corps, Manpower and Reserve Affairs (MFP-1) and (MMSR-6).

(3) It is the responsibility of the sponsor applying for the benefit to submit the dependency application. The dependency determination application package must include a medical sufficiency statement (MSS) or medical sufficiency memorandum from the relevant attending physician, or PCM. See Reference (s) for Service-applicable MSSs or medical sufficiency memorandum templates.

(4) The patient and/or his/her sponsor must obtain and provide any supporting medical documentation required for the application package.

(a) MTF PAD staff will coordinate all requests for dependency determinations with the MTF Chief of Medical Staff or equivalent senior MTF physician.

(b) MTF Directors, or designee, must perform final medical dependency reviews. If MTF Directors delegate endorsement authority to the senior MTF physician, the application package does not need the MTF Director's signature before forwarding to officials at the installation personnel/finance office.

(c) Completed application packages will be provided to the sponsor regardless of medical sufficiency endorsement or non-endorsement.

(5) If the patient's care is rendered outside of the MTF, and it would be a burden on the patient or sponsor to travel to the MTF solely to process the MSS, the MSS may be completed by a civilian provider. The civilian provider must be directed to complete the recommendation on the Service-specific form, sign, and submit the MSS directly to DFAS-IN, in accordance with References (s) and (z). In these cases, a medical statement is not required if the provider completing the MSS maintains medical records supporting the MSS determination.

(6) To establish medical incapacity, the patient's illness must be substantial and truly disabling, as determined by a medical provider. The likelihood of future medical expenditures and/or the existence of a medical condition that will worsen over time do not justify a determination of medical incapacity if no incapacitation currently exists.

(7) The civilian or MTF provider must include the following information in the medical statement:

(a) Diagnosis (with medical and layperson's terms).

(b) Summary of the individual's incapacitation, including the nature and extent of the illness or disease in layperson's terms.

(c) Explanation of how the incapacity affects the individual's ability to perform routine life activities, such as self-care.

(d) Age when the incapacitation began, which might not be the same as when medical personnel diagnosed the illness or disease. Indicate whether the incapacitation predated the individual's 21st or 23rd birthday, and whether it has been continuous.

(e) Projected duration of the incapacitation.

(f) Based on the healthcare provider's professional opinion, an indication if the incapacity makes the individual incapable of self-support.

(8) The MTF or civilian provider completing the MSS must provide the sponsor with the completed request package. However, only an MSS that indicates medical sufficiency is established based on the patient's medical condition will be submitted. The sponsor is

responsible for coordinating with the appropriate finance and personnel officials. However, if circumstances exist where the sponsor is unable to transfer the request package to the appropriate finance and/or personnel officials, and procedures listed in paragraph 2.c.(3) and (4), of this enclosure are not possible, send the completed package to the following:

- (a) Installation finance office, if the MTF Director's endorsement supports the request.
- (b) Installation personnel office, if the MTF Director's endorsement does not support the request.

(9) A copy of the MSS and any other supporting medical documentation comprising a completed request package must be filed in the appropriate section of the patient's medical record.

(10) Applicants may submit a request for reconsideration to the MTF Director or patient's civilian provider if there is new and compelling information. The MTF Director or patient's civilian provider may review and, if the MTF Director determines a change from original recommendation to the Military Finance Office is warranted, will so notify that office. DFAS-IN remains the ultimate decision authority for granting dependency status based on the MSS and financial support (over 50 percent) from the sponsor, in accordance with Reference (s).

3. PATIENT REGISTRATION AND ACCESS PERMISSIONS

a. Overview. Composite Health Care System (CHCS) registration errors, to include purposeful and accidental patient duplication, or errors for a patient with multiple healthcare eligibility levels have the potential to cause significant patient safety and records management problems. Registration errors migrate beyond the local MTF, to other MTFs, Health Artifact and Image Management Solution, MHS GENESIS, DEERS, and the Clinical Data Repository/AHLTA). Errors can occur with all patients, not just those with multiple eligibility. Registration processes and procedures must be managed and monitored closely to minimize errors within the current and future EHRs and DEERS.

b. CHCS Registration Design. CHCS is the MHS's primary registration application within the legacy system. Patient registration occurs directly in CHCS, which subsequently transmits the registration data to other MHS systems. Following successful registration in CHCS, the patient's DoD ID number and other demographic data is automatically populated from DEERS. If the patient is not in DEERS, CHCS will add the patient and generate a DoD ID number. DEERS will also generate an authorized Person ID and Person ID Type Code if one is not currently available. Every active human patient must have a valid DoD ID number assigned in the medical systems. DoD ID numbers do not assign or imply eligibility for care within the MHS; they are used to synchronize the patient's identity across the MHS healthcare systems. As each patient is registered in CHCS, the registration becomes affiliated with an existing AHLTA registration (if previously registered on a CHCS host or an AHLTA entry initiated by DEERS

has been added) or begins a new AHLTA registration. See paragraph 7 of this enclosure and the DHA PAD milSuite site under the “Patient Registration” section for information on registration and identity management processes in MHS GENESIS.

c. MTF PAD Oversight. The MTF PAD Officer will exercise direct oversight of the registration and identity management processes at all MTFs, to include approving access to trained users, monitoring and resolving registration and identity issues, and educating MTF personnel on related processes.

d. Facility Patient Registration/Identity Manager. MTF Directors will appoint a Patient Registration/Identity Manager point of contact to manage and/or provide oversight of all patient registration and identity management functions performed at each MTF. The Patient Registration/Identity Manager point of contact will:

(1) Coordinate communication between the MTF and MHS Helpdesk support personnel (i.e., EHR and DEERS) for troubleshooting patient registration and identity management related issues that cannot be resolved at the MTF.

(2) Resolve duplicate patients and errors by following the standardized guidelines for merging patients, unmerging patients, and data quality. MTFs will refer to the standardized guidelines available on the DHA PAD milSuite site under the “Patient Registration” section for specific information and training content on how to submit remedy tickets to the MHS Helpdesk. MHS Helpdesk tickets must be submitted to synchronize patient data across the DoD medical systems and the CHCS hosts.

(3) Log MHS Helpdesk troubleshooting calls for AHLTA duplications and log Defense Manpower Data Center tickets for duplicate patients in DEERS. Log tickets as required to resolve issues in MHS GENESIS and other DoD Medical systems.

(4) Refer to the DHA PAD milSuite site under the “Patient Registration” section for specific information and training content on registration and identity management.

e. Access to Registration Permissions

(1) MTFs must not authorize nor grant blanket registration permissions to all MTF personnel members upon unit in-processing. Registration permissions may include user role provisioning, access rights, security keys, and similar technical capabilities enabling registration within the EHR.

(2) Only MTF Directors and specific individuals authorized by MTF Directors with a need-to-know and proper qualifications may grant patient registration and identity management permissions at MTFs.

(3) MTFs must only authorize and grant registration and identity management permissions to supervisors and personnel who regularly receive patients and confirm appointments, have demonstrated proficiency with the correct registration and identity

management procedures, and have received documented patient registration and identity management training validated by the MTF PAD Department Head/Division Officer or their designated representative.

(4) Only authorized MTF registration personnel will possess the “&” FileMan code to add new patients to the CHCS local host. Supervisors or personnel tasked with registering patients who are not found in DEERS must also have the “DG ADD PATIENT” security key. This key allows the user to register a patient that is not already in DEERS, add the patient to DEERS, and generate a DoD ID number. Similarly, only authorized MTF registration personnel will possess the appropriate registration and identity management user roles in MHS GENESIS. Specific information on the appropriate user roles in MHS GENESIS can be found on the DHA PAD milSuite site under the “Patient Registration” section.

(5) All authorized MTF personnel involved in patient registration must have the CHCS “DG REG SYNCH” security key. This allows the user to update the patient’s registration data from DEERS while synchronizing the patient with their DEERS entry. DEERS Synchronization prevents the patient’s SPONSOR from being edited as well as key registration fields to include Person ID, Person ID Type Code, date of birth (DOB), sex, and name. An additional security key needed for MTF PAD and ancillary personnel is “LR NON-HUMAN” in order to process Non-Human registration (e.g., military working dogs, etc.). Similarly, only MTF registration personnel will possess the appropriate registration and identity management user roles in MHS GENESIS. Specific information on the appropriate user roles in MHS GENESIS can be found on the DHA PAD milSuite site under the “Patient Registration” section.

(6) Due to the potential negative impact on a patient's data across the enterprise, complex registration and identity related errors, such as patients with multiple DoD IDs indicating concurrent or historical DEERS duplication, general patient duplication observed within the DoD medical systems, mixed records (different patients' clinical and/or demographic data comingled in a single EHR), miss-assigned DoD IDs or old/deprecated DoD IDs, incorrect Person IDs (Social Security Numbers (SSNs), Foreign Identification Number (FIN), Temporary Identification Number (TIN), and Individual Taxpayer Identification Number (ITIN)), and patients with CHCS Access Control issues, must be reported to the MHS Helpdesk for remediation. Primary Care Manager Information Transfer (PIT) errors and the correction of simple registration errors such as incorrect DOB, missing DoD ID due to lack of a DEERS check, etc., should be corrected by the local PAD office. MTFs will refer to the DHA PAD milSuite site under the “Patient Registration” section for specific information and training content on resolving simple errors and how to submit a ticket to the MHS Helpdesk for remediation.

f. Training

(1) MTF PAD personnel, in partnership with local system administrators and information management officials, must provide user training on the patient registration modules of CHCS, and any other relevant EHR systems, to include MHS GENESIS upon implementation. Access to the applicable EHR will be issued after the MTF staff member completes the training required to access DoD medical systems (Health Insurance Portability and

Accountability Act, Information Assurance, etc.). Access to the necessary registration keys in CHCS will be provided only after the MTF staff member completes the training required for Basic or Advanced CHCS registration access. Specific course information and training requirements for Basic and Advanced registration access in legacy systems and MHS GENESIS can be found on the DHA PAD milSuite site under the “Patient Registration” section. Due to the complexity and the importance of correct Patient Category (PATCAT)/eligibility selection, all staff involved in billing, workload calculation, patient registration, encounter initialization, check-in and scheduling will participate in mandatory annual PATCAT and eligibility selection training. If/when the current PATCAT system is replaced, training will focus on processes and procedures of the new system.

(2) MTF PAD Department Head/Division Officers must coordinate and approve requests for CHCS and MHS GENESIS registration and identity management training before submitting requests to the MTF Systems or Information Management Department Head/Division Officer. Training requests submitted by individual users seeking registration training, without documented approval, must not be accepted.

(3) MTF PAD Department Head/Division Officers must ensure MTF personnel are properly trained in the correct patient registration and identity management procedures prior to receiving security keys to the CHCS registration modules, and user roles in MHS GENESIS. Training must include DEERS eligibility verification and PATCAT codes or PATCAT equivalent.

(4) MTF PAD managers must perform re-training, monitoring, removal of registration and identity management permissions, administrative actions, and other corrective actions to ensure personnel continually perform registration and identity management functions with minimal errors. MTF staff members that create a “mixed patient” as the result of registration activities or fabricate patient identifiers must have their registration keys revoked and must undergo immediate re-training. MTF staff members who consistently create duplicate or incomplete patient registrations (missing DoD ID, etc.) must also have their registration keys revoked and receive re-training. MTF PAD managers will seek assistance from DHA PAD or the MHS Helpdesk when reviewing registrations errors if the cause of the error is in question.

(5) MTF PAD Department Head/Division Officers must conduct periodic reviews at a minimum of every 6 months of all MTF personnel with registration and identity management capabilities to verify all training requirements have been met and keys/access is still needed. MTF PAD managers, working with the MTF Data Quality and Systems office, will use the CHCS Registration Access adhoc report to conduct the reviews and monitor users with the ability to register patients in CHCS. PAD managers must correlate security keys and menus assigned to basic and advanced training completed by the user. MTFs will refer to the DHA PAD milSuite site under the “Patient Registration” section for more information and instructions on this process.

(6) DHA PAD milSuite site. The DHA PAD will manage an online centralized collaboration site for the PAD community. The DHA PAD milSuite site contains a section specific to patient registration and related identity management issues. The site will contain the

most current information regarding patient registration, patients with multiple eligibility, steps to resolve common PIT errors, and other common issues related to registration and identity management. The site is intended to minimize patient registration errors within DEERS and the EHR. Using a CAC or Personal Identity Verification card, MTF PAD personnel will access the website at: <https://www.milsuite.mil/book/community/spaces/dha-pad>. Patient registration training and related content can be found in the “General PAD Support” section, under “Patient Registration.”

4. PATIENT REGISTRATION OPTIONS AND MULTIPLE ELIGIBILITY

a. Authorized MTF personnel must register patients within an MTF’s CHCS host if the patients are enrolled, receive medical treatment, use ancillary services, or have physical paper records tracked at the MTF. Similarly, MTFs will perform initial registration for patients in MHS GENESIS if the patients are enrolled, receive treatment, or use ancillary services. Once deployed, MTFs must use and register patients in the Paper Record Tracking (PRT) application, in lieu of CHCS. MTFs may refer to the DHA PAD milSuite site for more information on the PRT application.

b. The registration process begins with determining the identity of the patient and their respective unique identifiers. With the implementation of SSN reduction; (in accordance with Reference (aa)) Defense Manpower Data Center-issued identifiers, DoD ID number, and approved Person IDs are required to ensure the EHR for the patient remains intact between CHCS, AHLTA, Health Artifact and Image Management Solution, DEERS, MHS GENESIS, and other medical systems.

c. A patient may have more than one eligibility status but must only have one identity resulting in only one registration entry in the EHR. MTFs must provide care and register patients in CHCS only once and at the patient’s highest level of eligibility when individuals fall into several beneficiary categories. Patients must not be intentionally duplicated to account for different levels of eligibility. For example, if a patient is an RCSM, Dependent Spouse, and Civilian Employee, the patient must be registered in CHCS under their Dependent Spouse eligibility. This will ensure appointments and care can be rendered without delay.

(1) Eligibility within the MHS is sponsor driven. CHCS identity rules only allow the patient to be registered with a single eligibility with an associated Family Member Prefix (FMP)/Sponsor SSN and PATCAT for each instance of patient registration. The eligibility related to the registration in most cases is verifiable in DEERS using the sponsor's SSN or other Person Identifier.

(2) Patients may have multiple eligibilities requiring a change in FMP/Sponsor SSN and PATCAT as they present for care. Some of these other eligibilities will not be visible/verifiable in DEERS. While current guidance is to register the patient one time under their highest level of eligibility and not intentionally duplicate the patient to resolve multiple eligibility scenarios, a patient presenting with a different eligibility other than what is currently available in CHCS will require a change in sponsor to facilitate proper workflow (referrals, billing, and workload).

(3) MTFs must verify the patient's eligibility and adjust sponsor SSN and/or PATCAT before initiating appointment or order/entry. MTFs will refer to the DHA PAD milSuite site under the "Patient Registration" section for additional CHCS specific registration and identity management information.

d. MTFs using MHS GENESIS must perform initial registration of patients into the system and ensure the appropriate eligibility status is selected at each point of care. MTFs will refer to the DHA PAD milSuite site under the "Patient Registration" section for additional MHS GENESIS specific registration and identity management information.

e. CHCS Registration of Department of Veteran Affairs (VA) Patients

(1) A VA patient may have dual or multiple eligibility for care in the MTF (i.e., the patient may be a Dependent Spouse, a retiree, and a Civil Service employee). The MTF must update the registration information of these patients to properly identify them as VA patients under certain conditions. VA patients may be treated within the under a DoD/VA Resource Sharing Agreement between the MTF and the VA. The MTF will be reimbursed by the VA for care rendered to VA beneficiaries, but must properly identify the program to charge the costs. Properly assigning the PATCAT code based on the criteria stated below is a critical step as it determines MTF reimbursement. Specific instructions regarding how to select and update the registration information for VA patients is available on the DHA PAD milSuite page under the "Patient Registration" section.

(2) DoD/VA Resource Sharing Agreement. When the patient has been referred to the MTF by a VA facility, the patient will have a patient consult request from that VA facility. If that is the case, then the MTF must assign that patient a PATCAT code of K61-2 (DoD/VA Sharing Agreement). The K61-2 code must be used regardless if the patient has dual or multiple eligibility for care. The patient consult request from the VA facility is the determining factor in whether to use a K61-2 code and create the appointment.

f. Occupational Health Examinations. In accordance with Reference (ab), individuals who have applied for or occupy positions which have medical standards or physical requirements, or which are part of an established medical evaluation program, may be required to report for medical examinations. Generally, examinations are preventive efforts used to screen and monitor the employee's health for hazardous workplace exposures or for task requirements. In accordance with Reference (ab), the employing agency must pay for all examinations ordered or offered to the employee, unless the purpose of the examination is to secure a benefit sought by the employee. Costs for these examinations are borne by the same appropriation that funds the employee's salary.

(1) When the patient is employed by the DoD and health care is rendered by the MTF, there is no charge for the care. The DoD employee must be assigned PATCAT code K57-1. Please note, when the care exceeds the MTF's capability requiring the patient to seek civilian care, the MTF may arrange the referral after first obtaining payment authorization from the patient's unit. Authorization must be obtained in writing and an estimate of the cost must be provided to the employee's unit.

(2) When the employee works for another federal agency (not DoD), PATCAT code K57-2 (Other Federal Agency Occ Health) must be assigned. Please note, when the care exceeds the MTF's capability requiring the patient to seek civilian care, the MTF must inform the employee's agency in writing that the MTF does not have the capability to provide the requested examination.

g. MTFs must make all efforts to accurately input patient identification data into CHCS and MHS GENESIS, in order to reduce the likelihood of misidentification errors that could lead to duplicative registrations in AHLTA and other EHR systems. If multiple registrations for an individual are created, the patient may have multiple records within the Clinical Data Repository with potentially different clinical and demographic data. If patient identifiers are used for an incorrect patient, demographic and clinical data for multiple patients may merge within the same patient file resulting in a record with blended information. Intentional patient duplication in CHCS or MHS GENESIS is not an acceptable way of addressing or resolving a patient's multiple eligibility and is strictly prohibited. If MTF users discover inaccurate patient identifiers are used for incorrect patients, MTF PAD personnel must immediately notify both the MHS Helpdesk to begin the process of unmerging the data, and the MTF Patient Safety Manager to alert personnel of the error, in accordance with Reference (y). In the event the data was breached, the MTF will follow Health Insurance Portability and Accountability Act protocols as defined in References (z) and (ac).

h. MTFs must update the patient address and phone number in the EHR. Updates made in the EHR will update DEERS. MTF staff members should not assume the address and phone number information in DEERS is correct; only accept the address and phone number in DEERS after confirming the information with the patient.

i. PAD provides oversight of patient registration. Patient registration within CHCS and MHS GENESIS must be conducted by trained and authorized MTF personnel, through the input of identity data. Registration may also occur by a Managed Care Support Contractor via a PIT message (CHCS only).

j. All required data must be collected to allow the registration to be completed correctly and accurately. When registering a patient for the first time, MTF personnel must obtain as much information as possible without degrading medical care. See paragraph j.(1)(c), of this enclosure for the necessary information and data elements. Detailed information on CHCS and MHS GENESIS initial registration processes can be located on the DHA PAD milSuite site under the "Patient Registration" section. MTFs will use the following registration menu options within CHCS to register patients:

(1) Full or Mini Registration

(a) Full and Mini Registration are the two types of manual registration authorized for regular use in CHCS. Both registration options involve an interactive DEERS retrieval of the patient's complete demographic data as the patient is known to DEERS or facilitate the adding of a patient if not in DEERS. When used properly, both registration options provide the key patient identity elements to synchronize the patient through the MHS. Mini Registration is the most

common registration option used within CHCS, while Full Registration is used primarily during the inpatient admission process. The difference between Mini and Full Registration is the amount of demographic data available for input, as there are data fields within Full Registration not available within Mini Registration (such as Next of Kin, Emergency Contact Information, Flying Status, etc.). MTFs will use Mini Registration as the primary choice for registering patients in the outpatient setting, unless there is a mission need to collect additional demographic data in which case Full Registration may be used. Full Registration will be used for all inpatient admissions in CHCS.

(b) **First Time Registration.** As part of the CHCS registration process, registration personnel must query DEERS via CHCS to determine whether or not the patient is in DEERS. Registration personnel must ensure patients are registered correctly based on their status. Every newly registered or clinically active human patient must have a DoD ID number in CHCS and MHS GENESIS. If, during the registration process the patient is also added to DEERS (not already present in DEERS), and if the patient does not have an SSN Person ID (e.g. Foreign Military, etc.) and is expected to follow up for benefits assignment or an DoD ID card, MTF staff must provide the patient or the patient's sponsor a copy of the DEERS Add Alert Letter. If the patient is not a newborn, cross out the newborn references and brief the patient on presenting the DEERS Add Alert Letter to the installation Military Personnel Office, Unit Personnel Office, or the nearest RAPIDS, in order to prevent DEERS/EHR duplication due to RAPIDS lookup limitations. MTFs will locate and utilize the appropriate registration training document available on the DHA PAD milSuite site under the "Patient Registration" section for thorough instructions and the DEERS Add Alert Letter template.

(c) If a patient has never been registered in CHCS at the local MTF, MTF registration personnel must obtain as much information as possible without degrading medical care. At minimum, the following information must be gathered:

1. Patient's name (last, first, middle initial);
2. Patient's DoD ID number;
3. Patient SSN or available/authorized unique Person or Personal Identifier (DoD ID Number, FIN, TIN, and ITIN, etc.);
4. Sponsor's name;
5. Sponsor's SSN or available/authorized unique Person or Personal Identifier (DoD ID Number, FIN, TIN, and ITIN, etc.);
6. Patient's relationship code/FMP;
7. PATCAT;
8. Patient's DOB;

9. Patient's gender;
10. Patient's Service (sponsor only);
11. Patient's station/unit (sponsor only);
12. Patient's rank (sponsor only);
13. Patient's address, telephone contact information;
14. Organ donor declaration (yes, no, or unknown);
15. Third party health insurance information;
16. MTF where medical record(s) are normally maintained;
17. Marital Status (if Full Registration is used);
18. Race (if Full Registration is used); and
19. Ethnicity (if Full Registration is used).

(2) Auto-Registration

(a) The Auto-Registration option is used via initial enrollment and PCM assignment from DEERS through PIT messages to CHCS. Patients are typically registered automatically without incident with identity data direct from DEERS.

(b) On occasion, PIT errors may occur during Auto-Registration and MTFs must perform manual intervention to complete or correct the patient registration on the local CHCS host. Information on how to resolve PIT errors can be found on the DHA PAD milSuite site under the "Patient Registration" section.

(c) Registration personnel must resolve PIT errors routinely. Other registration-related PIT errors that affect the patient from appearing eligible within CHCS must be resolved as soon as possible. If the registration error is severe (e.g., a transposed SSN), registration personnel must review the information in AHLTA to determine if it was negatively impacted by the duplication. If it is negatively impacted, registration personnel must open an MHS trouble ticket to have the AHLTA information corrected. If a patient's sponsorship changes as a result of resolving a PIT error, MTF staff must notify the MTF outpatient medical and dental records offices as the physical paper health record may have a change in terminal digit impacting where the physical record is filed. PIT errors associated with the PCM/Managed Care file and table build (PIT errors 120-125, 126-127), as well as any contributing CHCS Managed Care File and Table configuration issues will be resolved by the Managed Care or TRICARE office as a change to the PCM information in DEERS will be necessary to clear the PIT error.

(3) Mail-In Registration

(a) Directly using this option will register a patient on the local CHCS host but does not involve an interactive DEERS check.

(b) When registering a dependent whose sponsor is not yet registered, Mail-In Registration will automatically create a stub registration for the sponsor who is incomplete and the PATCAT for both sponsor and dependent will not populate. Additionally, if a transcription error occurred in the Sponsor's SSN, the patient may be erroneously pushed into DEERS with the incorrect SSN and, thus, generate an incorrect DoD ID number and potentially a DEERS duplicate.

(c) MTFs must not use the Mail-In Registration option to manually add patients to the CHCS host. MTFs must instead use Mini Registration to register patients on the local host and then use the Mail-In Registration option to set the referring/requesting location during order/entry.

(4) Laboratory Interoperability Registration

(a) Laboratory Interoperability Registration may be used by laboratory personnel in receiving/performing MTFs to perform analysis on specimens sent from external MTFs.

(b) The Laboratory Interoperability Registration option uses the Mail-In Registration functionality to register patients to the local CHCS host and may include incomplete identity data. The performing laboratory must closely coordinate with the MTF PAD office to ensure DHA guidance is followed.

(c) MTFs must query CHCS to determine if the patient is already registered. Patients registered through the Laboratory Interoperability Registration option must be registered completely and/or updated accurately by MTFs, which may require performing an interactive DEERS check to ensure the patient is synchronized with DEERS.

(5) Non-Human Registration

(a) MTFs must use Non-Human Registration for animals, such as military working dogs requiring ancillary services at MTFs.

(b) MTFs must not use the Full or Mini Registration options to register animals requiring ancillary services, as those CHCS registration menu options require an initial DEERS search and data elements such as SSNs would have to be fabricated and could potentially add information to DEERS.

(c) After a Non-Human Registration has been established, it must not be accessed via Full or Mini Registration unless to correct erroneous identifiers.

(d) MTFs will refer to the step-by-step guidance on this topic available on the DHA PAD milSuite site under the “Patient Registration” section for complete instructions.

(6) John Doe Registration

(a) MTFs must only use John Doe Registration when a patient does not have any authorized Person Identifiers available (DoD ID Number, SSN, FIN, TIN, ITIN) and needs to be added to DEERS, such as in the case of a civilian emergency. Patients that have been registered as “John Doe” must be updated with the correct patient demographic information or merged if patient is already registered on the CHCS host.

(b) All other systems impacted must also be corrected to reflect the updated patient identity information to include AHLTA when circumstances permit. The use of a Pseudo SSN during initial data entry to complete the registration process is authorized for this type of registration category. See paragraph 4.h.(10), of this enclosure for additional information on Pseudo SSNs.

(c) MTFs will refer to the step-by-step guidance on this topic available on the DHA PAD milSuite site under the “Patient Registration” section for complete instructions.

(7) Newborn Registration

(a) Upon birth, newborns do not have key person level data (e.g., name, SSN, etc.) which increases the possibility of patient duplication occurring in DoD systems. Once registered in CHCS, the newborn will be assigned a Pseudo SSN and added to DEERS. DEERS will generate a DoD ID number and a TIN. A TIN is a system-generated number automatically generated and assigned by the DEERS database for categories of beneficiaries who are eligible for care but do not have an SSN. The TIN will replace the Pseudo SSN automatically after the newborn is added to DEERS from CHCS. The TIN will be used in place of the newborn’s SSN until the SSN is available and reported. The sponsor may not be aware of the TIN; however, the TIN will be visible in GIQD.

(b) Multiple Births. Multiple births can present significant challenges to registration and identity management. It is crucial for MTFs to ensure demographic and critical identifiers remain intact. MTFs will refer to the step-by-step guidance on this topic available on the DHA PAD milSuite site under the “Patient Registration” section for complete instructions.

(c) Newborn Naming. Newborn naming and registration can vary depending on the eligibility of the patient and sponsor, multiple births, and/or whether or not the child is born in or outside of the MTF. The Joint Commission standards require distinct naming conventions to facilitate proper identification of newborn patients. As such, DHA has establish newborn naming guidelines which must be followed. The following standards apply:

1. Always use the mother’s last name
2. If the newborn’s name is known before birth, use the given name

3. Do not update the newborn's temporary name until after discharge

4. While multiple commas can be used on the identification bands, only one can be used in CHCS registration; right after the last name of the patient.

(d) DHA Standard Newborn Naming Convention. If no given name at birth, use the mother's last name, followed by gender, hyphen ("-"), mother's first name. Examples are as follows:

1. MOTHERSLASTNAME, GENDER-MOTHERSFIRSTNAME

2. Newborn temporary name (single birth): DOE, BOY-JANE

3. Newborn temporary name (multiple birth): DOE, BOY-A-JANE

4. Newborn temporary name (unknown gender): DOE, UNK-JANE

a. Note: "UNK" can be part of the CHCS name, however only "MALE/FEMALE" can be input when identifying the newborn's sex in registration

b. If given name: Mothers last name, newborn's given name

5. MOTHERSLASTNAME, NEWBORNFIRSTNAME

6. Newborn given name known: DOE, MICHAEL

(e) DEERS Add Alert Letter. The DEERS Add Alert Letter is designed to prevent newborn duplication in DEERS and military medical systems. The letter is generated from CHCS and is used to notify the Personnel Verifying Official of the newborn's existing DEERS placeholder record with a DoD ID number is already in use in the medical systems. Instructions on where and how to generate the DEERS Add Alert Letter in CHCS can be found on the DHA PAD milSuite site under the "Patient Registration" section. MTFs using MHS GENESIS must use the DEERS Add Alert template located on the DHA PAD milSuite site under the "Patient Registration" section. MTF staff must generate the DEERS Add Alert Letter and brief the newborn's sponsor during discharge if the child was born in the MTF, or as soon as MTF personnel are aware of a child added to DEERS, whether by birth or adoption, if the child was born outside of the MTF. MTFs must:

1. Inform the sponsor they must take the letter along with the birth certificate or certificate of live birth to the Personnel Office or RAPIDS office to establish benefits and eligibility for the newborn.

2. Advise the sponsor to obtain and report the newborn's SSN to the Personnel Office as quickly as possible. Doing so will help prevent future duplication in DEERS and other medical systems.

(f) MTFs must register newborns in accordance with this DHA PI and will refer to the step-by-step guidance on this topic available on the DHA PAD milSuite site under the “Patient Registration” section for complete instructions.

(8) Inpatient Registration. A patient's critical identifiers (name, DOB, sex, DoD ID, Person ID, and Person ID Type Code, DoD ID, FMP/Sponsor SSN) must not be changed without close coordination with ward and ancillary staff when a patient is in an admitted or admitted like status within the MTF.

(9) Registration of DoD Affiliated and Non-DoD Affiliated Patients

(a) Foreign Military members and their dependents are identified as DoD Affiliated or Non-DoD Affiliated in DEERS.

(b) Different processes are used to register DoD Affiliated patients vs. Non-DoD Affiliated patients.

(c) MTFs will refer to the step-by-step guidance on this topic available on the DHA PAD milSuite site under the “Patient Registration” section for complete instructions. MTFs will ensure to use the correct guidance (affiliated or non-affiliated) appropriately.

(10) Registration of Un-Remarried Former Spouses

(a) Un-Remarried Former Spouses are persons entitled to receive benefits due to the legal parameters of a previous marriage to a military sponsor.

(b) This beneficiary category is registered under their own SSN. There can be no children or other beneficiaries registered under these patients.

(c) MTFs will refer to the step-by-step guidance on this topic available on the DHA PAD milSuite site under the “Patient Registration” section for complete instructions.

(11) Pseudo SSNs

(a) Pseudo SSNs may only be used by MTFs for patient identification during the initial registration process when registering John Doe patients as referenced in paragraph 3.e, of this DHA-PI.

(b) Pseudo SSNs must not be permanently used for patients in DEERS. If used as a placeholder, they must be replaced immediately with a TIN or other valid Person Identifier (e.g., SSN) and with the correct associated Person ID type code.

(c) MTF users must be aware Pseudo SSNs may still be present in older/inactive CHCS registrations. MTFs must make all efforts to update previously-entered Pseudo SSNs with appropriate identifiers.

(d) Pseudo SSNs must not be used for definitive patient identification. Pseudo SSNs are specific to individual CHCS hosts and can be re-used for different patients.

i. MTFs must only register patients on each CHCS host one time according to their highest level of eligibility.

(1) MTFs must only establish one patient registration entry for each patient.

(2) If a patient is known to have multiple or dual healthcare eligibility, then a free text note must be placed in the CHCS registration comment field with a description of the multiple eligibility.

(3) If a patient was previously registered under a separate FMP or SSN, then the Former Patient Name/Alias option in CHCS must be used to reflect the various FMP/SSN previously used by the patient without modifying the primary FMP/SSN. The Former Patient Name/Alias option may also be used if the patient was known under another name. However, it is important to note not all interfaced medical systems obey the Former Patient Name/Alias option rules in CHCS.

(4) MTFs must consider the sponsor/dependent relationship when resolving multiple eligibilities. MTF personnel must make all efforts possible to communicate with the sponsor and present registration options to determine the best course of action.

(5) MTFs must register patients properly in terms of PATCAT, enrollment, and eligibility.

k. PATCATs. The single most important use of the PATCAT is to determine the patient's billable status. The PATCAT is directly linked to Uniformed Business Office (UBO) billing operations for determining the appropriate rate to charge and the correct billing method. The PATCAT in CHCS reflects the status of the patient and must be kept accurate; however, they are not automatically updated when the patient's status changes in DEERS.

(1) MTF personnel performing DEERS checks must verify the PATCAT in CHCS is correct and, if it not, update it prior to any transaction.

(2) During admissions or appointment bookings, MTFs must make all efforts to ensure the episode of care is documented under the appropriate PATCAT to avoid impacts to continuity of care, medical records tracking, and billing processes. Table 2, in this enclosure, details commonly-used PATCATs.

(3) MTF personnel must ensure PATCATS for VA patients are updated accurately and appropriately. MTFs will refer to the step-by-step guidance regarding updating the PATCAT to K61-2 available on the DHA PAD milSuite site under the “Patient Registration” section.

(4) If/when the current PATCAT system is replaced, information and training will be developed and made available on the DHA PAD milSuite page.

1. Registration of Active Patients

(1) MTFs must only register patients in CHCS that are actively seeking health care, are in need of ancillary services, are ADSMs for whom the MTF has responsibility for medical readiness or have possession of physical records tracked in the MTF. Once deployed, record tracking will be performed in the PRT application. MTFs may refer to the DHA PAD milSuite site for more information on the PRT application.

(2) MTFs must not register every patient in CHCS who attends a newcomers’ briefing on the chance that they might seek care at the MTF or register every member of a Reserve Unit visiting for a one-time assignment. MTFs will allow the Auto-Registration process within CHCS to register those patients selecting to enroll.

5. PROPER PATIENT LOOK-UP FOR REGISTERING A PATIENT

a. MTF PAD personnel will use DEERS to determine the patient’s FMP and PATCAT, if applicable. These data elements are not consistent across all systems, and a patient may have multiple historical or concurrent legitimate PATCAT-FMP/SSN combinations due to differing matching logic between systems.

b. Patients are sometimes erroneously entered into DEERS multiple times creating multiple DoD ID numbers. This issue is difficult for end users to identify and correct, and usually results in AHLTA/EHR patient duplication. In CHCS, it is occasionally seen and corrected by users, but only on the local CHCS host. Additionally, the same patient may have different DoD ID numbers on different CHCS hosts. When these issues are encountered in CHCS or MHS GENESIS, MTFs must immediately initiate actions to resolve the multiple DoD ID numbers and any associated duplication. MTFs will refer to the step by step instructions on how to submit a trouble ticket to the MHS Helpdesk available on the DHA PAD milSuite site under the “Patient Registration” section.

c. Patient Search Process within CHCS

(1) Search by Identity. Patient searches will be driven by the patient’s identity versus their eligibility. MTFs must search for patients using the following in CHCS:

(a) Patient’s last and first name (entering shorter versions of the name may assist in finding the patient with spelling variation).

(b) Patient DoD ID Number or patient SSN/Person Identifier, if available.

(2) Search by Eligibility. If patients cannot be found via their identity, MTFs must search for patients using the following:

(a) Sponsor's SSN/Person Identifier.

(b) First letter of last name and last four numbers of the sponsor's SSN/Person Identifier (CHCS Only).

(3) Once the patient has been found via identity or eligibility, MTFs must confirm using DOB and gender.

(4) If MTFs are unable to find patients after following the procedures outlined paragraph 5c of this enclosure, MTF personnel must ask patients the following questions prior to registration:

(a) Have you ever been entered into the system under any other identity or sponsor?

(b) Have you had any status changes (divorce, name change, etc.)?

(c) Have you been seen here before?

(5) MTFs must consider the additional factors below if errors persist during registration:

(a) Is the patient name spelled correctly?

(b) Is the patient's DoD ID number or SSN/Person Identifier correct?

(c) Does the patient have a different last name from the sponsor?

(d) Has the patient been overlooked in the pick list?

(e) Has the patient been previously registered incorrectly?

(f) Is the patient's name hyphenated, and was the hyphen used?

(6) If the patient is not located through the CHCS DEERS check, refer to GIQD within the ops Connect Web Application at: <https://www.dmdc.osd.mil/opsconnect>. MTF personnel must contact their DEERS Site Security Manager to obtain access to this website.

d. To minimize data entry errors, MTFs will implement and utilize barcode scanners at all locations where check-in and registration actions are performed.

(1) When using barcode scanners to scan patients' DoD ID cards (code 39 barcode), MTFs will perform the scan by searching for patients via DoD ID number or individual SSN. Patients may have multiple DoD ID numbers assigned to them. If multiple DoD ID numbers are found, MTFs must immediately initiate actions to resolve the multiple DoD ID numbers and any associated duplication. MTFs will refer to the step by step instructions on how to submit a trouble ticket to the MHS Helpdesk available on the DHA PAD milSuite site under the "Patient Registration" section.

(2) Occasionally, registrations may be in error or devoid of matching identifiers. MTFs must ensure that all search steps described above in paragraph 5.c, of this enclosure are performed before registering patients, even if a scan fails to detect an existing registration.

e. MTFs must use valid and approved FMPs and PATCATs when registering patients as applicable. The following bullets provide links to PATCAT references and training material. Below the list of links, the tables identify FMPs and the more commonly used PATCATs in the MHS. If/when the current PATCAT system is replaced, information and training will be developed and made available on the DHA PAD milSuite page.

(1) A complete PATCAT table can be found within the DHA UBO website at: <https://health.mil/Military-Health-Topics/Business-Support/Uniform-Business-Office/Patient-Categories>.

(2) An online training course on selecting the correct PATCAT can be found on the DHA/UBO website at: https://events-na7.adobeconnect.com/content/connect/c1/758956138/en/events/event/shared/1453566458/event_landing.html?sco-id=1453502505&_charset_=utf-8.

(3) Additionally, a PATCAT Finder Guide is available at the following website at: https://altarum.adobeconnect.com/a758956138/patcat_finder_guide/.

(4) The PATCAT Finder Guide is also accessible on the DHA PAD milSuite site under the "Patient Registration" section. See paragraph 3.f.(6), of this enclosure.

Table 1: Family Member Prefix

FMP	Description
01 to 19	Oldest Child of Sponsor to Nineteenth Oldest Child of Sponsor
20	Sponsor
30 to 39	First Spouse/Former Spouse to Tenth Spouse/Former Spouse
40	Mother, Step-Mother of Sponsor
45	Father, Step-Father of Sponsor
50	Mother-In-Law of Sponsor
55	Father-In-Law of Sponsor
60 to 69	First - Tenth Authorized Dependent
90 to 95	First - Sixth Beneficiary Authorized By Statute
98	Civilian Emergency
99	All Others, Not Elsewhere Classified

Table 2: Commonly Used Patient Categories

Patient Categories	USA	USN	USAF	USMC	USCG
Active Duty	A11	N11	F11	M11	C11
Active Duty, Reserve	A12	N12	F12	M12	C12
Active Duty, National Guard	A15	N15	F15	M15	C15
Family Member, Active Duty	A41	N41	F41	M41	C41
Retired, Length of Service	A31	N31	F31	M31	C31
Family Member, Retired	A43	N43	F43	M43	C43
DOD Civilian Employee	K53				
DOD Contractor	K57				
VA Resource Sharing Agreement	K61				

f. Other Health Insurance (OHI) Verification. At the time of initial registration, registration personnel must update and collect OHI. If necessary, the patient registration clerk will require the patient to complete, sign, and date a new DD Form 2569, Third Party Collection Program/Medical Services Account/OHI or electronic equivalent. Electronic capture of this information and e-signature from the patient is preferred if available.

g. Person or Personal Identifiers

(1) SSNs. SSNs are considered Person or Personal Identifiers and are used as the default numeric “account number” for which CHCS partly bases individual identification. The MHS, when feasible, will limit the use and display of SSNs while migrating systems and business processes to use the DoD ID Number, in accordance with Reference (aa). It is important to note while the visibility of the SSN is being reduced, it is still a critical identity element. Some patients, however, may not possess an SSN for various reasons, but will have other authorized Person Identifiers.

(2) Alternative Personal Identifiers. Alternative Personal Identifiers are used to reduce the use of SSNs or identify patients as individuals who may not possess an SSN. The following alternative Personal Identifiers must be issued, used, and/or created depending on the patient's particular situation:

- (a) DoD ID Number;
- (b) Department of Defense Benefits Number (DBN);
- (c) FIN;
- (d) TIN; and
- (e) ITIN.

(3) Other alternative Personal Identifiers exist but the previous examples are the most common forms with which an MTF will be presented. During patient registration, the user must insert the Person Identifier in place of the SSN. Users may also be required to add the Personal Identifier again when and if prompted for the Person ID Type Code, e.g., "F" for FIN, "T" for TIN, and "I" for ITIN, etc. If the patient is eligible for an SSN and does not yet possess the official number, encourage the patient or sponsor to provide the SSN to the local DEERS office following SSN issuance from the Social Security Administration. The new SSN will replace the alternative Personal Identifier.

6. MANAGING CURRENT AND FUTURE EHR PATIENT REGISTRATION ERRORS

a. MTF PAD and Information Systems officials will work together to develop a local process for identifying and correcting errors as they are encountered within MHS systems, while following current DHA guidelines on patient merging/unmerging and error correction within AHLTA, CHCS, and MHS GENESIS. Information on patient merging and unmerging can be found on the DHA PAD milSuite site under the "Patient Registration" section.

(1) Variations in the patient's identifiers (FMP/SSN) are to be expected between the AHLTA record and the local CHCS host. MTFs will explain any record-related or dual or multiple-eligibility identity management problems with affected patients to prevent confusion and ensure the patient is aware of the system limitations.

(2) MTFs must follow current MHS demographic error (including FMP and SSN error) correction guidelines when addressing registration errors and inconsistencies within and between AHLTA and CHCS, as well as other interfaced systems.

(3) MTFs must not intentionally duplicate a patient in any legacy EHR system.

b. Common causes of CHCS Duplication. These causes should be noted and avoided:

- (1) Patients are moved between sponsors, or those who have multiple historical or concurrent eligibilities.
- (2) Patients have been registered a second time due to simplicity, rather than rebuilding an entire family.
- (3) Patients are intentionally registered multiple times for tracking and retiring of the physical paper record.
- (4) Patients have been inappropriately enrolled multiple times to the same MTF or different MTFs on the same host.

7. MHS GENESIS PROCESSES AND PROCEDURES. As MHS GENESIS is implemented across the MHS, training and guidance will be developed and published on the DHA PAD milSuite site under the “Patient Registration” section. Until such time, the following standards apply:

- a. MTFs must not intentionally duplicate patients in MHS GENESIS.
- b. When registering patients, all demographic information pulled over from DEERS must be validated with the patient. Information pulled from DEERS must not be changed (to include the address and phone number) unless verbal or written confirmation from the patient is received.
- c. MTFs must continue to provide the DEERS Add Alert Letter to new parents following the birth of a child or after adding a patient to DEERS that is expected to later report to the local Personnel or RAPIDS office for benefits or a DoD ID card. A template letter has been developed and is available on the DHA PAD milSuite site under the “Patient Registration” section. MHS GENESIS sites must use this template letter until such time that the letter is available to be printed from MHS GENESIS, or updated guidance/training is published.
- d. If/when the current PATCAT system is replaced, information and training information will be developed and made available on the DHA PAD milSuite page.

APPENDIX

SAMPLE PROOF OF ELIGIBILITY LETTER

Date
MEMORANDUM FOR _____
FROM: MILITARY MEDICAL TREATMENT FACILITY (MTF) DIRECTOR
SUBJECT: Proof of Eligibility
1. Per Defense Health Agency-Procedural Instruction, 6010.01, all MTFs must verify a patient's eligibility status when they present for care. This verification is accomplished by the patient presenting a valid identification card and the MTF staff performing a Defense Enrollment Eligibility Reporting System check.
2. When presenting for care today, you were not in possession of a valid DoD issued identification card and your eligibility could not be verified. Verification of your eligibility must be received by _____ (no later than 30 days from date care is rendered). If verification is not received by this date, you may be held personally responsible for the cost of your care.
3. If you have any questions regarding this policy, please contact the Resource Management Office/Medical Service Account Office at: (XXX)-XXX-XXXX.
4. Thank you.
MTF Director Signature Block

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADSM	Active Duty Service Member
CAC	Common Access Card
CHCS	Composite Health Care System
DAD	Deputy Assistant Director
DBN	Department of Defense Benefits Number
DEERS	Defense Enrollment Eligibility Reporting System
DFAS-IN	Defense Finance and Accounting Service-Indianapolis Center
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DOB	date of birth
DoD ID	Department of Defense Identification
EHR	Electronic Health Record
FIN	Foreign Identification Number
FMP	Family Member Prefix
GIQD	General Inquiry of Defense Enrollment Eligibility Reporting System
HCO	Health Care Operations
ITIN	Individual Taxpayer Identification Number
MHS	Military Health System
MILDEP	Military Department
MSS	medical sufficiency statement
MTF	military medical treatment facility
OHI	Other Health Insurance
PAD	Patient Administration Division
PATCAT	Patient Category
PCM	Primary Care Manager
PIT	Primary Care Manager Information Transfer
PRT	Paper Record Tracking
RAPIDS	Real-Time Automated Personnel Identification System
RCSM	Reserve Component Service Member
ROTC	Reserve Officers' Training Corps

SM	Service Member
SSN	Social Security Number
STR	Service Treatment Record
TIN	Temporary Identification Number
UBO	Uniformed Business Office
VA	Department of Veteran Affairs

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

appellate leave. The authorized absence of a SM (appellant) from the physical presence of the command, in a non-pay status, pending completion of the appellate review of their court-martial conviction where a dismissal or unsuspended dishonorable or bad conduct discharge was adjudged.

beneficiary. An individual who has been deemed to be eligible for healthcare services and benefits in accordance with Reference (h).

civilian provider. Any non-military person, business, or institution that provides healthcare. A civilian provider may or may not be a TRICARE-authorized provider.

DBN. A unique identifier assigned to a beneficiary based on association with a DoD sponsor and used to determine benefits. DoD beneficiaries who have multiple sponsors will be assigned unique DBNs for each relationship.

DEERS check. The process of confirming a patient's identity and verify entitlement by accessing the appropriate menu option in the EHR or by referring to GIQD within the opsConnect Web Application.

DEERS identity. The definitive data source for identity information and will be used to verify an individual's identity; affiliation with the DoD; and eligibility for benefits, privileges, and entitlements as specified in this DHA-PI.

DoD-Affiliated Foreign Military. A Foreign Military SM or their dependents who were added to DEERS by the installation Military Personnel Office or the RAPIDS Office. A DoD Affiliated patient will have a DoD ID card, will be eligible for one, or may have had one previously. The patient will return normally when conducting a DEERS check. The patient will be issued a FIN. A placeholder record can be placed under them in DEERS if applicable (e.g. newborn or child under one year). Demographic updates (name, DOB, Person ID and Person ID Type Code,

gender) to the DEERS entry will not be allowed from CHCS. Patients must report to the Personnel Office to have those elements corrected.

DoD Health Record. Includes all medical and dental care documentation, including mental healthcare documentation that has been recorded for that individual. Information may be recorded and maintained in paper or electronic media. Three principal component records maintained within the DoD healthcare system, each of which is a specific subset of the information in the DoD Health Record are the STR, Non-STR, and Occupational Health Treatment Record. Inpatient records are also a part of the DoD Health Record for an individual. Certain documents from an inpatient record are also included in the STR and Occupational Health Treatment Record. Administrative documents created to communicate copies of information contained in the health record to non-healthcare related activities are not part of the DoD Health Record.

DoD ID card. An authorized and distinct ID card that serves as proof of identity and DoD affiliation for eligible individuals in accordance with Reference (s).

DoD ID Number. A unique 10-digit number that is associated with personnel and their CAC or DoD ID card. The DoD ID Number is assigned to each person who has a record in the DEERS database. This includes all government civilians, active duty military, family members, reservists, retirees and most contractors. The DoD identification number identifies the individual in all interactions with DoD. Also known as the electronic data interchange person identifier.

dual or multiple eligibility. Individuals who have statutory eligibility for care in the DoD MHS and VA healthcare system. Dually eligible beneficiaries have freedom of choice, consistent with the rules and procedures of the respective departments, as to which medical benefit to use for an episode of care, which is defined as all the discrete services and encounters associated with specific diagnostic condition.

electronic data interchange person identifier. See DoD ID Number.

Enrollment. The process by which individuals register to become a TRICARE plan participant.

FIN. A system-generated number assigned to non-U.S. persons who do not have an SSN or a national ID number. When non-U.S. persons are added to DEERS through RAPIDS, a FIN will be generated. The FIN begins with the number “9,” (e.g., 9XX-XX-XXXX).

Health Level 7 messages. Are used to transfer electronic data between disparate healthcare systems. Each message sends information about a particular event such as a patient admission.

ITIN. A tax processing number issued by the Internal Revenue Service. It is a nine-digit number that always begins with the number “9” and has a range of 70-88 in the fourth and fifth digit. The Internal Revenue Service issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have and are not eligible to obtain an SSN from the Social Security Administration.

mixed patient. A mixed patient exists when two different patients' clinical and/or demographic data is co-mingled or combined into a single registration or EHR file.

MSS. A statement, or letter, of medical sufficiency to addresses the medical status of an individual, issued by a physician in support of the MTF or authorized TRICARE service provider, stating incapacitation.

Non-DoD Affiliated Foreign Military. A Foreign Military SM or their dependents who are not present in DEERS at the time of registration. These patients will have to be added to DEERS creating Placeholder records. Non-DoD affiliated patients will not have DoD ID cards (not eligible for one). If dependents need to be registered, they will initially have to be added to DEERS from CHCS as sponsors and then put into a family structure in CHCS after being added to DEERS. They will show no eligibility and not be a family structure in DEERS. They will also produce errors during normal DEERS eligibility checks and not be visible in GIQD. Key demographic data elements will be editable in DEERS via the medical systems. Non-DoD Affiliated Foreign Military can become DoD-Affiliated if verified by the installation Military Personnel Office or the RAPIDS Office after being added to DEERS.

OHI. Any health insurance other than TRICARE. It can be through and employer or a private insurance program.

PIT message. A message from DEEERS to CHCS. PIT messages are snapshots in time; they reflect information for the beneficiary, the sponsor, and the PCM as that information existed on the DEERS database at the time the PIT was created. Additional information on PIT messages, PIT errors and how to resolve them can be found on the DHA PAD milSuite site under the "Patient Registration" section.

PATCAT. Are identified and grouped by sponsor service, beneficiary category, and special interest patient groups. The correct usage of PATCATs is directly linked to UBO billing operations for determining the appropriate rate to charge and the correct billing method.

Pseudo SSNs. Used as temporary placeholder entries in place of the patient's Person Identifier if it is unknown or unavailable during the initial registration process. Pseudo SSNs are only relevant or applicable to the local CHCS host computer server (at the MTF where the number was created) and are based on the patient's DOB or date of emergency medical treatment when a Patient Identifier is not known. Patients can legitimately have different Pseudo SSNs on different CHCS host computer servers.

registration. The process of entering personal and identifying information of a patient.

registration permissions. Specific permissions required to perform patient registration actions.

Secretarial Designee. The program established in accordance with Reference (h), to create by regulation, an eligibility for healthcare services in MTFs, as well as dental treatment facilities for individuals who have no such eligibility.

TIN. The TIN will be used as a temporary number for U.S. persons who are added to DEERS but have not yet been issued an SSN (e.g., newborn children). The TIN will be issued as a placeholder until the SSN is provided. The SSN should be reported within 90 days of the creation of the TIN or medical coverage may be affected. The TIN takes the place of an SSN. The TIN begins with the number “8,” (e.g., 8XX-XX-XXXX). Although the TIN begins with the number “8,” it is different from the “Pseudo” SSN. A TIN should appear on the beneficiary’s DoD ID card and remain constant between different CHCS computer server hosts.

TRICARE Prime. A health maintenance organization-like option, provided as part of the TRICARE program in accordance with Section 199.17 of Reference (g), where MHS beneficiaries elect to enroll in a voluntary enrollment program, which provides TRICARE Select benefits and enhanced primary and preventive benefits with nominal beneficiary cost-sharing. TRICARE Prime requires beneficiaries to use a PCM located at either the MTF or from the contractor’s network except when beneficiaries are exercising their freedom of choice under the point of service option.

TRICARE Prime Remote. Designed to provide healthcare services to ADSMs assigned to remote locations in the United States, usually more than fifty miles or a 1-hour drive, from a military hospital or clinic.

Uniformed Services Identification card. A form of DoD ID card that serves as proof of identity and DoD affiliation for eligible individuals who do not require a Personal Identity Verification card in accordance with Reference (ad).