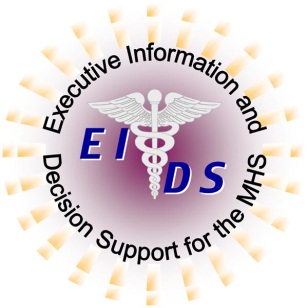
EIDS Program Management

DEERS VM-6 Extract Interface Control Document  
Describing the Data  
Exchange from DMDC  
Mod 2

Approved Version  
  
December 19, 2006



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DEERS VM-6 Extract ICD  
Describing the Data Exchange  
from DMDC

Approved Version  
  
February 7, 2006

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DEERS VM-6 Extract ICD  
Describing the Data Exchange  
from DMDC

Approved Version  
  
February 7, 2006

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Preface

This document describes the interface that provides the VM-6 Defense Enrollment Eligibility Reporting System (DEERS) Extract file from the Defense Management Data Center (DMDC). The files are sent to EIDS and loaded into the Military Health System (MHS) Data Repository (MDR).

This document is under EIDS project configuration control. Changes to this document will be made by document change notice (DCN) or by complete revision.

Questions on proposed changes concerning this plan should be addressed to:

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Abstract

The Executive Information Decision Support (EIDS) Program Office is developing the MHS Data Repository (MDR) as the core repository for MHS clinical, beneficiary population, enrollment, costing and workload data. MDR collects, catalogues and organizes data files from several systems. This document is the Interface Control Document (ICD) that specifies the VM-6 Defense Enrollment Eligibility Reporting System (DEERS) data exchange with EIDS operations. It provides information and meta data regarding the VM-6 Extract data feed. The Defense Management Data Center (DMDC) sends the collected data to EIDS. EIDS loads the data into the MDR.

**Keywords:** Decision Support, Defense Enrollment Eligibility Reporting System, Defense Manpower Data Center, Executive Information, Interface Control Document, MHS Data Repository, DS, DEERS, DMDC, EI, ICD, MDR

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# Introduction

## Document Identification

This document describes the interface that provides the VM-6 Defense Enrollment Eligibility Reporting System (DEERS) Extract to the Military Health System (MHS) Data Repository (MDR). The DEERS VM-6 Extract has a similar layout to its predecessor the VM-4, with the addition of 20 fields at the end of the record. The VM-6 is sent by the Defense Management Data Center (DMDC) to the MDR. It includes all beneficiary record relationships of a person.

## Scope

This document describes and identifies the parameters and specifies the file layout of the VM-6 Extract that the EIDS Program Office receives from DMDC. DMDC manages DEERS. DMDC compiles the data from DEERS and sends it to EIDS.

## System Overview

DEERS is the Department of Defense's (DoD) authoritative source for uniformed services personnel information and is managed by the DMDC, Monterey, California. It is used as a data source by the MHS for military health care beneficiary information. Beneficiary population data is essential for the EIDS product line to provide informational services.

The EIDS currently receives three extracts from DEERS. These are:

* VM-6 DEERS Extract
* Reservist Beneficiary
* Separatee Extract

This ICD concerns the DEERS VM-6 Extract file. It contains beneficiary demographic and enrollment data.

EIDS receives the DEERS VM-6 Extract file monthly from DMDC via File Transfer Protocol (FTP) using a teleprocessing connection called CONNECT:DIRECT from DMDC West (Monterey, California). The files are received at the Feed Nodes of the main EIDS host, an IBM RS/6000SP multi-node computing platform located at the Defense Enterprise Computing Center-Denver (DECC) located in Aurora, Colorado. The data is then sent to the Tivoli Storage Manager (TSM) node where the data is copied and stored for back-up purposes. The MDR receives the raw file and stores the data file. Figure 1‑1 diagrams the DEERS VM-6 Extract to MDR data exchange that is the subject of this ICD.

DEERS VM-6 extract interface flow from DMDC DEERS to Feed Nodes to the TSM and MDR.

Figure ‑ DEERS VM-6 Extract Interface Flow

## Reference Documents

1. EIDS Program Office, *CEIS Operational Requirements Document (ORD)*, Falls Church, VA, December 1997.
2. EIDS Program Office, *Action Memo from EIDS Program Office titled “Establishing the PITE ICD Between DMDC and EIDS Program Office”*, Falls Church, VA, 7 March 2003.
3. EIDS Program Office, *DEER VM-4 Extract Interface Control Document (ICD-1300-7010-02)*, 4 February 2005.

## Operational Agreement

This ICD provides the technical specification for an interface between DMDC and the EIDS Program Office regarding the DEERS VM-6 Extract. The Action Memo cited in Reference 2, approved by EIDS and DMDC, establishes the on-going operational agreement. It is the responsibility of the source system Program Office (i.e., DMDC) to notify EIDS of any potential or planned changes to data feed formats or contents as soon as these potential changes are known in order to minimize adverse impacts on EIDS receiving systems. When required, the ICD will be modified by the data receiver (i.e., EIDS Program Office), and a copy of the revised ICD will be sent to the data sender (i.e., DMDC).

Appendix A delineates the DEERS VM-6 Extract data elements that are sent to the EIDS Program Office under this agreement.

Should problems arise with the interface EIDS data production support personnel will contact DMDC operational personnel. Should there be systemic data problems recognized during MDR processing, EIDS members will coordinate with their counterparts at DMDC.

# Data Specification

## Identification of Data Exchanges

This ICD addresses the following data feed from DMDC to EIDS:

* DEERS VM-6 Extract. The interface provides a snapshot in time of DoD beneficiary and enrollment information on all beneficiary relationships.

This ICD will be changed *only* if the interface changes from the interface file format or file content specified herein.

## Precedence and Criticality of Requirements

Beneficiary population data that is reliable is necessary for the MHS to make knowledge-based decisions. The MDR provides this information to MHS decision-makers. Monthly updates are required for effective performance of MHS operations. An inability to obtain this data could have an adverse impact on the ability of MHS managers to oversee MHS operations.

## Communications Methods

DMDC will FTP the DEERS VM-6 Extract monthly using CONNECT: DIRECT.

## Performance Requirements

The data should be harvested by the first workday of each month and transmitted to EIDS by the following day using secure FTP.

## Security and Integrity

The data exchanged in this interface contains protected patient level identifiable information. The data within MDR does contain sensitive data and it will be protected in accordance with the C2-level protection standards mandated for all "Sensitive Unclassified Systems" by the requirements of DoD Directive 5200.28. These standards help ensure compliance with the following Federal laws:

* Privacy Act of 1974
* U.S. Code, Title 10, Section 1102, Medical Quality Assurance Records
* U.S. Code, Title 10, Section 1030, Fraud and Related Activity in Connection with Computers
* Computer Security Act of 1987
* Health Insurance Portability and Accountability Act (HIPAA)

### Data Integrity and Quality

Validation checks such as record counts, file formats, source stamps, and date-time stamps will be performed on the data transferred from DEERS to MDR as defined in the design documentation. When errors are discovered in the data exchange, DMDC will be notified immediately by EIDS operations personnel. If there are systemic problems, Interface Working Group (IWG) counterparts will be contacted to work issues.

**Appendix A: DEERS VM-6 Extract File Layout**

**A.1 File Format**

Defense Management Data Center (DMDC) sends the Defense Enrollment Eligibility Reporting System (DEERS) VM-6 Extract via FTP on a monthly basis to the EIDS Program Office. The files are loaded into the IBM SP located at DECC-Denver. The data elements are validated as they are ingested into the MHS Data Repository (MDR). The DEERS VM-6 Extract replaced the VM-4. The main difference is 20 additional fields have been added at the end of the record.

Figure A‑1 diagrams a conceptual batch record set from the DEERS VM-6 Extract. This batch record set contains a total of six individual beneficiary records.

|  |
| --- |
| **Record (characters) Position** |
| Beneficiary Record #1 (1-1128) 1-1128 |
| Beneficiary Record #2 (1-1128) 1129-2256 |
| Beneficiary Record #3 (1-1128) 2257-3384 |
| Beneficiary Record #4 (1-1128) 3385-4512 |
| Beneficiary Record #5 (1-1128) 4513-5640 |
| Beneficiary Record #6 (1-1128) 5641-6768 |

Figure ‑ DEERS VM-6 Extract Data Feed Structure

**A.2 Record Layout**

Table A‑1 describes the record layout of each DEERS VM-6 Extract record. The MDR validates the records, and then loads them into the MDR as-is.

**A.3 File Operational Context**

DMDC processes the data within its databases by the last day of the month, allowing the extraction of the DEERS VM-6 Extract on the first day of the new month. When the processing is completed, the files are FTPd and normally received by the EIDS Program Office by the 2nd day of the new month. All records within the DEERS database are harvested and sent in the DEERS VM-6 Extract.

The DEERS VM-6 Extract data represents a snapshot in time of beneficiaries and associated demographic and privilege data. It is considered the system of record regarding the beneficiary population. DMDC works closely with the military service’s manpower and personnel commands to ensure the data is as accurate as possible.

Table ‑ DEERS VM-6 Extract Data Elements

| Field Name  (logical name) | Field Length | Position | Data Type | Data Units | Value Range | Functional Description |
| --- | --- | --- | --- | --- | --- | --- |
| Last Extract Date | 8 | 1-8 | Date | N/A | N/A | The date that this record was last updated. Format YYYYMMDD. |
| Sponsor Person Identifier | 9 | 9-17 | Character | N/A | N/A | The identifier that represents a person who is a sponsor. This attribute will usually contain the sponsor’s SSN. |
| Sponsor Person Identifier Type Code | 1 | 18 | Character | N/A | D, F, N, P, R, S, T, X | The code represents the type of sponsor person identifier.  D Special 9-digit code created for individuals (i.e. babies) who do not have or have not provided an SSN when the record is added to DEERS  F Special 9-digit created for foreign military and nationals. Known as a Foreign Identifier Number (FIN)  N 9-digit code that looks like a SSN, but is not in a valid SSN range  P Special 9-digit code created for U.S. military personnel before switch to SSNs  R Special 9-digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS  S SSN  T Test  X Invalid identifier used until a Secondary Person Identifier can be generated |
| Sponsor Duplicate Identifier | 1 | 19 | Character | N/A | 1, 2, 3, 4, 5, 6, 7, 8, 9 | The code that represents whether this is the first, second, third (and so on) occurrence of this sponsor person identifier in DEERS. |
| Multiple Membership Identifier | 1 | 20 | Character | N/A | 1, 2, 3, 4, 5, 6, 7, 8, 9 | Identifier that represents the number of memberships that the sponsor has. If the number is 2, this situation is known as “dual.” (there should be no more 2). |
| DMDC Dependent Suffix Code | 2 | 21-22 | Character | N/A | 01 - 99 | Code that represents the dependent of a sponsor. It should be permanently assigned for each dependent.  00 Not a dependent (i.e., record is for a sponsor)  01-99 Dependent |
| Person Type Code | 1 | 23 | Character | N/A | B, D, O, S, X, Y | Code that represents a specific kind of person.  B Both sponsor and dependent  D Dependent  O Other  S Sponsor  X Prior sponsor (e.g., a sponsor who has been archived)  Y Prior dependent (e.g., a dependent who has been archived) |
| Person Identifier | 9 | 24-32 | Character | N/A | N/A | The identifier that represents a human being. Will usually contain person’s SSN. |
| Person Identifier Type Code | 1 | 33 | Character | N/A | D, F, N, P, R, S, T, X | Code that represents a specific kind of person identifier.  D Special 9-digit code created for individuals (i.e., babies) who do not have or have not provided a SSN. Known as a Temporary Identifier Number (TIN)  F Special 9-digit created for foreign military and nationals. Known as a Foreign Identifier Number (FIN)  N 9-digit code that looks like a SSN, but is not in a valid SSN range  P Special 9-digit code created for U.S. military personnel before switch to SSNs  R Special 9-digit code created for a DoD contractor who refused to give his or her SSN to RAPIDS  S SSN  T Test  X Invalid |
| Person Birth Date | 8 | 34-41 | Date | N/A | N/A | The date when a human being was born. |
| Marital Status Code | 1 | 42 | Character | N/A | A, D, I, L, M, N, W, Z, - | Code that represents the marital status of the sponsor.  A Annulled  D Divorced  I Interlocutory decree  L Legally Separated  M Married  N Never married  W Widow or widower  Z Unknown  - Not applicable |
| Person Sex Code | 1 | 43 | Character | N/A | F, M, Z | The code that represents a classification of a person according to reproductive functions.  F Female  M Male  Z Unknown |
| Race Code | 1 | 44 | Character | N/A | C, M, N, R, X, Z | The code that represents the race of the person.  C White  M Asian  N Black  R American Indian  X Other  Z Unknown |
| Ethnicity National Origin Code | 1 | 45 | Character | N/A | 1, 2, 3, 4, 5, 6, 7, 8, 9, D, E, G, H, J, K, L, Q, S, V, W, X, Y, Z | The code that represents the ethnic group or national origin of the person.  1 Hispanic decent other than Latin American with Hispanic descent, Puerto Rican, Mexican, or Cuban  2 U.S./Canadian Indian tribes  3 Other Asian descent, not delineated separately as Indian, Chinese, Japanese, Korean, Vietnamese, or Filipino  4 Puerto Rican  5 Filipino  6 Mexican  7 Eskimo  8 Aleut  9 Cuban  D Indian  E Melanesian  G Chinese  H Guamanian  J Japanese  K Korean  L Polynesian  Q Other Pacific Island descent, not delineated separately as code E,H,L, or W  S Latin American with Hispanic descent  V Vietnamese  W Micronesian  X Other  Y None  Z Unknown |
| DNA Code | 1 | 46 | Character | N/A | N, Y | Code that indicates whether the sponsor has had a DNA sample taken.  N Sponsor has not had a DNA sample taken  Y Sponsor has had a DNA sample taken |
| Organ Donor Code | 1 | 47 | Character | N/A | N, Y, Z | Code that indicates whether the person has agreed to become an organ donor.  N Person has indicated that he or she will not become an organ donor.  Y Person has agreed to become an organ donor.  Z Person has not indicated whether he or she will become an organ donor. |
| Person Death Date | 8 | 48-55 | Date | N/A | N/A | The date the person died (if applicable). |
| Person Death Code | 1 | 56 | Character | N/A | N, Y | The code that indicates whether the person is dead.  N Person is not dead  Y Person is dead |
| Medical Test Diagnostic Procedure Date | 8 | 57-64 | Date | N/A | N/A | Date when the medical test diagnostic procedure was performed. |
| Person Association Reason Code | 2 | 65-66 | Character | N/A | AA, AB, AD, AE, AF, AH, AI, AX, BB, BC, BD, BE, BF, CA | Code that represent the underlying basis of an association of one person to another person.  AA Spouse  AB Child  AD Parent  AE Parent-in-law  AF Stepchild  AH Stepparent  AI In loco parents  AX Emergency contact  BB Ward  BC Former spouse  BD Self (i.e., the person and the other person are the same person)  BE Joint marriage spouse  BF Other health insurance subscriber  CA Member of household headed by sponsor’s former spouse |
| Person Association Type Code | 1 | 67 | Character | N/A | D, N | Code that represents a specific kind of person association.  D Dependent  N Non-dependent (e.g., emergency contact person) |
| Person Association Begin Date | 8 | 68-75 | Date | N/A | N/A | Date when an association between a person and another person began. |
| Person Association End Date | 8 | 76-83 | Date | N/A | N/A | Date when an association between a person and another person ended. |
| Person Association End Reason Code | 1 | 84 | Character | N/A | B, D, E, F, G, H, J, N, O, Q, R, S, T, U | Code that represents that an association between a person and another person ended or is expected to end.  B Dependent was adopted by sponsor (stepchild or ward)  D Dependent dies  E Terminate a dependent automatically  F Dependent was invalidly enrolled  G Dependent with an association with the sponsor was adopted by a person other than the sponsor and is no longer associated with the sponsor  H Dependent married  J Dependent became a sponsor  N Dependent was terminated due to age (child, stepchild, or ward)  O Dependent is no longer supported by sponsor (parent, parent-in-law, or ward)  Q Expected end of dependency (parent, parent-in-law, step parent)  R Date is an estimate  S Separation from non-dependency association  T Divorce (spouse, parent-in-law, stepchild, or joint marriage)  U Indefinite period |
| Person Association Spouse Remarriage Code | 1 | 85 | Character | N/A | N, Y | Code that represents whether a former or surviving spouse has remarried but is once again single.  N No  Y Yes |
| Spouse Overlap Code | 1 | 86 | Character | N/A | A, B, C, D, W, X | Code that represents three time periods with respect to a former spouse: the length of the sponsor’s service, the length of marriage, and the length of overlap of the two periods  A 20/20/20 (service at least 20 years, marriage at least 20 years, overlap at least 20 years)  B 20/20/15 (service at least 20 years, marriage at least 20 years, overlap at least 15 years)  C 10/20/10 (service at least 10 years, marriage at least 20 years, overlap at least 10 years but less than 15 years; in addition, sponsor was separated from Service due to misconduct involving dependent abuse  D Eligible for transitional assistance (composite) benefits.  W Not applicable  X Other |
| Medicare A Begin Reason Code | 1 | 87 | Character | N/A | A, D, E, N, P, R | Code that represents the reason the person’s period of Medicare Part A.  A Eligible for Medicare. Eligibility began after age 65 (person did not have enough quarters of Social Security contributions to qualify at age 65).  D Eligible for Medicare under age 65 because of disability.  E Eligible for Medicare at age 65.  N Not eligible for Medicare. At age 65 this indicates eligibility could not begin because person did not have enough quarters of Social Security contributions to qualify.  P Eligible for Medicare at or after age 65 because of purchase.  R Eligible for Medicare under age 65 because of end-stage renal disease. |
| Medicare A Effective Date | 8 | 88-95 | Date | N/A | N/A | Date when the person’s Medicare Part A became effective. |
| Medicare A Expiration Date | 8 | 96-103 | Date | N/A | N/A | Date when the person’s Medicare Part A expired or is expected to expire. |
| Medicare B Begin Reason Code | 1 | 104 | Character | N/A | B, D, R | Code that represents the reason that the person’s period of Medicare Part B eligibility began.  B Eligible for Medicare regardless of age  D Eligible for Medicare under age 65 because of disability.  R Eligible for Medicare under age 65 because of end-stage renal disease. |
| Medicare B Effective Date | 8 | 105-112 | Date | N/A | N/A | Date when the person’s Medicare Part B became effective. |
| Medicare B Expiration Date | 8 | 113-120 | Date | N/A | N/A | Date when the person’s Medicare Part B expired or is expected to expire. |
| CHAMPVA Code (Delivery Program Code) | 3 | 121 | Character | N/A | 001, 002, 003, 004, 005, 007, 008, 009, 010, 012, 016, 017, 018, 019, 021, 022, 023, 102, 254, 255 | Code that represents a delivery program.  001 CHAMPUS Prime-CHAMPUS Reform Initiative Prime Option or CHAMPUS HMO demonstration in CA, HI, or New Orleans  002 USTF Managed Care Plan (MCP)  003 TRICARE Senior Supplement Demo  004 Catchment Area Management (CAM) program – Ft. Sill  005 CAM – Ft. Carson  007 CAM – Bergstrom AFB  008 CAM – Luke/Williams AFB  009 TRICARE Prime A [active duty sponsors (not eligible for CHAMPUS)]  010 TRICARE Prime D [beneficiaries, not eligible for CHAMPUS (i.e., parent or enrolled in Medicare), eligible for direct care]  012 TRICARE Prime E (sponsors or dependents, eligible for CHAMPUS and direct care)  016 Continued Health Care Benefit Program  017 Mail order pharmacy  018 CHAMPVA  019 Federal Employee Health Benefit Program  021 Pharmacy Redesign Pilot Project (PRPP)  022 TRICARE Plus G  023 TRICARE Plus L  102 Selected Reserve Dental  254 State CHAMPVA eligible, not for CHAMPUS (V)  255 Federal CHAMPVA eligible, not eligible for CHAMPUS (B) |
| CHAMPVA (Delivery Program) Begin Reason Code | 1 | 124 | Character | N/A | M, V | Code that represents the reason that the person’s delivery program began.  M Delivery program was mandatory  V Delivery program was voluntary |
| CHAMPVA (Delivery Program) End Reason Code | 1 | 125 | Character | N/A | F, M, N, P, Q, R, S, U, V | Code that represents the reason that the person’s delivery program ended or is expected to end.  F Invalid entry  M Relocated  N Dissatisfied with program  P Premium nonpayment  R Date is estimate  Q Future expiration  S Expired (transfer only)  U Indefinite  V Voluntary disenrollment |
| CHAMPVA (Delivery Program) Effective Date | 8 | 126-133 | Date | N/A | N/A | Date when the person’s delivery program became effective. |
| CHAMPVA (Delivery Program) Expiration Date | 8 | 134-141 | Date | N/A | N/A | Date when the person’s delivery program expired or is expected to expire. |
| Pharmacy Coverage Code | 3 | 142-144 | Character | N/A | 017 | Code that represents a mail order pharmacy delivery program (this is a subset of delivery program code).  017 Mail order pharmacy |
| Panograph Calendar Date | 8 | 145-152 | Date | N/A | N/A | Date when the panograph was taken. |
| Dental Benefit Eligibility Type Begin Calendar Date | 8 | 153-160 | Date | N/A | N/A | The date on which eligibility for a specific set of dental benefits begin. |
| Dental Benefit Eligibility Type End Calendar Date | 8 | 161-168 | Date | N/A | N/A | The date on which eligibility for a specific set of dental benefits ends. |
| Dental Program Code | 2 | 169-170 | Character | N/A | 06, 07, 08, 1, 2, 3 | The code which represents in which dental program the person is enrolled.  06 Active Duty Dental Program  07 Reserve Dental Program  08 Retired Dental Program  1 Family Member Dental Program  2 TRICARE Selected Reserve Dental Program (TSRDP)  3 TRICARE Retiree Dental Program (TRDP) |
| Dental Plan Type Code | 2 | 171-172 | Character | N/A | 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11 ,12 | The code that indicates the type of dental plan.  01 TRICARE Dental Plan Coverage for Active Duty Family Member  02 TRICARE Dental Plan Coverage for Survivors of Active Duty Deceased Sponsor  03 TRICARE Dental Plan Coverage for Selected Reserve (SelRes) Sponsors  04 TRICARE Dental Plan Coverage for SelRes Family Member  05 TRICARE Dental Plan Coverage for SelRes Deceased Sponsor  06 TRICARE Dental Plan Coverage for Active Guard/Reserve (AGR) Family Member  07 TRICARE Dental Plan Coverage for AGR Deceased Sponsor  08 TRICARE Dental Plan Coverage for Mobilization-asset Individual Ready Reserve (IRR) Sponsor  09 TRICARE Dental Plan Coverage for Mobilization-asset IRR Family Member  10 TRICARE Dental Plan Coverage for Mobilization-asset IRR Deceased Sponsor  11 TRICARE Dental Plan Coverage for Non- mobilization-asset IRR Sponsor  12 TRICARE Dental Plan Coverage for Non- mobilization-asset IRR Family Member |
| Dental Plan Person Role Code | 1 | 173 | Character | N/A | I, S | The code that indicates the role of the person covered by a dental plan.  I Individual  S Sponsor |
| Active Duty Strength Accounting Code | 3 | 174-176 | Character | N/A | A00, A10-A12, A20-A26, B00, B10, B20, B30, B40, B50, B60, B70, C00, C10-C15, C20-C25 | The code that represents an accounting and programming category used by DoD to classify active duty positions and personnel. Code meanings are defined in the *TNEX Data Dictionary*. |
| Basic Active Service Calendar Date | 8 | 177-184 | Date | N/A | N/A | The date when the person began serving in the military, adjusted by any breaks in service. |
| Uniformed Service Initial Entry Calendar Date | 8 | 185-192 | Date | N/A | N/A | The date an individual was first appointed, enlisted, or conscripted into a Uniformed Service. |
| Service Occupation Code | 8 | 193-200 | Character | N/A | N/A | The code set by each Service that represents a member’s occupation in that Service. |
| Education Level Code | 2 | 201-202 | Character | N/A | 11-14, 21-27, 31, 41-46, 51-52, 61-65, 99 | The code that represents the degree of formal education attained by a person. Coded as follows:  11 No secondary school certification  12 Attending high school, junior or less  13 Attending high school, senior  14 Secondary school credential near completion  21 Test-based equivalency diploma  22 Occupational program certification  23 Correspondence school diploma  24 High school certificate of attendance  25 Home study diploma  26 Adult education diploma  27 GED certificate, ARNG Challenge Pgm  31 High school diploma  41 Completed one semester of college, no high school diploma  42 1 year of college certificate of equivalency  43 1-2 years of college, no degree  44 Associate degree  45 Professional nursing diploma  46 3-4 years of college, no degree  51 Baccalaureate degree  52 1 or more years of grad schl, no diploma  61 Master’s degree  62 Post master’s degree  63 First professional degree  64 Doctorate degree  65 Post doctorate degree  99 Unknown |
| DEERS Family ID | 9 | 203-211 | Character | N/A | N/A | The identifier that uniquely identifies a family for the purposes of DoD benefits. |
| DEERS Beneficiary ID | 2 | 212-213 | Character | N/A | N/A | The identifier that uniquely identifies a family member for the purposes of DoD benefits. |
| DoD Race Code | 3 | 214-216 | Character | N/A | A, B, C, D, E, X, Z | The code which represents a nonscientific division of the population based on assumed primordial biological properties combined with a segment population that possesses common characteristics and/or cultural heritage.  A American Indian or Alaskan Native  B Asian or Pacific Islander  C Black (not Hispanic)  D White (not Hispanic)  E Hispanic  X Other  Z Unknown |
| Personnel Original Retirement Calendar Date | 8 | 217-224 | Date | N/A | N/A | The original retirement date of active duty or reserve personnel. This date will not change if the member returns to active duty. |
| Identification Card Type Code | 2 | 225-226 | Character | N/A | 01-11, 20-23, 40-43, 98, 99 | The code that represents a specific kind of ID card. Coded as follows:  01 DD Form 2 (active)  02 DD Form 2 (Reserve)  03 DD Form 2 (Retired)  04 DD Form 2 (Reserve Retiree)  05 DD Form 1173  06 DD Form 1173-1  07 DD Form 1173 (non-benefit ID card, such as Special Agents)  08 DD Form 2750 (DoD Civilian ID Card (Purple))  09 DD Form 2765 (DoD/Uniformed Services ID and Privilege Card (Tan))  10 DD Form 2764 (DoD/Uniformed Services Civilian Geneva Conventions ID Card (Tan))  11 Korean Strategic Command ID card  20 Armed Forces of the US Geneva Conventions ID and Common Access card  21 Civilian ID and Common Access card  22 US DoD/Uniformed Services ID and Privilege and Common Access card  23 US DoD/Uniformed Services Geneva Conventions ID and Common Access card  40 Armed Forces SLG  41 Identification SLG  42 Identification Privilege SLG  43 Accompanying Armed Forces SLG  98 Common Access Card (Smart Card)  99 Not applicable |
| Identification Card Issue Calendar Date | 8 | 227-234 | Date | N/A | N/A | The date when the person’s current or former ID card was issued. |
| Social Security Administration Verification Status Code | 1 | 235 | Character | N/A | N/A | Indicates that verification was conducted with the Social Security Administration (SSA). |
| Legacy DEERS Dependent Suffix (DDS) Code | 2 | 236-237 | Character | N/A | Blanks | In January 2007, DMDC no longer populated this field with DDS values. |
| Personnel Category Code | 1 | 238 | Character | N/A | A, B, C, D, E, F, H, I, J, L, M, N, O, Q, R, T, U, V | The code that represents how the DoD personnel and/or finance center views the sponsor based on accountability and reporting strengths. (This attribute is similar to member category code.)  A Active Duty  B Presidential Appointee  C DoD Civil Service  D Disabled American Veteran  E DoD Contractor  F Former Member  H Medal of Honor  I Other Government Agency Employee  J Academy Student  L Lighthouse service  M Non-government agency personnel  N National Guard  O Other Government Agency Contractor  Q Reserve Retiree  R Retired  T Foreign Military  U Foreign National Employee  V Reserve |
| Service Branch Classification Code | 1 | 239 | Character | N/A | A, C, D, F, H, M, N, O, X, 1, 2, 3, 4 | The code that represents the branch classification of Service with which the sponsor is affiliated.  A Army  C Coast Guard  D Office of Secretary of Defense  F Air Force  H Commissioned Corps of the Public Health Service  M Marine Corps  N Navy  O Commissioned Corps of the National Oceanographic and Atmospheric Administration (NOAA)  X Not applicable  1 Foreign Army  2 Foreign Navy  3 Foreign Marine Corps  4 Foreign Air Force |
| Personnel Begin Calendar Date | 8 | 240-247 | Date | N/A | N/A | The date when a sponsor’s personnel category and organizational affiliation began. |
| Personnel End Date | 8 | 248-255 | Date | N/A | N/A | The date when a sponsor’s personnel category and organizational affiliation ended or is expected to end. (The Personnel End Reason Code indicates whether the date is actual or projected.) |
| Personnel End Reason Code | 1 | 256 | Character | N/A | C, D, F, Q, R, S, U, W | The code that represents the reason that a sponsor’s personnel category and organizational affiliation ended or is expected to end.  C Entitlement condition terminated  D Died while in organization or personnel category  F Invalid entry  Q Date is certain  R Estimated termination date  S Separated from organization or personnel category  U No date can be predicted  W Not applicable |
| Retirement Type Code | 1 | 257 | Character | N/A | A, B, C, D, E, F, G, H | The code that represents the type of retirement.  A Mandatory  B Voluntary  C Fleet Reserve  D Temporary Disability Retirement List  E Permanent Disability Retirement List  F Title III  G Special act  H Philippine Scouts |
| Pay Plan Code | 5 | 258-262 | Character | N/A | Codes are located in the *DEERS TNEX Data Dictionary* | The code that represents the type of pay category (The combination of pay plan code and pay grade code represents the sponsor’s pay category). Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Pay Grade Code | 2 | 263-264 | Character | N/A | Codes are located in the *DEERS TNEX Data Dictionary* | The code that represents the level of pay (The combination of pay plan code and pay grade code represents the sponsor’s pay category). Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Pay Grade Calendar Date | 8 | 265-272 | Date | N/A | N/A | The date when the sponsor’s pay grade code became effective. |
| DoD Occupation Code | 4 | 273-276 | Character | N/A | See *Occupational Conversion Index* | The code that represents the Department of Defense's standard Occupation Code. See DoD 1312.1, *Occupational Conversion Index*, for coding. |
| Military Technician Type Code | 1 | 277 | Character | N/A | 0, 1, 2 | The code which identifies members of the Selected Reserve who are civilian employees that must have "dual status" as military members of the Selected Reserve.  0 Unknown/Not a Military Technician  1 National Guard Technician  2 Reserve Technician |
| AGR Service Legal Authority Code | 1 | 278 | Character | N/A | A, B, C, D, E, F, G, H, J, K, L, Z | The code that represents the source of the legal authority for Active Guard and Reserve (AGR) service. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Reserve Component Category Code | 2 | 279-280 | Character | N/A | Codes are located in the *DEERS TNEX Data Dictionary* | The code that represents the sponsor’s Reserve category and training/retirement category. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Special Operation Code | 2 | 281-282 | Character | N/A | 01-09, 98, 99 | The identifier that represents the special operation.  01 Operation Desert Shield/Storm  02 Los Angeles Riots  03 Haiti  04 Somalia  05 Bosnia  06 Kosovo  07 Operation Southern Watch  08 Operation Noble Eagle  09 Operation Enduring Freedom  98 Not a Special Operation  99 Other |
| Attached Unit Identification Code | 8 | 283-290 | Character | N/A | N/A | Code that represents the unit organization that an active duty sponsor is actually stationed or located with. |
| Assigned Unit Identification Code | 8 | 291-298 | Character | N/A | N/A | Code that represents the unit organization that an active duty sponsor is officially assigned to. |
| Personnel Entitlement Condition Type Code | 2 | 299-300 | Character | N/A | 01 - 38 | The code that represents the type of condition that occurred while a sponsor was in a personnel category and organization that affected the entitlements of the sponsor and/or the sponsor’s dependents. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Personnel Entitlement Condition Begin Date | 8 | 301-308 | Date | N/A | N/A | The begin date of a condition that occurred while a sponsor was in a personnel category and organization that affected the entitlements of the sponsor and/or the sponsor’s dependents. NOTE: If the condition represents an event, then the date of that event is stored in the personnel entitlement condition begin date. The personnel entitlement condition end date will be blank. |
| Personnel Entitlement Condition End Date | 8 | 309-316 | Date | N/A | N/A | The end date of a condition that occurred while a sponsor was in a personnel category and organization that affected the entitlements of the sponsor and/or the sponsor’s dependents. NOTE: If the condition represents an event, then the date of that event is stored in the personnel entitlement condition begin date. The personnel entitlement condition end date will be blank. |
| Personnel Entitlement Condition End Reason Code | 1 | 317 | Character | N/A | C, D, F, Q, R, S, U, W | The code that represents the reason that a personnel entitlement condition ended or is expected to end.  C Entitlement condition terminated  D Died while in organization or personnel category  F Invalid enrollment in this entitlement condition  Q Fixed date of termination (past or future)  R Estimated termination date  S Separated from organization or personnel category  U Unable to determine (retiree or 100% disabled American veteran)  W Not applicable |
| Transitional Assistance Composite Days Quantity | 3 | 318-320 | Numeric | N/A | N/A | The number of days of transitional benefits that the sponsor has when he or she is using reinstated days of transitional benefits plus any additional days of transitional benefits that have been earned (e.g., from a mobilization period). The entry for transitional assistance reinstatement days quantity describes the concept of reinstated days. |
| Identification Card End Calendar Date | 8 | 321-328 | Date | N/A | N/A | The date shown on the Point-In-Time Extract and the database Extract taken from the Card Expiration Date on the database. |
| Identification Card End Reason Code | 1 | 329 | Character | N/A | 0-8, A, B, D, E, F, L, N, P, Q, R, S, T, U, W, Y | The code put on the VM-6 and database extract to show the end reason for the Card End Date.  0 Original Card  1 ICC (Chip) defective  2 Magnetic strip failure  3 Lost or stolen (Common Access Card)  4 Damaged (Common Access Card)  5 Rank information captured on card changed  6 Name information captured on card changed  7 Card had entry error  8 Some other type of error or damage  A New card requested (RAPIDS ID Card)  B Dependency was terminated due to cardholder’s dependency in another family  D Card was terminated do to a new or removed segment  E Card expired  F Card was invalidly issued  L Card was lost  N Information changed on the new ID card  P Changes in privileges  Q The end is a future projected date  R Card did not print properly  S Sponsor was promoted  T Card was prematurely terminated due to the person’s separation or death  U Terminated under 4 years  W Not applicable  Y Card was destroyed |
| Member Category Code | 1 | 330 | Character | N/A | A, B, C, D, E, F, G, H, I, J, L, M, N, O, Q, R, S, T, U, V | The code that represents how DEERS views the sponsor based on his or her entitlements.  A Active Duty  B Presidential Appointee  C DoD Civil Service  D Disabled American Veteran  E DoD Contractor  F Former Member  G National Guard (mobilized or on active duty for 31 days or more)  H Medal of Honor  I Other Government Agency Employee  J Academy Student  L Lighthouse service  M Non-government agency personnel  N National Guard  O Other Government Contractor  Q Reserve Retiree  R Retired  S Reserve (mobilized or on active duty for 31 days or more)  T Foreign Military  U Foreign National Employee  V Reserve |
| Member Disposition Code | 1 | 331 | Character | N/A | 0, 1, 2, 3, 4 | The code that represents the status of the beneficiary with respect to his or her current member category.  0 Current member of organization  1 Past member of organization  2 Died while member of organization  3 Erroneously entered into DEERS  4 Suspended awaiting reinstatement |
| Member Relationship Code | 1 | 332 | Character | N/A | A, B, C, D, E, F, G, H, I, J, K | The code that represents how DoDI 1000.13 views relationships between a person and another person in a family. For example, a person is a child or stepchild of another person. (This attribute is similar to person association reason code.)  A Self (i.e., the person and the other person are the same person)  B Spouse  C Child or stepchild  D Ward (not court ordered)  E Ward (court ordered)  F Dependent parent, dependent stepparent, dependent parent-in-law, or dependent step-parent-in-law  G Surviving spouse  H Former spouse (20/20/20)  I Former spouse (20/20/15)  J Former spouse (10/20/10)  K Former spouse (transitional assistance (composite) |
| Direct Care Benefit Type Code | 1 | 333 | Character | N/A | D, F, L, N, O, P, R, S | The code that represents what type of direct care benefits the person has.  D Designation for Presidential Appointees and other designated civilian officials within the DoD and the Military Departments.  F Outpatient at no charge & inpatient care at full reimbursable  L Limited direct care based on documentation  N Not eligible for direct care privileges  Outpatient only  O Outpatient only  P Outpatient only – reimbursable  R Reimbursable direct care  S Direct care |
| Direct Care Benefit Type Begin Eligibility Calendar Date | 8 | 334-341 | Date | N/A | N/A | The date when the person became eligible for direct care benefits. |
| Direct Care Benefit Type End Eligibility Calendar Date | 8 | 342-349 | Date | N/A | N/A | The date when the person stopped being eligible for direct care benefits. |
| Civilian Health Care Entitlement Type Code | 1 | 350 | Character | N/A | F, M, T | The code that represents what type of civilian health care privileges the person has.  F Outpatient only/reimbursable (foreign military)  M CHAMPUS  T TRICARE For Life |
| Civilian Health Care Entitlement Type Begin Eligibility Calendar Date | 8 | 351-358 | Date | N/A | N/A | The date when the person became eligible for civilian health care privileges. |
| Civilian Health Care Entitlement Type End Eligibility Calendar Date | 8 | 359-366 | Date | N/A | N/A | The date when the person stopped being eligible for the civilian health care entitlement. |
| Person Entitlement Condition Type Code | 2 | 367-368 | Character | N/A | 01, 02, 03, 04, 05, 06, 07, 08 | The code that represents the type of condition that occurred during a person’s lifetime that affected the person’s entitlements.  01 Full-time student status  02 Temporary incapacitation  03 Permanent incapacitation  04 Commissary privileges removed by verifying official  05 MWR privileges removed by verifying official  06 Exchange privileges removed by verifying official  07 Direct care privilege removed from verifying official  08 Limited direct care privileges provided for a fixed period based on Line of Duty Injury |
| Mailing Address Type Code | 1 | 369 | Character | N/A | P, S, T, X | The code that represents the type of mailing address.  P Primary  S Secondary  T Temporary  X Unconfirmed primary |
| Mailing Address Effective Calendar Date | 8 | 370-377 | Date | N/A | N/A | The date when the person’s mailing address became effective. |
| Mailing Address Line 1 Text | 40 | 378-417 | Text | N/A | N/A | The number and street of the person’s mailing address. |
| Mailing Address Line 2 Text | 40 | 418-457 | Text | N/A | N/A | The text that is supplemental to the number and street of the person’s mailing address--for example, the apartment number. |
| Mailing Address City Name | 20 | 458-477 | Text | N/A | N/A | The name of the city of the person’s mailing address. |
| Mailing Address US Postal Region State Code | 2 | 478-479 | Character | N/A | As defined in the *DEERS TNEX Data Dictionary* | The code that represents the state of the person’s mailing address.  Note: The values also include the District of Columbia and outlying areas of the United States. |
| Mailing Address Country Code | 2 | 480-481 | Character | N/A | As defined in the *DEERS TNEX Data Dictionary* | The code that represents the country of the person’s mailing address. The valid values also include dependencies and areas of special sovereignty. |
| Mailing Address US Postal Region ZIP Code | 5 | 482-486 | Numeric | N/A | N/A | The ZIP identifier of the person’s mailing address. |
| Mailing Address US Postal Region ZIP Extension Code | 4 | 487-490 | Numeric | N/A | N/A | The extension to the mailing address postal region ZIP identifier. |
| Mailing Address Quality Code | 1 | 491 | Character | N/A | 0, 1, 2, 9 | The code that indicates whether the address standardization software was able to assign a ZIP Code, ZIP Code extension, and carrier route during processing.  0 ZIP Code, ZIP Code extension, and carrier route assigned  1 ZIP Code (five-digit only) and carrier route assigned  2 ZIP Code (five-digit only) assigned  9 No codes assigned |
| Personnel Transaction Calendar Date | 8 | 492-499 | Date | N/A | N/A | The date of the personnel transaction identifying the address information. |
| Unit Location Date | 8 | 500-507 | Date | N/A | N/A | The date when the person’s work location was reported online or the date when the batch file that contained the transaction for the person’s work location was created (whichever is more recent). |
| General Location Code | 1 | 508 | Character | N/A | 1-9 | The code that represents the general location for certain sponsors.  Active Duty Navy:  1 Shore Duty  2 Sea Duty-CONUS Ship  3 Overseas Shore Duty  4 Non-rotated Duty-Ships homeported overseas  5 Neutral duty-tenders (CONUS)  6 Preferred overseas shore duty  7 Partial sea credit  8 Double sea credit  9 Unknown |
| Unit Location State Alpha Code | 2 | 509-510 | Character | N/A | As defined in the *DEERS TNEX Data Dictionary* | The code that represents the state of the person’s work location. The valid values also include the District of Columbia and outlying areas of the United States. |
| Unit Location Country Code | 2 | 511-512 | Character | N/A | N/A | The code that represents the country of the person’s work location. The valid values also include dependencies and areas of special sovereignty. |
| Unit Location US Postal Region Zip Code | 5 | 513-517 | Numeric | N/A | N/A | The ZIP identifier of the person’s work location. |
| Sponsor Family Cross-Reference Type Code | 1 | 518 | Character | N/A | C, E, P, R, W, X | The code that represents the type of sponsor person identifier on the sponsor family cross-reference record.  C Current  E East Coast application tried to add this person to the database, not realizing that a West Coast application had just added the person  P Past  R West Coast application and an East Coast application both tried to add this person to the database, not realizing what the other application was doing  W West Coast application tried to add this person to the database, not realizing that an East Coast application had just added the person  X No longer valid |
| DoD Beneficiary Type Code [Family Member Prefix (FMP) Code] | 2 | 519-520 | Character | N/A | 01 - 20, 30 - 69 | The code that represents the prefix that the medical community uses to identify medical records.  01-19 Dependent children of sponsor  20 Sponsor  30-39 Spouse of sponsor  40-44 Mother of sponsor  45-49 Father of sponsor  50-54 Mother-in-law of sponsor  55-59 Father-in-law of sponsor  60-69 Other dependents |
| Person Last Name | 26 | 521-546 | Text | N/A | N/A | The last name of the person. |
| Person First Name | 20 | 547-566 | Text | N/A | N/A | The first name of the person. |
| Person Middle Name | 20 | 567-586 | Text | N/A | N/A | The middle name of the person. |
| Person Cadency Name | 4 | 587-590 | Text | N/A | N/A | The cadency name (e.g., Sr, Jr, III) of the person |
| Blood Type Code | 1 | 591 | Character | N/A | 1 - 9 | The code that represents a classification of the red blood cells circulated by the heart.  1 A+  2 A-  3 B+  4 B-  5 AB+  6 AB-  7 O+  8 O-  9 Unknown |
| Eye Color Code | 1 | 592 | Character | N/A | 1 - 8 | The code that represents the natural pigmentation of a person's iris.  1 Brown (BR)  2 Green (GR)  3 Blue (BL)  4 Hazel (HZ)  5 Black (BK)  6 Gray (GY)  7 Violet (VI)  8 Unknown |
| Height Dimension | 2 | 593-594 | Numeric | N/A | 00 - 96 | The quantity of the overall body length established for a person. (in inches) |
| Person Hair Color Code | 1 | 595 | Character | N/A | A, B, C, D, E, F, G, H, W | The code that represents the natural pigmentation of a person's scalp hair.  A Blond (BN)  B Brown (BR)  C Black (BK)  D Gray (GY)  E Red (RD)  F White (WH)  G Silver (SL)  H Auburn (AU)  W Not applicable (i.e., the person is bald) |
| Person Weight Quantity | 3 | 596-598 | Numeric | N/A | 001 - 999 | The weight of a person maintained over an extended period of time. |
| OHI Medical Coverage Indicator Code | 1 | 599 | Character | N/A | N, Y | The code that indicates whether or not medical care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Dental Coverage Indicator Code | 1 | 600 | Character | N/A | N, Y | The code that indicates whether or not dental care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Inpatient Coverage Indicator Code | 1 | 601 | Character | N/A | N, Y | The code that indicates whether or not inpatient care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Outpatient Coverage Indicator Code | 1 | 602 | Character | N/A | N, Y | The code that indicates whether or not outpatient care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Long Term Care Coverage Indicator Code | 1 | 603 | Character | N/A | N, Y | The code that indicates whether or not long term care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Pharmacy Coverage Indicator Code | 1 | 604 | Character | N/A | N, Y | The code that indicates whether or not pharmacy care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Mental Health Coverage Indicator Code | 1 | 605 | Character | N/A | N, Y | The code that indicates whether or not mental health care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Vision Coverage Indicator Code | 1 | 606 | Character | N/A | N, Y | The code that indicates whether or not vision care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Partial Hospitalization Coverage Indicator Code | 1 | 607 | Character | N/A | N, Y | The code that indicates whether or not hospitalization care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| OHI Skilled Nursing Care Coverage Indicator Code | 1 | 608 | Character | N/A | N, Y | The code that indicates whether or not skilled nursing care is covered by the Other Health Insurance (OHI) policy. Coded as follows:  N No  Y Yes |
| Person Association Next Verification Date | 8 | 609-616 | Date | N/A | N/A | The date that a family member must be re-verified by a sponsor. |
| Rank Code | 6 | 617-622 | Character | N/A | Codes are located in the *DEERS TNEX Data Dictionary* | Code that represents the sponsor’s rank. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Medical Family Benefit Extract Indicator Code | 1 | 623 | Character | N/A | N, Y | The code that indicates whether this person/family has Direct Care or Civilian Health Care.  N No  Y Yes |
| Derived Location Date | 8 | 624-631 | Date | N/A | N/A | The date when the best guess of the person’s actual location was reported online or the date when the batch file that contained the transaction used for the best guess for the person’s actual location was created (whichever is more recent). |
| Derived Location State Alpha Code | 2 | 632-633 | Character | N/A | As defined in the *DEERS TNEX Data Dictionary* | The code that represents the best guess of the state of the person’s actual location. The valid values also include the District of Columbia and outlying areas of the United States. |
| Derived Location Country Code | 2 | 634-635 | Character | N/A | As defined in the *DEERS TNEX Data Dictionary* | The code that represents the best guess of the country of the person’s actual location. The valid values also include dependencies and areas of special sovereignty. |
| Derived Location US Postal Region ZIP Code | 5 | 636-640 | Numeric | N/A | N/A | The ZIP identifier of the best guess of the person’s actual location. |
| Derived Location US Postal Region ZIP Extension Code | 4 | 641-644 | Numeric | N/A | N/A | The extension to the best guess of the postal region ZIP identifier of the person's actual location. |
| Derived Location Medical Health Service Region Code | 2 | 645-646 | Character | N/A | 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, A1, A2, A3, A4, A5, A6, A7 | The code that represents a geographical region (health Services Region) of the military health system.  01 Northeast TRICARE Prime  02 Mid-Atlantic TRICARE Prime  03 Southeast TRICARE Prime  04 Gulf South TRICARE Prime  05 Heartland TRICARE Prime  06 Southwest TRICARE Prime  07 Central TRICARE Prime  08 Central TRICARE Prime  09 Southern California TRICARE Prime  10 Golden Gate TRICARE Prime  11 Northwest TRICARE Prime  12 Hawaii and Alaska TRICARE Prime  13 Europe TRICARE Prime  14 Pacific TRICARE Prime  15 Latin America/Canada TRICARE Prime  A1 USFHP Maine  A2 USFHP Maryland  A3 USFHP Massachusetts  A4 USFHP New York  A5 USFHP Ohio  A6 USFHP Texas  A7 USFHP Washington |
| Derived Location DMIS Code | 4 | 647-650 | Character | N/A | N/A | The code that represents the best guess of the DMIS code of the person's actual location. |
| Race Ethnic Code | 1 | 651 | Character | N/A | A, B, C, D, E, X, Z | The code which represents a nonscientific division of the population based on assumed primordial biological properties combined with a segment population that possesses common characteristics and/or cultural heritage.  A American Indian or Alaskan Native  B Asian or Pacific Islander  C Black (not Hispanic)  D White (not Hispanic)  E Hispanic  X Other  Z Unknown |
| Personnel Verification Status Code | 1 | 652 | Character | N/A | D, N, U, V | The code that indicates whether personnel data has been verified by the organization that "owns" the DEERS population to which the sponsor belongs.  D Record from authoritative source but contains suspended discrepant data  N Record unverifiable  U Record verifiable but from unverified non- authoritative source  V Record from authoritative source and contains no suspended discrepant data |
| Personnel Entitlement Condition Verification Status Code | 1 | 653 | Character | N/A | D, N, U, V | The code that indicates whether personnel entitlement data has been verified by the organization that "owns" the DEERS population to which the sponsor belongs.  D Record from authoritative source but contains suspended discrepant data  N Record unverifiable  U Record verifiable but from unverified non- authoritative source  V Record from authoritative source and contains no suspended discrepant data |
| Dental Insured Health Care Delivery Program Plan Coverage Code | 3 | 654-656 | Numeric | N/A | 000-018,101-151, 201-231, 301, 302 | The code that represents the plan coverage a dental subscriber has within a health care delivery program type. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Dental Insured Health Care Delivery Program Code | 3 | 657-659 | Numeric | N/A | 001-003, 005-011 | The code that indicates the category of Health Care Delivery Program a dental subscriber has.  001 Standard/Direct Care  002 Prime and Remote  003 Continued Health Care Benefit Program (CHCBP)  005 Federal Employees Health Benefit Program (FEHBP)  006 Active Duty Dental Program  007 Reserve Dental Program  008 Retired Dental Program  009 Pharmacy Program  010 Historical Program (pre-Prime)  011 TRICARE Senior Supplement Demonstration (TSSD) |
| Dental Insured Health Care Delivery Program Begin Calendar Date | 8 | 660-667 | Date | N/A | None | The date when a dental Health Care Delivery Program became effective. |
| Dental Insured Health Care Delivery Program Policy Enrollment Period Begin Calendar Date | 8 | 668-675 | Date | N/A | None | The date when a dental subscriber’s Health Care Delivery Program became effective for an enrollment period. |
| Dental Insured Health Care Delivery Program Policy Enrollment Period End Calendar Date | 8 | 676-683 | Date | N/A | None | The date that the policy enrollment period was terminated or is projected to end for a dental subscriber. |
| Dental Insured Health Care Delivery Program Policy Enrollment Period End Reason Code | 1 | 684 | Character | N/A | 4, C, E, F, Q, R, S, T, U | The code representing the reason that the Health Care Delivery Program policy enrollment period was terminated or is projected to end for a dental subscriber.  4 Cancellation – record retained  C Disenrollment, or end of enrollment period  E Cancellation – record removed  F Invalid entry  Q The end date is certain (projected end of eligibility)  R The date re-enrollment is required  S Loss of eligibility for DoD benefits  T Transfer of policy  U End date cannot be predicted |
| Dental Insured Enrollment Management Contractor Enrollment Period Begin Calendar Date | 8 | 685-692 | Date | N/A | None | The calendar date that a dental insured person’s Health Care Delivery Program policy became effective for an enrollment period. |
| Dental Insured Enrollment Management Contractor Enrollment Period End Calendar Date | 8 | 693-700 | Date | N/A | None | The date that the policy enrollment period was terminated or is projected to end for a dental insured person. |
| Dental Insured Enrollment Management Contractor Enrollment End Reason Code | 1 | 701 | Character | N/A | 4, C, E, F, Q, R, S, T, U | The code representing the reason that the Health Care Delivery Program policy enrollment period was terminated or is projected to end for a dental insured person.  4 Cancellation – record retained  C Disenrollment, or end of enrollment period  E Cancellation – record removed  F Invalid entry  Q The end date is certain (projected end of eligibility)  R The date re-enrollment is required  S Loss of eligibility for DoD benefits  T Transfer of policy  U End date cannot be predicted |
| Medical Insured Health Care Delivery Program Plan Coverage Code | 3 | 702-704 | Numeric | N/A | 000-018, 101-151, 201-231, 301, 302 | The code that represents the plan coverage a medical subscriber has within a health care delivery program type. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Medical Insured Health Care Delivery Program Code | 3 | 705-707 | Numeric | N/A | 001-003, 005-011 | The code that indicates the category of Health Care Delivery Program a medical subscriber has.  001 Standard/Direct Care  002 Prime and Remote  003 Continued Health Care Benefit Program (CHCBP)  005 Federal Employees Health Benefit Program (FEHBP)  006 Active Duty Dental Program  007 Reserve Dental Program  008 Retired Dental Program  009 Pharmacy Program  010 Historical Program (pre-Prime)  011 TRICARE Senior Supplement Demonstration |
| Medical Insured Health Care Delivery Program Begin Calendar Date | 8 | 708-715 | Date | N/A | None | The date when a medical subscriber Health Care Delivery Program became effective. |
| Medical Insured Health Care Delivery Program Policy Enrollment Period Begin Calendar Date | 8 | 716-723 | Date | N/A | None | The calendar date that a medical subscriber’s Health Care Delivery Program policy became effective for an enrollment period. |
| Medical Insured Health Care Delivery Program Policy Enrollment Period End Calendar Date | 8 | 724-731 | Date | N/A | None | The date that the policy enrollment period was terminated or is projected to end for a medical subscriber. |
| Medical Insured Health Care Delivery Program Policy Enrollment Period End Reason Code | 1 | 732 | Character | N/A | 4, C, E, F, Q, R, S, T, U | The code representing the reason that the Health Care Delivery Program policy enrollment period was terminated or is projected to end for a medical subscriber.  4 Cancellation – record retained  C Disenrollment, or end of enrollment period  E Cancellation – record removed  F Invalid entry  Q The end date is certain (projected end of eligibility)  R The date re-enrollment is required  S Loss of eligibility for DoD benefits  T Transfer of policy  U End date cannot be predicted |
| Medical Insured Policy Health Care Delivery Program Contractor Code | 2 | 733-734 | Numeric | N/A | 00-08, 10-34, 36-43, 97, 98 | The code that indicates a Health Care Delivery Program contractor for a medical subscriber.  00 DoD policy  01 Sierra Health Services, Inc. (Region 1)  02 Humana Military HealthCare Services (Region 2 & 5)  03 Humana Military HealthCare Services (Regions 3 & 4)  04 TriWest HealthCare Alliance (Regions 7&8  05 Health Net Federal Services/Region 6  06 Health Net Federal Services /Reg 9,10,12  07 Health Net Federal Services /Region 11  08 Iowa Foundation (FEHBP & TSSD)  10 United Concordia Companies, Inc.  11 IM&I, Inc. (CHCBP)  12 Martins Point Health Care  13 John Hopkins Medical Services Corp  14 Brighton Marine Health Care  15 St. Vincents Catholic Medical Centers NY  16 Fairview Health System  17 Christus Health  18 PacMed Health  19 Humana Military (CHCBP)  20 Region 13 Lead Agent  21 Region 14 Lead Agent  22 Region 15 Lead Agent  23 Humana Military Dental Services  24 Merck-Medco Rx Services (NMOP)  25 TRICARE North Contract  26 TRICARE South Contract |
| *Medical Insured Policy Health Care Delivery Program Contractor Code (continued)* |  |  |  |  |  | 27 TRICARE West Contract  28 TRICARE Europe  29 TRICARE Pacific  30 TRICARE Latin America  31 Martin’s Point Health Care (TNEX)  32 John Hopkins Medical Services Corp (TNEX)  33 Brighton Marine Health Care (TNEX)  34 St. Vincent’s Catholic Medical Centers of New York (TNEX)  36 Christus Health (TNEX)  37 Pacific Medical Clinics (TNEX)  38 Northern FI (pre-MCSC) – CDCF Buffer use only  39 Mid-Atlantic FI (pre-MCSC) – CDCF Buffer use only  40 Southcentral and Southeastern – CDCF (pre-MCSC)  41 Tidewater and Fort Bragg Mental Health Center – CDCF  42 Data Transaction Service (PDTS)  43 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)  97 DEERS (Development)  98 DSO (DEERS Support Office) |
| Medical Insured Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 735-742 | Date | N/A | None | The date that the contractor began managing a medical insured person’s enrollment with a Health Care Delivery Program. |
| Medical Insured Enrollment Management Contractor Enrollment End Calendar Date | 8 | 743-750 | Date | N/A | None | The date that a medically insured person’s Health Care Delivery Program ends with a particular enrollment management contractor (past, present or future). |
| Medical Insured Enrollment Management Contractor Enrollment End Reason Code | 1 | 751 | Character | N/A | 4, C, E, F, Q, R, S, T, U | The code representing the reason that the Health Care Delivery Program policy enrollment period was terminated or is projected to end for a medically insured person.  4 Cancellation – record retained  C Disenrollment, or end of enrollment period  E Cancellation – record removed  F Invalid entry  Q The end date is certain (projected end of eligibility)  R The date re-enrollment is required  S Loss of eligibility for DoD benefits  T Transfer of policy  U End date cannot be predicted |
| Medical Insured Health Care Delivery Program Enrollment Contractor Code | 2 | 752-753 | Numeric | N/A | 00-08, 10-34, 36-43, 97, 98 | The code that indicates a Health Care Delivery Program contractor for the policy of a medically insured person.  00 DoD policy  01 Sierra Health Services, Inc. (Region 1)  02 Humana Military HealthCare Services (Region 2 & 5)  03 Humana Military HealthCare Services (Regions 3 & 4)  04 TriWest HealthCare Alliance (Regions 7&8  05 Health Net Federal Services/Region 6  06 Health Net Federal Services /Reg 9,10,12  07 Health Net Federal Services /Region 11  08 Iowa Foundation (FEHBP & TSSD)  10 United Concordia Companies, Inc.  11 IM&I, Inc. (CHCBP)  12 Martins Point Health Care  13 John Hopkins Medical Services Corp  14 Brighton Marine Health Care  15 St. Vincents Catholic Medical Centers NY  16 Fairview Health System  17 Christus Health  18 PacMed Health  19 Humana Military (CHCBP)  20 Region 13 Lead Agent  21 Region 14 Lead Agent  22 Region 15 Lead Agent  23 Humana Military Dental Services  24 Merck-Medco Rx Services (NMOP)  25 TRICARE North Contract  26 TRICARE South Contract |
| *Medical Insured Health Care Delivery Program Enrollment Contractor Code continued* |  |  |  |  |  | 27 TRICARE West Contract  28 TRICARE Europe  29 TRICARE Pacific  30 TRICARE Latin America  31 Martin’s Point Health Care (TNEX)  32 John Hopkins Medical Services Corp (TNEX)  33 Brighton Marine Health Care (TNEX)  34 St. Vincent’s Catholic Medical Centers of New York (TNEX)  36 Christus Health (TNEX)  37 Pacific Medical Clinics (TNEX)  38 Northern FI (pre-MCSC) – CDCF Buffer use only  39 Mid-Atlantic FI (pre-MCSC) – CDCF Buffer use only  40 Southcentral and Southeastern – CDCF (pre-MCSC)  41 Tidewater and Fort Bragg Mental Health Center – CDCF  42 Data Transaction Service (PDTS)  43 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)  97 DEERS (Development)  98 DSO (DEERS Support Office) |
| Medical Insured Primary Care Manager Network Provider Type Code | 1 | 754 | Character | N/A | C, D, U, Z | The code identifying the type of network provider for a medically insured person.  C Civilian network  D Direct Care  U Uniformed Services Family Health Plan  Z Not applicable |
| Medical Insured Primary Care Manager Identifier Type Code | 1 | 755 | Character | N/A | C, D, H, L, S, T | The code that specifies what type of identifier is being used to uniquely identify the Primary Care Manager of the medical insured person.  C Managed Care Support Contractor (MCSC) internal provider identifier  D Drug Enforcement Agency (DEA) Number  H Health Insurance Portability and Accountability Act (HIPPA) provider identifier  L Legacy value  S Social Security Number  T Tax Identifier |
| Medical Insured Primary Care Manager Enrolling Division DMIS Code | 4 | 756-759 | Character | N/A | None | The code that represents the Medically insured person’s primary care manager enrolling division’s reporting entity within the Defense Medical Information System. |
| Medical Insured Primary Care Manager Region Code | 2 | 760-761 | Character | N/A | 00-15 | The code that represents the geographical region of a medically insured person’s medical care provider in the military health system.  00 Not applicable  01 Northeast  02 Mid-Atlantic  03 Southeast  04 Gulf South  05 Heartland  06 Southwest  07 Central  08 Central  09 Southern California  10 Golden Gate  11 Northwest  12 Hawaii and Alaska  13 Europe  14 Pacific  15 Latin America/Canada |
| Medical Insured Primary Care Manager Selection Begin Calendar Date | 8 | 762-769 | Date | N/A | None | The date when a medically insured beneficiary begins with a Primary Care Manager. |
| Medical Insured Primary Care Manager Selection End Calendar Date | 8 | 770-777 | Date | N/A | None | The ending date (projected or actual) for the medically insured with a particular Primary Care Manager. |
| Medical Insured Primary Care Manager Selection End Reason Code | 1 | 778 | Character | N/A | 4, 9, C, E, F, H, I, K, L, M, P, Q, S, T, U | The reason that a medically insured beneficiary’s association with a Primary Care Manager is or will be terminated.  4 Cancellation – record retained  9 End of inquiry period (transactions only)  C Disenrollment,  E Cancellation – record removed  F Invalid entry  H Permanent Change of Station (PCS) of primary care manager  I Relocation  K Change of coverage plan within health care delivery program  L Enrollment in another health care delivery program  M Loss of eligibility for current health care delivery program  P Dissatisfaction with primary care manager  Q The end date is certain (projected end of eligibility)  S Loss of eligibility for DoD benefits  T Transfer of enrollment  U End date cannot be predicted |
| Special Program Insured Health Care Delivery Program Plan Coverage Code | 3 | 779-781 | Numeric | N/A | 000-018, 101-151, 201-231, 301, 302 | The code that represents the plan coverage a special program insured person has within a health care delivery program type. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Special Program Insured Health Care Delivery Program Code | 3 | 782-784 | Numeric | N/A | 001-003, 005-011 | The code that indicates the category of Health Care Delivery Program a special program insured person has.  001 Standard/Direct Care  002 Prime and Remote  003 Continued Health Care Benefit Program (CHCBP)  005 Federal Employees Health Benefit Program (FEHBP)  006 Active Duty Dental Program  007 Reserve Dental Program  008 Retired Dental Program  009 Pharmacy Program  010 Historical Program (pre-Prime)  011 TRICARE Senior Supplement Demonstration |
| Special Program Insured Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 785-792 | Date | N/A | None | The date the contractor began managing a special program insured person’s enrollment with a Health Care Delivery Program. |
| Special Program Insured Enrollment Management Contractor Enrollment End Calendar Date | 8 | 793-800 | Date | N/A | None | The date that a special program insured person’s Health care Delivery Program ends with a particular enrollment management contractor (past, present, future). |
| Special Program Insured Enrollment Management Contractor Enrollment End Reason Code | 1 | 801 | Character | N/A | 1-5, A, B, E-V, X, Y | The code that represents that a medically insured person’s Health Care Delivery Program ended with a particular enrollment management contractor. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Special Program Insured Health Care Delivery Program Contractor Code | 2 | 802-803 | Numeric | N/A | 00-08, 10-34, 36-43, 97, 98 | The code that indicates a Health Care Delivery Program contractor for the enrollment of a special program insured person.  00 DoD policy  01 Sierra Health Services, Inc. (Region 1)  02 Humana Military HealthCare Services (Region 2 & 5)  03 Humana Military HealthCare Services (Regions 3 & 4)  04 TriWest HealthCare Alliance (Regions 7&8  05 Health Net Federal Services/Region 6  06 Health Net Federal Services /Reg 9,10,12  07 Health Net Federal Services /Region 11  08 Iowa Foundation (FEHBP & TSSD)  10 United Concordia Companies, Inc.  11 IM&I, Inc. (CHCBP)  12 Martins Point Health Care  13 John Hopkins Medical Services Corp  14 Brighton Marine Health Care  15 St. Vincents Catholic Medical Centers NY  16 Fairview Health System  17 Christus Health  18 PacMed Health  19 Humana Military (CHCBP)  20 Region 13 Lead Agent  21 Region 14 Lead Agent  22 Region 15 Lead Agent  23 Humana Military Dental Services  24 Merck-Medco Rx Services (NMOP)  25 TRICARE North Contract  26 TRICARE South Contract |
| *Special Program Insured Health Care Delivery Program Contractor Code continued* |  |  |  |  |  | 27 TRICARE West Contract  28 TRICARE Europe  29 TRICARE Pacific  30 TRICARE Latin America  31 Martin’s Point Health Care (TNEX)  32 John Hopkins Medical Services Corp (TNEX)  33 Brighton Marine Health Care (TNEX)  34 St. Vincent’s Catholic Medical Centers of New York (TNEX)  36 Christus Health (TNEX)  37 Pacific Medical Clinics (TNEX)  38 Northern FI (pre-MCSC) – CDCF Buffer use only  39 Mid-Atlantic FI (pre-MCSC) – CDCF Buffer use only  40 Southcentral and Southeastern – CDCF (pre-MCSC)  41 Tidewater and Fort Bragg Mental Health Center – CDCF  42 Data Transaction Service (PDTS)  43 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)  97 DEERS (Development)  98 DSO (DEERS Support Office) |
| DoD Electronic Data Interchange Person Identifier | 10 | 804-813 | Character | N/A | None | The identifier that is used to represent a patient within a Department of Defense Electronic Data Interchange (EDI). |
| Medicare A Verification Status Code | 1 | 814 | Character | N/A | D, N, U, V | The code that represents the status of Medicare Part A eligibility verification. Coded as follows:  D Record from authoritative source but contains suspended discrepant data  N Record unverifiable  U Record verifiable but from unverified non- authoritative source  V Record from authoritative source and contains no suspended discrepant data |
| Medicare B Verification Status Code | 1 | 815 | Character | N/A | D, N, U, V | The code that represents the status of Medicare Part B eligibility verification. Coded as follows:  D Record from authoritative source but contains suspended discrepant data  N Record unverifiable  U Record verifiable but from unverified non- authoritative source  V Record from authoritative source and contains no suspended discrepant data |
| Medicare Health Insurance Claim Identifier | 12 | 816-827 | Character | N/A | None | The identifier for the Medicare Health Insurance Claim. |
| Medical Insured PCM Specialty Code | 3 | 828-830 | Character | N/A | N/A | The code that represents a specialty of a primary care manager. |
| Medical Insured Primary Care Manager Identifier | 32 | 831-862 | Character | N/A | None | The identifier that uniquely represents the Primary Care Manager of the medically insured. |
| Medical Insured Place of Care Location | 32 | 863-894 | Character | N/A | N/A | Text description of the place of health care for the beneficiary. |
| Medical Insured PCM Group Identifier | 32 | 895-926 | Character | N/A | N/A | The identifier that represents the group of the Primary Care Manager. |
| Home Telephone Number Code | 20 | 927-946 | Numeric | N/A | N/A | The home telephone number of the person including area code. |
| Work Telephone Number Code | 20 | 947-966 | Numeric | N/A | N/A | The work telephone of the person including area code. |
| Medical Insured PCM Mailing Address ZIP Code | 5 | 967-971 | Numeric | N/A | N/A | The postal region ZIP code of the mailing address of the Primary Care Manager. |
| Medical Insured PCM Name | 40 | 972-1011 | Character | N/A | N/A | The name of the Primary Care Manager. |
| Medicare C Begin Reason Code | 1 | 1012 | Character | N/A | A, D, E, N, P, R | Code that represents the reason the person’s period of Medicare C (“Medicare + Choice”).  A Eligible for Medicare. Eligibility began after age 65 (person did not have enough quarters of Social Security contributions to qualify at age 65).  D Eligible for Medicare under age 65 because of disability.  E Eligible for Medicare at age 65.  N Not eligible for Medicare. At age 65 this indicates eligibility could not begin because person did not have enough quarters of Social Security contributions to qualify.  P Eligible for Medicare at or after age 65 because of purchase.  R Eligible for Medicare under age 65 because of end-stage renal disease. |
| Medicare C Effective Date | 8 | 1013-1020 | Date | N/A | N/A | Date when the person’s Medicare C became effective. Format YYYYMMDD. |
| Medicare C Expiration Date | 8 | 1021-1028 | Date | N/A | N/A | Date when the person’s Medicare C expired or is expected to expire. Format YYYYMMDD. |
| Medicare C Verification Status Code | 1 | 1029 | Character | N/A | B, D, R | Code that represents the reason that the person’s period of Medicare C eligibility began.  B Eligible for Medicare regardless of age  D Eligible for Medicare under age 65 because of disability.  R Eligible for Medicare under age 65 because of end-stage renal disease. |
| Medicare D Begin Reason Code | 1 | 1030 | Character | N/A | A, D, E, N, P, R | Code that represents the reason the person’s period of Medicare D (Prescription Drug Plan).  A Eligible for Medicare. Eligibility began after age 65 (person did not have enough quarters of Social Security contributions to qualify at age 65).  D Eligible for Medicare under age 65 because of disability.  E Eligible for Medicare at age 65.  N Not eligible for Medicare. At age 65 this indicates eligibility could not begin because person did not have enough quarters of Social Security contributions to qualify.  P Eligible for Medicare at or after age 65 because of purchase.  R Eligible for Medicare under age 65 because of end-stage renal disease. |
| Medicare D Effective Date | 8 | 1031-1038 | Date | N/A | N/A | Date when the person’s Medicare D became effective. Format YYYYMMDD. |
| Medicare D Expiration Date | 8 | 1039-1046 | Date | N/A | N/A | Date when the person’s Medicare D expired or is expected to expire. Format YYYYMMDD. |
| Medicare D Verification Status Code | 1 | 1047 | Character | N/A | B, D, R | Code that represents the reason that the person’s period of Medicare D eligibility began.  B Eligible for Medicare regardless of age  D Eligible for Medicare under age 65 because of disability.  R Eligible for Medicare under age 65 because of end-stage renal disease. |
| Special Program Insured Tobacco Cessation Health Care Delivery Program Plan Coverage Code | 3 | 1048-1050 | Numeric | N/A | 000-018, 101-151, 201-231, 301, 302 | The code that represents the plan coverage a medical subscriber has within a tobacco cessation delivery program type. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Special Program Insured Tobacco Cessation Health Care Delivery Program Code | 3 | 1051-1053 | Numeric | N/A | 001-003, 005-011 | The code that indicates the category of tobacco cessation program a medical subscriber has.  001 Standard/Direct Care  002 Prime and Remote  003 Continued Health Care Benefit Program (CHCBP)  005 Federal Employees Health Benefit Program (FEHBP)  006 Active Duty Dental Program  007 Reserve Dental Program  008 Retired Dental Program  009 Pharmacy Program  010 Historical Program (pre-Prime)  011 TRICARE Senior Supplement Demonstration (TSSD) |
| Special Program Insured Tobacco Cessation Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 1054-1061 | Date | N/A | None | The calendar date that a medical subscriber’s tobacco cessation policy became effective for an enrollment period. Format YYYYMMDD. |
| Special Program Insured Tobacco Cessation Enrollment Management Contractor Enrollment End Calendar Date | 8 | 1062-1069 | Date | N/A | None | The date that the policy enrollment period was terminated or is projected to end for tobacco cessation. Format YYYYMMDD. |
| Special Program Insured Tobacco Cessation Enrollment Management Contractor Enrollment End Reason Code | 1 | 1070 | Character | N/A | 4, C, E, F, Q, R, S, T, U | The code representing the reason that the tobacco cessation policy enrollment period was terminated or is projected to end.  4 Cancellation – record retained  C Disenrollment, or end of enrollment period  E Cancellation – record removed  F Invalid entry  Q The end date is certain (projected end of eligibility)  R The date re-enrollment is required  S Loss of eligibility for DoD benefits  T Transfer of policy  U End date cannot be predicted |
| Special Program Insured Tobacco Cessation Health Care Delivery Program Contractor Code | 2 | 1071-1072 | Numeric | N/A | 00-08, 10-34, 36-43, 97, 98 | The code that indicates a tobacco cessation program contractor.  00 DoD policy  01 Sierra Health Services, Inc. (Region 1)  02 Humana Military HealthCare Services (Region 2 & 5)  03 Humana Military HealthCare Services (Regions 3 & 4)  04 TriWest HealthCare Alliance (Regions 7&8  05 Health Net Federal Services/Region 6  06 Health Net Federal Services /Reg 9,10,12  07 Health Net Federal Services /Region 11  08 Iowa Foundation (FEHBP & TSSD)  10 United Concordia Companies, Inc.  11 IM&I, Inc. (CHCBP)  12 Martins Point Health Care  13 John Hopkins Medical Services Corp  14 Brighton Marine Health Care  15 St. Vincents Catholic Medical Centers NY  16 Fairview Health System  17 Christus Health  18 PacMed Health  19 Humana Military (CHCBP)  20 Region 13 Lead Agent  21 Region 14 Lead Agent  22 Region 15 Lead Agent  23 Humana Military Dental Services  24 Merck-Medco Rx Services (NMOP)  25 TRICARE North Contract  26 TRICARE South Contract |
| *Special Program Insured Tobacco Cessation Health Care Delivery Program Contractor Code continued* |  |  |  |  |  | 27 TRICARE West Contract  28 TRICARE Europe  29 TRICARE Pacific  30 TRICARE Latin America  31 Martin’s Point Health Care (TNEX)  32 John Hopkins Medical Services Corp (TNEX)  33 Brighton Marine Health Care (TNEX)  34 St. Vincent’s Catholic Medical Centers of New York (TNEX)  36 Christus Health (TNEX)  37 Pacific Medical Clinics (TNEX)  38 Northern FI (pre-MCSC) – CDCF Buffer use only  39 Mid-Atlantic FI (pre-MCSC) – CDCF Buffer use only  40 Southcentral and Southeastern – CDCF (pre-MCSC)  41 Tidewater and Fort Bragg Mental Health Center – CDCF  42 Data Transaction Service (PDTS)  43 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)  97 DEERS (Development)  98 DSO (DEERS Support Office) |
| Special Program Insured Weight Management Health Care Delivery Program Plan Coverage Code | 3 | 1073-1075 | Numeric | N/A | 000-018, 101-151, 201-231, 301, 302 | The code that represents the plan coverage a medical subscriber has within a weight management program type. Code values are defined in the *DEERS TNEX Data Dictionary*. |
| Special Program Insured Weight Management Health Care Delivery Program Code | 3 | 1076-1078 | Numeric | N/A | 001-003, 005-011 | The code that indicates the category of weight management program a medical subscriber has.  001 Standard/Direct Care  002 Prime and Remote  003 Continued Health Care Benefit Program (CHCBP)  005 Federal Employees Health Benefit Program (FEHBP)  006 Active Duty Dental Program  007 Reserve Dental Program  008 Retired Dental Program  009 Pharmacy Program  010 Historical Program (pre-Prime)  011 TRICARE Senior Supplement Demonstration (TSSD) |
| Special Program Insured Weight Management Enrollment Management Contractor Enrollment Begin Calendar Date | 8 | 1079-1086 | Date | N/A | None | The calendar date that a medical subscriber’s weight management policy became effective for an enrollment period. Format YYYYMMDD. |
| Special Program Insured Weight Management Enrollment Management Contractor Enrollment End Calendar Date | 8 | 1087-1094 | Date | N/A | None | The date that the policy enrollment period was terminated or is projected to end for weight management. Format YYYYMMDD. |
| Special Program Insured Weight Management Enrollment Management Contractor Enrollment End Reason Code | 1 | 1095-1095 | Character | N/A | 4, C, E, F, Q, R, S, T, U | The code representing the reason that the weight management policy enrollment period was terminated or is projected to end.  4 Cancellation – record retained  C Disenrollment, or end of enrollment period  E Cancellation – record removed  F Invalid entry  Q The end date is certain (projected end of eligibility)  R The date re-enrollment is required  S Loss of eligibility for DoD benefits  T Transfer of policy  U End date cannot be predicted |
| Special Program Insured Weight Management Health Care Delivery Program Contractor Code | 2 | 1096-1097 | Numeric | N/A | 00-08, 10-34, 36-43, 97, 98 | The code that indicates a weight management program contractor.  00 DoD policy  01 Sierra Health Services, Inc. (Region 1)  02 Humana Military HealthCare Services (Region 2 & 5)  03 Humana Military HealthCare Services (Regions 3 & 4)  04 TriWest HealthCare Alliance (Regions 7&8  05 Health Net Federal Services/Region 6  06 Health Net Federal Services /Reg 9,10,12  07 Health Net Federal Services /Region 11  08 Iowa Foundation (FEHBP & TSSD)  10 United Concordia Companies, Inc.  11 IM&I, Inc. (CHCBP)  12 Martins Point Health Care  13 John Hopkins Medical Services Corp  14 Brighton Marine Health Care  15 St. Vincents Catholic Medical Centers NY  16 Fairview Health System  17 Christus Health  18 PacMed Health  19 Humana Military (CHCBP)  20 Region 13 Lead Agent  21 Region 14 Lead Agent  22 Region 15 Lead Agent  23 Humana Military Dental Services  24 Merck-Medco Rx Services (NMOP)  25 TRICARE North Contract  26 TRICARE South Contract |
| *Special Program Insured Weight Management Health Care Delivery Program Contractor Code continued* |  |  |  |  |  | 27 TRICARE West Contract  28 TRICARE Europe  29 TRICARE Pacific  30 TRICARE Latin America  31 Martin’s Point Health Care (TNEX)  32 John Hopkins Medical Services Corp (TNEX)  33 Brighton Marine Health Care (TNEX)  34 St. Vincent’s Catholic Medical Centers of New York (TNEX)  36 Christus Health (TNEX)  37 Pacific Medical Clinics (TNEX)  38 Northern FI (pre-MCSC) – CDCF Buffer use only  39 Mid-Atlantic FI (pre-MCSC) – CDCF Buffer use only  40 Southcentral and Southeastern – CDCF (pre-MCSC)  41 Tidewater and Fort Bragg Mental Health Center – CDCF  42 Data Transaction Service (PDTS)  43 TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC)  97 DEERS (Development)  98 DSO (DEERS Support Office) |
| National Provider Identifier (NPI) for Group Level | 10 | 1098-1107 | Numeric | NA | None | The National Provider Identifier (NPI) for the person’s provider group level, if applicable. |
| NPI for DMIS Level | 10 | 1108-1117 | Numeric | NA | None | The NPI for the person’s MTF level, if applicable. |
| NPI for PCM Level | 10 | 1118-1127 | Numeric | NA | None | The NPI for the person’s provider level, if applicable. |
| PCM’s NPI Entity Type Code | 1 | 1128 | Character | NA | None | TBD |

**Appendix B: Acronyms**

|  |  |
| --- | --- |
| **AGR** | Active Guard/Reserve |
| **ARNG** | Army National Guard |
| **CAM** | Catchment Area Management |
| **CCB** | Configuration Control Board |
| **CDCF** | Central Deductible and Catastrophic Cap File |
| **CEIS** | Corporate Executive Information System |
| **CHAMPUS** | Civilian Health and Medical Program of the Uniformed Services |
| **CHAMPVA** | Civilian Health and Medical Program of the Department of Veterans Affairs |
| **CHCBP** | Continued Health Care Benefit Program |
| **CONUS** | Continental United States |
| **DCN** | Document Change Notice |
| **DDS** | DEERS Dependent Suffix |
| **DEA** | Drug Enforcement Agency |
| **DECC** | Defense Enterprise Computing Center |
| **DEERS** | Defense Enrollment Eligibility Reporting System |
| **DMDC** | Defense Manpower Data Center |
| **DMIS** | Defense Medical Information System |
| **DoD** | Department of Defense |
| **DSO** | DEERS Support Office |
| **EDI** | Electronic Data Interchange |
| **EIDS** | Executive Information Decision Support |
| **FEHBP** | Federal Employee Health Benefit Program |
| **FIN** | Foreign Identification Number |
| **FMP** | Family Member Prefix |
| **FTP** | File Transfer Protocol |
| **GED** | General Educational Development |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HMO** | Health Maintenance Organization |
| **ICD** | Interface Control Document |
| **IRR** | Individual Ready Reserve |
| **IWG** | Interface Working Group |
| **MCP** | Managed Care Plan |
| **MCSC** | Managed Care Support Contractor |
| **MDR** | MHS Data Repository |
| **MHS** | Military Health System |
| **MWR** | Morale, Welfare, and Recreation |
| **NMOP** | National Mail Order Pharmacy |
| **NOAA** | National Oceanographic and Atmospheric Administration |
| **NPI** | National Provider Identifier |
| **OHI** | Other Health Insurance |
| **ORD** | Operational Requirements Document |
| **PCM** | Primary Care Manager |
| **PCS** | Permanent Change of Station |
| **PDTS** | Pharmacy Data Transaction Service |
| **PITE** | Point In Time Extract |
| **PRPP** | Pharmacy Redesign Pilot Project |
| **RAPIDS** | Real-time Automated Personnel Identification System |
| **SelRes** | Selected Reserve |
| **SSA** | Social Security Administration |
| **SSN** | Social Security Number |
| **TDEFIC** | TRICARE Dual Eligible Fiscal Intermediary Contractor |
| **TIN** | Temporary Identification Number |
| **TNEX** | TRICARE Generation Next contracts |
| **TRDP** | TRICARE Retiree Dental Program |
| **TSM** | Tivoli Storage Manager |
| **TSRDP** | TRICARE Selected Reserve Dental Program |
| **TSSD** | TRICARE Senior Supplement Demonstration |
| **USTF** | Uniformed Services Treatment Facility |
| **USFHP** | Uniformed Services Family Health Plan |
| **VM-4** | VSAM MDR 2004 |
| **VM-6** | VSAM MDR 2006 |