



TRICARE  
MANAGEMENT  
ACTIVITY

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JUN 25 2010

MEMORANDUM FOR RECORD

SUBJECT: Justification for Requirement of Social Security Number on DD Form 2569, "Third Party Collection Program/Medical Services Account/Other Health Insurance"

This memorandum is written to satisfy the requirement addressed in the Office of the Under Secretary of Defense Personnel and Readiness (USD(P&R)) Directive-Type Memorandum (DTM) 07-015-USD(P&R), "Department of Defense (DoD) Social Security Number (SSN) Reduction Plan," which requires justification of the collection and use of the SSN on the proposed revision to DD Form 2569, "Third Party Collection Program/Medical Services Account/Other Health Insurance," used for coordination of benefits.

Under DTM 07-015, Attachment 1, Paragraph 2, "ACCEPTABLE USES," Subparagraph (12), "Other Cases," it states that:

"The previous categories may not include all uses of the SSN delineated by law. Should an application owner be able to show sufficient grounds that a use case not specified in subparagraphs 2.c.(1) through 2.c.(10) of this Attachment is required by law, then that use case may continue to use the SSN."

Here, for the Coordination of Benefits (using DD Form 2569 and primarily authorized by 10 United States Code, Chapter 55, at Section 1095, and further by 32 Code of Federal Regulations 220.2 (d)), the continued collection and use of SSNs is justified under the authority of "Other Cases" because where DoD is authorized to recover from third-party payers, the cost of inpatient and outpatient services rendered to military retirees, all dependents, and others who have private health insurance SSNs, among other beneficiary data, are required to ensure the accurate identification of patients and the billable services and insurance claims related to them. While other data elements including patient's name, address, date of birth, identity of other health insurance carrier (third-party payer), and policy number, can all be used to identify individuals, the SSN is the identifier that best identifies an individual uniquely across DoD, third-party-payer, and industry systems. The SSN is used initially to unambiguously identify the individual in DoD's standard system for recording other health insurance (OHI) information so the correct insurance information can be recorded.

Secondly, it is used when contacting the insurance carriers to unambiguously identify the individual to verify the information reported on the DD Form 2569. In Fiscal Year 2009, DoD collected over \$240,000,000 from OHI organizations.

TRICARE Management Activity also conducts OHI identification projects through a contractor specializing in OHI discovery. The SSN is the most critical data element for uniquely identifying an individual so that his or her OHI status can be researched. The primary data elements needed for OHI discovery are SSN, name, and data of birth. Of these, SSN is the most critical because it is the most effective at uniquely identifying an individual. There is significantly more duplication for names and dates of birth. Other data elements including spouse's name and address are sometimes helpful but are much less reliable as a means of uniquely identifying an individual.

In TMA's most recent OHI discovery project, performed in April 2010, approximately 52,000 institutional claims from the TRICARE North Contractor were screened and 275 patients were identified with OHI that had not been previously discovered by either the direct care or purchased care components of the Military Health System. The North Contractor has confirmed that it is in the process of recovering approximately \$349,000. This equates to approximately \$1,269 per new OHI discovery. With the cost of discovery at \$4,125, the project generated a short-term rate of return of 84:1. The SSN must therefore remain as the primary identifier and cannot otherwise be truncated without the risk of misidentifying the patient and cannot be masked since the DD Form 2569 is a paper form used to directly collect information from beneficiaries.

Completion of the form is initiated and collected by administrative support staff, including but not limited to, admission clerks, patient registration and scheduling clerks, and other clinic staff at Military Treatment Facilities. The patient or custodian is responsible for filling out the relevant sections of the form and certifying that the information is true and correct by signature. Once completed, the form becomes part of the patient's medical record and is treated as protected health information. It is provided to the third-party payer being billed, if requested.

Here, a key purpose of the data collected by form DD 2569, and in particular the SSN, supports benefit determinations for beneficiaries. Beneficiary enrollment and eligibility data are categories of records are covered under DHA 07 (System Identifier for Military Health Information System).



Consistent with the listed safeguards within DHA 07, automated records are maintained in controlled areas accessible only to authorized personnel. Entry to these areas is restricted to personnel with a valid requirement and authorization to enter. Physical entry is restricted by the use of a cipher lock. Back-up data maintained at each location is stored in a locked room.

The DHA 07 notice complies with the DoD Information Assurance Certification and Accreditation Process. Access to records is restricted to individuals who require the data in the performance of official duties. The system provides two-factor authentication including Common Access Cards and passwords. Access to personal information is restricted to those who require the data in the performance of the official duties, and have received proper training relative to the Privacy Act of 1974, Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rules, and Information Assurance. At this time there is no plan in place to remove the SSN from DD Form 2569 due to the fact that Composite Health Care System uses the SSN as the primary identifier for all medical records.



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