**Understanding Standard Insurance Table Status Codes**

The two most common data elements to understand are:

Health Insurance Carrier (HIC) Status Code

- S = Standard – HIC is verified
- T = Temporary – HIC is awaiting verification
- D = Deactivated – HIC is awaiting verification for deactivation
- P = Placeholder – Incomplete information
- C = Cancelled - Can only be done by original user
- R = Rejected – Entry was rejected by the Verification Point of Contact (VPOC)

Health Insurance Verification Status Code

- D = Unverified Data (a coverage under the HIC is being updated)
- U = Unverified Carrier or Coverage
- V = Verified

**Typically, what is seen is a combination of the Status Code and the Verification Codes (one code from each table)**

Example:

Status Code T = Temporary Verification Code U = Unverified

HIC = Temporary Unverified T U

Or

S = Standard V = Unverified

HIC = Standard Verified S V

Note: Placeholder, Cancelled, Rejected, and stand alone

P, C, R

**There are two system "D's" and this is what creates confusion.**

- **Status Code D = Deactivate**
- **Verification Code D = Unverified Data**

How to interpret which "D" means what in a particular circumstance is best explained by an example.

Example:

When the "D" is in the first position as a Status Code, as in D U, it means that the HIC is requested to be Deactivated and the U means unverified.

HIC = D U

When the "D: is in the second position as a Verification Code, as in S D, it means the HIC is in a Status code of Standard (S) and a verification code of Unverified (D) which means unverified data.

HIC = S D

The HIC was already verified but there is an activity occurring that has placed it in the "D" unverified data mode.

The system is set up based on the Business Rule that only one change/update can occur to a HIC at any given time. Therefore, it needed a stop action kind of code. So to accomplish this, the system set up the verification code of "D" Unverified data to describe to the User that this current HIC is already in a modification mode and it is not available to be changed again until the current request for change has been verified.

For example, Aetna of California AETCA0001 with an XM (comprehensive)

Now this same AETCA001 has 3 coverages under it; MD, RX, DN
So, if one MTF has updated the address of the RX coverage
and it is submitted and appears in the VPOC queue for
verification.

Because the RX is under the Parent HIC (the XM)and it is in an
Unverified state, the AETCA0001 XM will have a S D status code
on it. Now nothing is being done to the XM but since the general business rule
for DEERS is that only one update can be done at one time, so until action has
been taken on the RX, the XM will have the status of S D (Standard but

unverified)thereby preventing another MTF user from maybe updating the Dental (DN) at the same time. It is confusing but that is how the system works.

**The next question is, but how do you know the difference between unverified?**

**Verification codes**

**D = Unverified data vs U = Unverified carrier/coverage**

The system needed to differentiate an unverified status from a new (add) HIC waiting to be verified and a current HIC already verified but has a coverage under it that has been updated and awaiting verification.

**Reminder:**

- **Do Not Deactivate any HICs**
- **When re-pointing any OHI and the final question asks, "If you would like to deactivate the HIC, click "NO". The system default is "Yes"**

If you need to have action taken on a particular HIC in order to do something else, feel free to contact the VPOC. VPOChelpdesk@Altarum.org TMA/UBO 703-575-5385