

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Active Cases	System-generated	Unlimited	Numeric (X)	N/A	Displays the total number of open cases listed in the Pending Cases tab.
Cases Referred In	System-generated	Unlimited	Numeric (X)	N/A	Displays the total number of referred-in cases listed in the Referred In tab. These are cases referred to you by other ART users.
Cases Referred Out	System-generated	Unlimited	Numeric (X)	N/A	Displays the total number of referred-out cases listed in the Referred In tab. These are cases you referred to other ART users.
Messages	N/A	Unlimited	Alpha	N/A	Displays important messages. Populated by ART admin staff.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Priority	System-generated	1	Alpha (X)	N/A	<p>Displays an "H", "M" or "L" flag depending on the timeframe of the case. The purpose is to help you organize your case workload.</p> <p>"H" (i.e., high priority) flags are for:</p> <ul style="list-style-type: none"> - cases open for 21 or more workdays (e.g. 21/30), applies to cases with a 30-day timeframe; - cases open for 41 or more workdays (e.g. 41/60), applies to cases with a 60-day timeframe; - cases open for 7 or more workdays (e.g. 7/10), applies to cases with a 10-day timeframe; - overdue cases (depending on the case type, these are cases open greater than 10, 30, or 60 workdays, e.g. 75/60). <p>"M" (i.e., medium priority) flags are for:</p> <ul style="list-style-type: none"> - cases open between 11 and 20 workdays (e.g. 16/30), applies to cases with a 30-day timeframe; - cases open between 21 and 40 workdays (e.g. 37/60), applies to cases with a 60-day timeframe; and - cases open between 4 and 6 workdays (e.g. 5/10), applies to cases with a 10-day timeframe <p>"L" (i.e., low priority) flags are for:</p> <ul style="list-style-type: none"> - cases open between 1 and 10 workdays (e.g. 2/30), applies to cases with a 30-day timeframe; - cases open between 1 and 20 workdays (e.g. 17/60), applies to cases with a 60-day timeframe; and - cases open between 1 and 3 workdays (e.g. 2/10), applies to cases with a 10-day timeframe.
Case	System-generated	N/A	N/A	N/A	<p>Displays the unique case number ART automatically assigns after a case is entered in the system. NOTE: A case previously referred out and returned will have an asterisk next to the case number, e.g. 35612*</p>

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Case Type	System-populated	N/A	Drop-down	Case (30 Days) Case High Priority (10 Days) Debt Collection Case (60 Days) Debt Collection Case High Priority (10 Days) 1637 Case (30 Days) Line Of Duty (30 Days) Fitness For Duty (30 Days) Pre-Authorization (30 Days)	The type of case. The number in parenthesis (10, 30, or 60) represents the recommended timeframe to close a case.
Name	System-populated	N/A	N/A	N/A	Displays the beneficiary's name in Last Name, First Name format; populated from the Basic Information tab.
Provider	System-populated	N/A	N/A	N/A	Displays the provider's/facility's name; populated from the Basic Information tab.
Date Contacted	System-populated	N/A	Date (MM/DD/YYYY)	N/A	Displays the date the beneficiary/provider contacted you; populated from the Basic Information tab.
Timeframe	System-generated	Unlimited	Numeric (XX/XXX)	N/A	Displays a ratio of the total number of workdays the case has been opened over the number (10, 30, or 60) of days allotted for the case type. The timeframe is automatically created by ART using the Date Contacted and Case Type fields from the Basic Information tab.
Follow Up	System-populated	8	Date (MM/DD/YYYY)	N/A	Displays a date entered by you as a reminder to follow up on a case; populated from the Basic Information tab.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Priority	System-generated	1	Alpha (X)	N/A	<p>Displays an "H", "M" or "L" flag depending on the timeframe of the case. The purpose is to help you organize your case workload.</p> <p>"H" (i.e., high priority) flags are for:</p> <ul style="list-style-type: none"> - cases open for 21 or more workdays (e.g. 21/30), applies to cases with a 30-day timeframe; - cases open for 41 or more workdays (e.g. 41/60), applies to cases with a 60-day timeframe; - cases open for 7 or more workdays (e.g. 7/10), applies to cases with a 10-day timeframe; - overdue cases (depending on the case type, these are cases open greater than 10, 30, or 60 workdays, e.g. 75/60). <p>"M" (i.e., medium priority) flags are for:</p> <ul style="list-style-type: none"> - cases open between 11 and 20 workdays (e.g. 16/30), applies to cases with a 30-day timeframe; - cases open between 21 and 40 workdays (e.g. 37/60), applies to cases with a 60-day timeframe; and - cases open between 4 and 6 workdays (e.g. 5/10), applies to cases with a 10-day timeframe <p>"L" (i.e., low priority) flags are for:</p> <ul style="list-style-type: none"> - cases open between 1 and 10 workdays (e.g. 2/30), applies to cases with a 30-day timeframe; - cases open between 1 and 20 workdays (e.g. 17/60), applies to cases with a 60-day timeframe; and - cases open between 1 and 3 workdays (e.g. 2/10), applies to cases with a 10-day timeframe.
Case	System-generated	N/A	Numeric	N/A	Displays the unique case number ART automatically assigns after a case is entered in the system. NOTE: A case previously referred out and returned will have an asterisk next to the case number, e.g. 35612*
Name	System-populated	Unlimited	Alpha	N/A	Displays the beneficiary's name in Last Name, First Name format; populated from the Basic Information tab.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Provider	System-populated	N/A	N/A	N/A	Displays the provider's/facility's name; populated from the Basic Information tab.
Timeframe	System-generated	N/A	Numeric (x/xx)	N/A	Displays a ratio of the total number of workdays the case has been opened over the number (10, 30, or 60) of days allotted for the case type. The timeframe is automatically created by ART using the Date Contacted and Case Type fields from the Basic Information tab.
Follow Up	System-populated	N/A	Date (MM/DD/YYYY)	N/A	Displays a date entered by you as a reminder to follow up on a case; populated from the Basic Information tab.
Owner	System-populated	N/A	N/A	N/A	Displays the name of the user who created the case.
Return Case	N/A	N/A	N/A	N/A	Link allowing you to return a referred-in case; case will remove itself from the Referred In tab

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Priority	System-generated	1	Alpha (X)	N/A	<p>Displays an "H", "M" or "L" flag depending on the timeframe of the case. The purpose is to help you organize your case workload.</p> <p>"H" (i.e., high priority) flags are for:</p> <ul style="list-style-type: none"> - cases open for 21 or more workdays (e.g. 21/30), applies to cases with a 30-day timeframe; - cases open for 41 or more workdays (e.g. 41/60), applies to cases with a 60-day timeframe; - cases open for 7 or more workdays (e.g. 7/10), applies to cases with a 10-day timeframe; - overdue cases (depending on the case type, these are cases open greater than 10, 30, or 60 workdays, e.g. 75/60). <p>"M" (i.e., medium priority) flags are for:</p> <ul style="list-style-type: none"> - cases open between 11 and 20 workdays (e.g. 16/30), applies to cases with a 30-day timeframe; - cases open between 21 and 40 workdays (e.g. 37/60), applies to cases with a 60-day timeframe; and - cases open between 4 and 6 workdays (e.g. 5/10), applies to cases with a 10-day timeframe <p>"L" (i.e., low priority) flags are for:</p> <ul style="list-style-type: none"> - cases open between 1 and 10 workdays (e.g. 2/30), applies to cases with a 30-day timeframe; - cases open between 1 and 20 workdays (e.g. 17/60), applies to cases with a 60-day timeframe; and - cases open between 1 and 3 workdays (e.g. 2/10), applies to cases with a 10-day timeframe.
Case	System-generated	N/A	Numeric	N/A	<p>Displays the unique case number ART automatically assigns after a case is entered in the system. NOTE: A case previously referred out and returned will have an asterisk next to the case number, e.g. 35612*</p>
Name	System-populated	Unlimited	Alpha	N/A	<p>Displays the beneficiary's name in Last Name, First Name format; populated from the Basic Information tab.</p>
Provider	System-populated	N/A	N/A	N/A	<p>Displays the provider's/facility's name; populated from the Basic Information tab.</p>

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Timeframe	System-generated	N/A	Numeric (x/xx)	N/A	Displays a ratio of the total number of workdays the case has been opened over the number (10, 30, or 60) of days allotted for the case type. The timeframe is automatically created by ART using the "Date Contacted" and "Case Type" fields from the Basic Information tab.
Follow Up	System-populated	N/A	Date (MM/DD/YYYY)	N/A	Displays a date entered by you as a reminder to follow up on a case; populated from the Basic Information tab.
Referred To	System-populated	Unlimited	Alpha	N/A	Displays the username of the person you referred your case to.
Referred On	System-generated	8	Date (MM/DD/YYYY)	N/A	Displays the date you referred your case.
Retrieve Case	N/A	N/A	N/A	N/A	Link allowing you to pull-back a referred-out case; the case reappears in the Pending Cases tab.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Last Name	Optional / Recommended	Unlimited	Alpha	N/A	Self explanatory.
First Name	Optional / Recommended	Unlimited	Alpha	N/A	Self explanatory.
Provider	Optional / Recommended	Unlimited	Alpha	N/A	Provider offering services (i.e., doctor, clinic, lab, hospital, etc.)
SSN	Optional / Recommended	9	Numeric (XXX-XX-XXX)	N/A	Self explanatory.
DoD Benefits Number	Optional / Recommended	11	Numeric (XXXXXXXXXX-XX)	N/A	Self explanatory.
Date Of Birth	Optional / Recommended	8	Date (MM/DD/YYYY)	N/A	Self explanatory.
Primary Phone	Optional / Recommended	10	Numeric (XXX-XXX-XXXX)	N/A	Self explanatory.
Primary Phone Type	Optional / Recommended	N/A	Drop-down	Home Cell Work Fax	Self explanatory.
Alternate Phone	Optional / Recommended	10	Numeric (XXX-XXX-XXXX)	N/A	Self explanatory.
Alternate Phone Type	Optional / Recommended	N/A	Drop-down	Home Cell Work Fax	Self explanatory.
Street	Optional / Recommended	Unlimited	Alphanumeric	N/A	Self explanatory.
City	Optional / Recommended	Unlimited	Alpha	N/A	Self explanatory.
State	Optional / Recommended	N/A	Drop-down	See APPX A	Self explanatory.
Zip/APO	Optional / Recommended	9	Numeric	N/A	Self explanatory.
Country	Optional / Recommended	N/A	Drop-down	See APPX B	Self explanatory.
Email	Optional / Recommended	25	Alphanumeric with @ designation	N/A	Self explanatory.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
NOTE: Identifies the beneficiary's <u>current</u> plan or program.					
Beneficiary's Current Plan/Program	Optional/ Recommended	N/A	Drop-down	Continued Health Care Benefit Program	
				Direct Care	Select when individual is only entitled to Direct Care.
				No Health Care Plan Coverage	Select when individual has no health care coverage.
				TRICARE For Life	Select when individual is currently entitled to TRICARE For Life.
				TRICARE Overseas Program Prime	Select when individual is currently enrolled in TRICARE Overseas Program Prime.
				TRICARE Overseas Program Prime Remote	Select when individual is currently enrolled in TRICARE Overseas Program Prime Remote.
				TRICARE Overseas Program Prime with Medicare (under 65)	Select when individual is currently under 65 years of age, is enrolled in TRICARE Overseas Program Prime, and is also entitled to Medicare.
				TRICARE Overseas Program Standard	Select when individual is currently entitled to TRICARE Overseas Program Standard.
				TRICARE Overseas Program Standard with Medicare (under 65)	Select when individual is currently under 65 years of age, is entitled to TRICARE Overseas Program Standard, and is also entitled to Medicare.
				TRICARE Overseas Program TRICARE For Life	Select when individual is currently entitled to TRICARE Overseas Program TRICARE For Life.
				TRICARE Plus	Select when individual is currently enrolled in TRICARE Plus stateside.
				TRICARE Plus Overseas	Select when individual is currently enrolled in TRICARE Plus overseas.
				TRICARE Prime	Select when individual is currently enrolled in TRICARE Prime.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Beneficiary's Current Plan/Program (cont.)	Optional/Recommended	N/A	Drop-down	TRICARE Prime Remote/TPRADFM	Select when individual is currently enrolled in TRICARE Prime Remote.
				TRICARE Prime with Medicare (under 65)	Select when individual is currently under 65 years of age, is enrolled in TRICARE Prime, and is also entitled to Medicare.
				TRICARE Reserve Select	Select when individual purchased TRICARE Reserve Select.
				TRICARE Retired Reserve	Select when individual purchased TRICARE Retired Reserve.
				TRICARE Standard	Select when individual is currently entitled to TRICARE Standard.
				TRICARE Young Adult-Prime Option	Select when individual purchased TRICARE Young Adult Prime option.
				TRICARE Young Adult-Standard Option	Select when individual purchased TRICARE Young Adult Standard option.
				Transitional Assistance Management Program-Prime Option	Select when individual is currently enrolled in TAMP Prime option.
				Transitional Assistance Management Program-Standard Option	Select when individual is currently entitled to TAMP Standard option.
				US Family Health Plan	Select when individual is currently enrolled in US Family Health Plan.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Beneficiary Category	Optional / Recommended	N/A	Drop-down	Identifies the beneficiary's category.	
				Academy Student	Academy student (doesn't include Officer Candidate School or Merchant Marine Academy).
				Active Duty Family Member	Family member of a sponsor on active duty in a Uniformed Service under a call or order that doesn't specify a period of 30 days or less.
				Active Duty Service Member	A person on active duty in a Uniformed Service under a call or order that doesn't specify a period of 30 days or less.
				Dependent Parent/Parent In-Law	Parents/parents-in-law whose relationship to the sponsor leads to entitlement to limited benefits.
				Foreign Force Member/Family	A military member/family member of an armed force of a foreign NATO nation who is on active duty and who, in connection with official duties, is stationed in or passing through the United States.
				Gray-Area Retiree	Reserve retiree not yet eligible for retired pay.
				National Guard Family Member	Family member whose National Guard sponsor isn't on active duty or is on active duty for 30 days or less.
				National Guard Member	National Guard member (not on active duty or on active duty for 30 days or less).
				Non-Eligible Individual	Individual who isn't entitled and was <i>never</i> entitled to TRICARE or military health care benefits.
				Prior TRICARE-Eligible Individual	Individual who was <i>previously</i> entitled to TRICARE benefits, e.g. former spouse.
				Reserve Family Member	Family member whose Reserve member sponsor isn't on active duty or is on active duty for 30 days or less.
				Reserve Member	Reserve member (not on active duty or on active duty for 30 days or less), to include ROTC.
				Retired Family Member	A family member whose sponsor is a former member of a Uniformed Service who is entitled to retired, retainer, or equivalent pay based on duty in a Uniformed Service.
Retired Service Member	A former member of a Uniformed Service who is entitled to retired, retainer, or equivalent pay based on duty in a Uniformed Service, to include Medal of Honor recipients.				

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Beneficiary Category	Optional / Recommended	N/A	Drop-down	Survivor	An eligible family member whose sponsor died while on active duty for a period of more than 30 days. Survivor status reflects retiree payment rates.
				Transitional Survivor	An eligible family member whose sponsor died while on active duty for a period of more than 30 days. Transitional survivor status reflects active duty family member payment rates and provisions.
				Unremarried Former Spouse	Unremarried former spouse who meets the 20/20/20 or 20/20/15 rule, isn't covered by an employer-sponsored health plan and isn't a dependent of a NATO member.
				Veteran	A person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable.
Sponsor's Branch of Service	Optional / Recommended	N/A	Drop-down	Identifies the sponsor's service.	
				USA	Army
				USAF	Air Force
				USN	Navy
				USMC	Marine Corps
				USCG	Coast Guard
				NOAA	National Oceanic and Atmospheric Administration
				PHS	Public Health Service
				ARNG	Army National Guard
				ANG	Air National Guard
				USAR	Army Reserves
				USAFR	Air Force Reserves
				USNR	Navy Reserves
				USMCR	Marine Corps Reserves
				USCGR	Coast Guard Reserves
Multi-Service	Multi-Service				
Does Not Apply	Does Not Apply				
Sponsor's Rank/Grade	Optional / Recommended	N/A	Drop-down	See APPX C	Self explanatory.
Date Contacted	Required (Automatic)	8	Date (MM/DD/YYYY) - slashes auto-populate	N/A	Enter date of initial inquiry (default is the current date).
How Contacted	Optional / Recommended	N/A	Drop-down	Fax	Select when individual sends initial inquiry by fax.
				Phone	Select when initial inquiry is by phone.
				Email	Select when individual sends initial inquiry by email.
				In Person	Select when initial contact is face-to-face.
				Mail	Select when individual sends initial inquiry by mail.
				Web Application	Select when individual sends initial inquiry by a website/web application (e.g., ask a benefit question, Facebook, etc.).

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
<i>"Who Contacted You" shows who contacted you ; not who the question/problem/inquiry is about.</i>					
Who Contacted You	Optional/ Recommended	N/A	Drop-down	BCAC/DCAO/Unit	Select when contacted by a BCAC/DCAO/Unit
				Beneficiary/Sponsor	Select when contacted by an individual asking about benefits for him/herself or another person. This includes sponsors, family members, and legal guardians (e.g., sponsor calls about his own benefits, a spouse calls about his/her child's benefits, a family member calls on behalf of a beneficiary, etc.).
				Collection Agency Representative	Select when contacted by collection agency staff.
				Congressional Representative	Select when contacted by congressional office staff.
				Contractor/Claims Processor Staff	Select when contacted by contractor or claims processing staff (e.g., TriWest, Humana, Health Net, Wisconsin Physician Services, International SOS, etc.).
				Legal Representative	Select when contacted by a member of a law office (e.g., attorney, paralegal, Judge Advocate General, Office of General Counsel, etc.).
				MTF Staff	Select when contacted by military treatment facility (MTF) staff (e.g., patient advocate, Non-Commissioned Officer in Charge, referral management staff, etc.).
				Provider	Select when contacted by a provider or provider's office staff either contracted or not contracted to provide services. This includes dental, pharmacy, behavioral health, MTF, civilian, and host-nation providers.
				Senior Leadership	Select when contacted by senior leadership (e.g., 1st Sergeant, Director, Deputy Director, etc.).
				Special Interest Group	Select when contacted by an individual from a special interest group (e.g., Wounded Warrior Call Center, Veterans Administration, Military Officers Association of America, Social Security Administration, Center for Medicare & Medicaid Services, etc.).
TMA Staff	Select when contacted by TRICARE Management Activity (TMA) staff, to include Military Medical Support Office, TRICARE Regional Office and TRICARE Area Office staff.				
Other Individuals Contacted	Optional / Recommended	Unlimited	Alpha	N/A	Captures other individuals contacted (besides the user in an effort to resolve question or problem.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Problem Began In Region	Optional / Recommended	N/A	Drop-down	North South West Eurasia-Africa Pacific Latin America & Canada	TRICARE region where the issue originated.
Problem Began In State/Country	Optional / Recommended	N/A	Drop-down	See APPX A & B	State or country where issue originated (Note - will auto populate base don above selection).
Problem Began In Zip	Optional / Recommended	9	Numeric	N/A	Zip code where issue originated.
Case Type	Required	N/A	Drop-down	Case (30 Days) Case High Priority (10 Days) Debt Collection Case (60 Days) Debt Collection Case High Priority (10 Days) 1637 Case (30 Days) Line Of Duty (30 Days) Fitness For Duty (30 Days) Pre-Authorization (30 Days)	The type of case. The number in parenthesis (10, 30, or 60) represents the recommended timeframe to close a case.
Follow Up Date	Optional / Recommended	8	Date (MM/DD/YYYY)	N/A	Displays the date entered by the user as a reminder to follow up on a case.
Notes	Optional / Recommended	Unlimited	Alphanumeric	N/A	Captures internal notes in the resolution of the cases; acts as a information source on actions taken by users.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Claim Information:					
Date Claim Processed	Optional/Recommended	8	Date (MM/DD/YYYY)	N/A	Self explanatory.
Claim Number	Optional/Recommended	Optional/Recommended	Alpha	N/A	Self explanatory.
Date Of Service	Optional/Recommended	8	Date (MM/DD/YYYY)	N/A	Self explanatory.
Services Provided By	Optional/Recommended	Unlimited	Alpha	N/A	Provider offering services (i.e, doctor, clinic, lab, hospital, etc.)
Provider Number	Optional/Recommended	10	Numeric (XXX-XX-XXX)	N/A	Self explanatory.
Provider Number Type	Optional/Recommended	N/A	Drop-Down	Main Fax	Self explanatory.
Amount Billed	Optional/Recommended	40	Numeric	N/A	Self explanatory.
Currency Type	Optional/Recommended	N/A	Drop-Down	See APPX D	Currency type of the amount listed.
Amount In Question	Optional/Recommended	40	Numeric	N/A	Self explanatory.
Currency Type	Optional/Recommended	N/A	Drop-Down	See APPX D	Currency type of the amount listed.
Debt Collection Information:					
Collection Agency Name	Optional/Recommended	Unlimited	Alpha	N/A	Name of the collection agency that contacted the beneficiary; more collection agencies can be entered in the notes section.
Collection Agency POC	Optional/Recommended	Unlimited	Alpha	N/A	Collection agency point of contact.
Collection Agency Number	Optional/Recommended	10	Numeric (XXX-XX-XXX)	N/A	Self explanatory.
Collection Agency Number Type	Optional/Recommended	N/A	Drop-Down	Main Fax	Self explanatory.
Collection Agency Acct/Ref Number	Optional/Recommended	Unlimited	Numeric	N/A	Collection agency account number or reference number/
Misc. Costs (atty. Fees, interest, etc.)	Optional/Recommended	Unlimited	Numeric	N/A	Extra costs on top of the amount in dispute can be added here.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Case Findings:					
Beneficiary Owes	Optional/ Recommended	40	Numeric	N/A	Self explanatory.
Currency Type	Optional/ Recommended	N/A	Drop-Down	See APPX D	Currency type of the amount listed.
TRICARE Owes	Optional/ Recommended	40	Numeric	N/A	Self explanatory.
Currency Type	Optional/ Recommended	N/A	Drop-Down	See APPX D	Currency type of the amount listed.
Provider Write-Off Amount	Optional/ Recommended	40	Numeric	N/A	Self explanatory.
Currency Type	Optional/ Recommended	N/A	Drop-Down	See APPX D	Currency type of the amount listed.
Case Type	Required	N/A	Drop-down	Case (30 Days)	The type of case. The number in parenthesis (10, 30, or 60) represents the recommended timeframe to close a case.
				Case High Priority (10 Days)	
				Debt Collection Case (60 Days)	
				Debt Collection Case High Priority (10 Days)	
				1637 Case (30 Days)	
				Line Of Duty (30 Days)	
				Fitness For Duty (30 Days)	
				Pre-Authorization (30 Days)	
Follow Up Date	Optional / Recommended	8	Date (MM/DD/YYYY)	N/A	Displays the date entered by the user as a reminder to follow up on a case.
Notes	Optional / Recommended	Unlimited	Alphanumeric	N/A	Captures internal notes in the resolution of the cases; acts as a information source on actions taken by users.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Select the Document	Optional/Recommended	N/A	Alphanumeric	N/A	Browse application to select/upload related documents the entered case; document can be no more than 20MB.
Document Name	Optional/Recommended	20	Alpha	N/A	File name describing the document.
Description	Optional/Recommended	160	Alphanumeric	N/A	Field allowing users to describe the document.
Notes	Optional/Recommended	Unlimited	Alpha	N/A	Captures internal notes in the resolution of the cases; acts as a information source on actions taken by users.
Case Type	Required	N/A	Drop-down	Case (30 Days)	The type of case. The number in parenthesis (10, 30, or 60) represents the recommended timeframe to close a case.
				Case High Priority (10 Days)	
				Debt Collection Case (60 Days)	
				Debt Collection Case High Priority (10 Days)	
				1637 Case (30 Days)	
				Line Of Duty (30 Days)	
				Fitness For Duty (30 Days)	
				Pre-Authorization (30 Days)	
Follow Up Date	Optional/Recommended	8	Date (MM/DD/YYYY)	N/A	Displays the date entered by the user as a reminder to follow up on a case.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
History	System-generated	Unlimited	Alpha	N/A	Displays case history (entered notes) by users.
Notes	Optional/Recommended	Unlimited	Alpha	N/A	Captures internal notes in the resolution of the cases; acts as a information source on actions taken by users.
Case Type	Required	N/A	Drop-down	Case (30 Days)	The type of case. The number in parenthesis (10, 30, or 60) represents the recommended timeframe to close a case.
				Case High Priority (10 Days)	
				Debt Collection Case (60 Days)	
				Debt Collection Case High Priority (10 Days)	
				1637 Case (30 Days)	
				Line Of Duty (30 Days)	
				Fitness For Duty (30 Days)	
				Pre-Authorization (30 Days)	
Follow Up Date	Optional/Recommended	8	Date (MM/DD/YYYY)	N/A	Displays the date entered by the user as a reminder to follow up on a case.

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Question/Problem With	Required	N/A	Drop-down	Active Duty Dental Program	Select when an individual has a question/problem with/about the Active Duty Dental Program.
				Continued Health Care Benefit Program	Select when an individual has a question/problem with/about the Continued Health Care Benefit Program.
				DEERS (Defense Enrollment Eligibility Reporting System)	Select when an individual has a question/problem with/about DEERS (Defense Enrollment Eligibility Reporting System).
				Direct Care (Military Treatment Facility & Dental Treatment Facility)	Select when an individual has a question/problem with/about Direct Care at a military treatment facility or dental treatment facility.
				Extended Care Health Option/Exceptional Family Member Program	Select when an individual has a question/problem with/about the Extended Care Health Option/Exceptional Family Member Program.
				Line of Duty/Notice of Eligibility	Select when an individual has a question/problem with/about a Line of Duty/Notice of Eligibility.
				Pharmacy Program - General	Select when an individual has a general question/problem with/about different options in the pharmacy program (e.g., beneficiary asks about both home delivery and retail network options).
				Pharmacy Program - Home Delivery	Select when an individual has a question/problem with/about the pharmacy home delivery option.
				Pharmacy Program - Military Treatment Facility	Select when an individual has a question/problem with/about the pharmacy military treatment facility option.
				Pharmacy Program - Retail	Select when an individual has a question/problem with/about pharmacy retail options (both network and non-network).
				Transitional Assistance Management Program-Prime Option	Select when an individual has a question/problem with/about the Prime option under the Transitional Assistance Management Program.
				Transitional Assistance Management Program-Standard Option	Select when an individual has a question/problem with/about the Standard option under the Transitional Assistance Management Program.
				Transitional Care For Service-Related Condition Program (1637)	Select when an individual has a question/problem with/about the Transitional Care For Service-Related Condition Program (also referred to as 1637).
				TRICARE - General	Select when an individual has a general question/problem with/about multiple TRICARE programs (e.g., beneficiary asks about both TRICARE Standard and TRICARE Prime.).
				TRICARE Dental Program	Select when an individual has a question/problem with/about the TRICARE Dental Program.
				TRICARE For Life	Select when an individual has a question/problem with/about TRICARE For Life.
				TRICARE Overseas Program Prime	Select when an individual has a question/problem with/about TRICARE Overseas Program Prime.
TRICARE Overseas Program Prime Remote	Select when an individual has a question/problem with/about TRICARE Overseas Program Prime Remote.				
TRICARE Overseas Program Prime with Medicare (under 65)	Select when an individual has a question/problem with/about TRICARE Overseas Program Prime with Medicare (under 65).				

Field Name	Requirement Level	Character Length	Field Format	Drop-Down Values	Description/Definition
Question/Problem With (cont.)	Required	N/A	Drop-down	TRICARE Overseas Program Standard	Select when an individual has a question/problem with/about TRICARE Overseas Program Standard.
				TRICARE Overseas Program Standard with Medicare (under 65)	Select when an individual has a question/problem with/about TRICARE Overseas Program Standard with Medicare (under 65).
				TRICARE Overseas Program TRICARE For Life	Select when an individual has a question/problem with/about TRICARE Overseas Program TRICARE For Life.
				TRICARE Plus	Select when an individual has a question/problem with/about TRICARE Plus.
				TRICARE Plus Overseas	Select when an individual has a question/problem with/about TRICARE Plus Overseas.
				TRICARE Prime	Select when an individual has a question/problem with/about TRICARE Prime.
				TRICARE Prime Remote/TRICARE Prime Remote for Active Duty Family Members	Select when an individual has a question/problem with/about TRICARE Prime Remote/TRICARE Prime Remote for Active Duty Family Members.
				TRICARE Prime Travel Benefit	Select when an individual has a question/problem with/about the TRICARE Prime Travel Benefit.
				TRICARE Prime with Medicare (under 65)	Select when an individual has a question/problem with/about TRICARE Prime with Medicare (under 65).
				TRICARE Reserve Select	Select when an individual has a question/problem with/about TRICARE Reserve Select.
				TRICARE Retired Reserve	Select when an individual has a question/problem with/about TRICARE Retired Reserve.
				TRICARE Retiree Dental Program	Select when an individual has a question/problem with/about TRICARE Retiree Dental Program.
				TRICARE Standard	Select when an individual has a question/problem with/about the TRICARE Standard.
				TRICARE Standard with Medicare (under 65)	Select when an individual has a question/problem with/about TRICARE Standard with Medicare (under 65).
				TRICARE Young Adult-Prime Option	Select when an individual has a question/problem with/about the Prime option under TRICARE Young Adult.
				TRICARE Young Adult-Standard Option	Select when an individual has a question/problem with/about the Standard option under TRICARE Young Adult.
				US Family Health Plan	Select when an individual has a question/problem with/about the US Family Health Plan.
Veterans Administration/Civilian Health and Medical Program of the Veterans Administration	Select when an individual has a question/problem with/about the Veterans Administration/Civilian Health and Medical Program of the Veterans Administration.				

State Drop-Down Values			
No State	No State	RI	Rhode Island
AK	Alaska	SC	South Carolina
AL	Alabama	SD	South Dakota
AR	Arkansas	TN	Tennessee
AZ	Arizona	TX (West)	Texas - West Region
CA	California	UT	Utah
CO	Colorado	VA	Virginia
CT	Connecticut	VT	Vermont
DC	District of Columbia	WA	Washington
DE	Delaware	WI	Wisconsin
FL	Florida	WV	West Virginia
GA	Georgia	WY	Wyoming
HI	Hawaii	AE	Europe
IA (West)	Iowa- West Region	AP	Pacific
ID	Idaho	KY (South)	Kentucky - South Region
KS	Kansas	IA (North)	Iowa- North Region
KY (North)	Kentucky - North Region	TX (South)	Texas - South Region
LA	Louisiana	MO (North)	Missouri - North Region
MA	Massachusetts		
MD	Maryland		
ME	Maine		
MI	Michigan		
MN	Minnesota		
MO (West)	Missouri - West Region		
MS	Mississippi		
MT	Montana		
NC	North Carolina		
ND	North Dakota		
NE	Nebraska		
NH	New Hampshire		
NJ	New Jersey		
NM	New Mexico		
NV	Nevada		
NY	New York		
OH	Ohio		
OK	Oklahoma		
OR	Oregon		
PA	Pennsylvania		
PR	Puerto Rico		

Country Drop-Down Values		
UNITED STATES	CAPE VERDE	GABON
AFGHANISTAN	CAYMAN ISLANDS	GAMBIA
ALBANIA	CENTRAL AFRICAN REPUBLIC	GEORGIA
ALGERIA	CHAD	GERMANY
AMERICAN SAMOA	CHILE	GHANA
ANDORRA	CHINA	GIBRALTAR
ANGOLA	CHRISTMAS ISLAND	GREECE
ANGUILLA	COCOS (KEELING) ISLANDS	GREENLAND
ANTARCTICA	COLOMBIA	GRENADA
ANTIGUA AND BARBUDA	COMOROS	GUADELOUPE
ARGENTINA	CONGO	GUAM
ARMENIA	COOK ISLANDS	GUATEMALA
ARUBA	COSTA RICA	GUINEA
AUSTRALIA	COTE D'IVOIRE	GUINEA-BISSAU
AUSTRIA	CROATIA	GUYANA
AZERBAIJAN	CUBA	HAITI
BAHAMAS	CYPRUS	HEARD ISLAND AND MCDONALD ISLANDS
BAHRAIN	CZECH REPUBLIC	HONDURAS
BANGLADESH	DENMARK	HONG KONG
BARBADOS	DJIBOUTI	HUNGARY
BELARUS	DOMINICA	ICELAND
BELGIUM	DOMINICAN REPUBLIC	INDIA
BELIZE	EAST TIMOR	INDONESIA
BENIN	ECUADOR	IRAN
BERMUDA	EGYPT	IRAQ
BHUTAN	EL SALVADOR	IRELAND
BOLIVIA	EQUATORIAL GUINEA	ISRAEL
BOSNIA AND HERZEGOVINA	ERITREA	ITALY
BOTSWANA	ESTONIA	JAMAICA
BOUVET ISLAND	ETHIOPIA	JAPAN
BRAZIL	FALKLAND ISLANDS (ISLAS MALVINAS)	JORDAN
BRITISH INDIAN OCEAN TERRITORY	FAROE ISLANDS	KAZAKHSTAN
BRUNEI	FIJI	KENYA
BULGARIA	FINLAND	KIRIBATI
BURKINA FASO	FRANCE	KOREA, NORTH
BURUNDI	FRANCE, METROPOLOTAN	KOREA, SOUTH
CAMBODIA	FRENCH GUIANA	KUWAIT
CAMEROON	FRENCH POLYNESIA	KYRGYZSTAN
CANADA	FRENCH SOUTHERN AND ANTARCTIC LANDS	LAOS

Country Drop-Down Values		
LATVIA	NIGER	SOLOMON ISLANDS
LEBANON	NIGERIA	SOMALIA
LESOTHO	NIUE	SOUTH AFRICA
LIBERIA	NORFOLK ISLAND	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
LIBYA	NORTHERN MARIANA ISLANDS	SPAIN
LIECHTENSTEIN	NORWAY	SPRATLY ISLANDS
LITHUANIA	OMAN	SRI LANKA
LUXEMBOURG	PAKISTAN	ST. HELENA
MACAU [CHINA]	PALAU	ST. PIERRE AND MIQUELON
MACEDONIA	PANAMA	SUDAN
MADAGASCAR	PAPUA NEW GUINEA	SURINAME
MALAWI	PARAGUAY	SVALBARD
MALAYSIA	PERU	SWAZILAND
MALDIVES	PHILIPPINES	SWEDEN
MALI	PITCAIRN	SWITZERLAND
MALTA	POLAND	SYRIA
MARSHALL ISLANDS	PORTUGAL	TAIWAN
MARTINIQUE	PUERTO RICO	TAJIKISTAN
MAURITANIA	QATAR	TANZANIA
MAURITIUS	REUNION	THAILAND
MAYOTTE	ROMANIA	TOGO
MEXICO	RUSSIA	TOKELAU
MICRONESIA, FEDERATED STATES	RWANDA	TONGA
MOLDOVA	SAINT KITTS AND NEVIS	TRINIDAD AND TOBAGO
MONACO	SAINT LUCIA	TUNISIA
MONGOLIA	SAINT MAARTEN	TURKEY
MONTSERRAT	SAINT VINCENT AND THE GRENADINES	TURKMENISTAN
MOROCCO	SAMOA	TURKS AND CAICOS ISLANDS
MOZAMBIQUE	SAN MARINO	TUVALU
MYANMAR	SAO TOME AND PRINCIPE	UGANDA
NAMIBIA	SAUDI ARABIA	UKRAINE
NAURU	SENEGAL	UNITED ARAB EMIRATES
NEPAL	SERBIA	UNITED KINGDOM
NETHERLANDS	SEYCHELLES	UNITED STATES MINOR OUTLYING ISLANDS
NETHERLANDS ANTILLES	SIERRA LEONE	URUGUAY
NEW CALEDONIA	SINGAPORE	UZBEKISTAN
NEW ZEALAND	SLOVAKIA	VANUATU
NICARAGUA	SLOVENIA	VATICAN CITY

Country Drop-Down Values	
VENEZUELA	
VIETNAM	
VIRGIN ISLANDS (U.S.)	
VIRGIN ISLANDS (UK) OR BRITISH VIRGIN ISLANDS	
WALLIS AND FUTUNA	
WESTERN SAHARA	
YEMEN	
YUGOSLAVIA	
ZAMBIA	
ZIMBABWE	

	Army	Marine Corps	Navy	Air Force	Coast Guard
E-1	Private	Private	Seaman Recruit	Airman Basic	Seaman Recruit
E-2	Private	Private First Class	Seaman Apprentice	Airman	Seaman Apprentice
E-3	Private First Class	Lance Corporal	Seaman	Airman First Class	Seaman
E-4	Specialist	Corporal	Petty Officer Third Class	Senior Airman	Petty Officer Third Class
	Corporal				
E-5	Sergeant	Sergeant	Petty Officer Second Class	Staff Sergeant	Petty Officer Second Class
E-6	Staff Sergeant	Staff Sergeant	Petty Officer First Class	Technical Sergeant	Petty Officer First Class
E-7	Sergeant First Class	Gunnery Sergeant	Chief Petty Officer	Master Sergeant	Chief Petty Officer
E-8	Master Sergeant	Master Sergeant	Senior Chief Petty Officer	Senior Master Sergeant	Senior Chief Petty Officer
	First Sergeant	First Sergeant			
E-9	Sergeant Major	Master Gunnery Sergeant	Master Chief Petty Officer	Chief Master Sergeant	Master Chief Petty Officer
	Command Sergeant Major	Sergeant Major	Command Master Chief Petty Officer	Command Chief Master Sergeant	Command Master Chief Petty Officer
			Fleet Master Chief Petty Officer		
		Force Master Chief Petty Officer			
E-10	Sergeant Major of the Army	Sergeant Major of the Marine Corps	Master Chief Petty Officer of the Navy	Chief Master Sergeant of the Air Force	Master Chief Petty Officer of the Coast Guard
O-1	Second Lieutenant	Second Lieutenant	Ensign	Second Lieutenant	Ensign
O-2	First Lieutenant	First Lieutenant	Lieutenant (junior grade)	First Lieutenant	Lieutenant (junior grade)
O-3	Captain	Captain	Lieutenant	Captain	Lieutenant
O-4	Major	Major	Lieutenant Commander	Major	Lieutenant Commander
O-5	Lieutenant Colonel	Lieutenant Colonel	Commander	Lieutenant Colonel	Commander
O-6	Colonel	Colonel	Captain	Colonel	Captain
O-7	Brigadier General	Brigadier General	Rear Admiral (lower half)	Brigadier General	Rear Admiral (lower half)
O-8	Major General	Major General	Rear Admiral	Major General	Rear Admiral
O-9	Lieutenant General	Lieutenant General	Vice Admiral	Lieutenant General	Vice Admiral
O-10	General	General	Admiral	General	Admiral
W-1	Warrant Officer 1	Warrant Officer 1			
W-2	Chief Warrant Officer 2	Chief Warrant Officer 2	Chief Warrant Officer 2		Chief Warrant Officer 2
W-3	Chief Warrant Officer 3	Chief Warrant Officer 3	Chief Warrant Officer 3		Chief Warrant Officer 3
W-4	Chief Warrant Officer 4	Chief Warrant Officer 4	Chief Warrant Officer 4		Chief Warrant Officer 4
W-5	Chief Warrant Officer 5	Chief Warrant Officer 5	Chief Warrant Officer 5		

Currency Drop-Down Values			
USD	United States Dollar	DZD	Algeria Dinar
AED	United Arab Emirates Dirham	EEK	Estonian Kroon
AFN	Afghanistan Afghani	EGP	Egypt Pound
ALL	Albania Lek	ERN	Eritrea Nakfa
AMD	Armenia Dram	ETB	Ethiopia Birr
ANG	Netherlands Antilles Guilder	EUR	Euro Member Countries
AOA	Angola Kwanza	FJD	Fiji Dollar
ARS	Argentina Peso	FKP	Falkland Islands (Malvinas) Pound
AUD	Australia Dollar	GBP	United Kingdom Pound
AWG	Aruba Guilder	GEL	Georgia Lari
AZN	Azerbaijani Manat	GGP	Guernsey Pound
BAM	Bosnia and Herzegovina Convertible Marka	GHS	Ghana Cedi
BBD	Barbados Dollar	GIP	Gibraltar Pound
BDT	Bangladesh Taka	GMD	Gambia Dalasi
BGN	Bulgaria Lev	GNF	Guinea Franc
BHD	Bahrain Dinar	GTQ	Guatemala Quetzal
BIF	Burundi Franc	GYD	Guyana Dollar
BMD	Bermuda Dollar	HKD	Hong Kong Dollar
BND	Brunei Darussalam Dollar	HNL	Honduras Lempira
BOB	Bolivia Boliviano	HRK	Croatia Kuna
BRL	Brazil Real	HTG	Haiti Gourde
BSD	Bahamas Dollar	HUF	Hungary Forint
BTN	Bhutan Ngultrum	IDR	Indonesia Rupiah
BWP	Botswana Pula	ILS	Israel Shekel
BYR	Belarus Ruble	IMP	Isle of Man Pound
BZD	Belize Dollar	INR	India Rupee
CAD	Canada Dollar	IQD	Iraq Dinar
CDF	Congo/Kinshasa Franc	IRR	Iran Rial
CHF	Switzerland Franc	ISK	Iceland Krona
CLP	Chile Peso	JEP	Jersey Pound
CNY	China Yuan Renminbi	JMD	Jamaica Dollar
COP	Colombia Peso	JOD	Jordan Dinar
CRC	Costa Rica Colon	JPY	Japan Yen
CUP	Cuba Peso	KES	Kenya Shilling
CVE	Cape Verde Escudo	KGS	Kyrgyzstan Som
CZK	Czech Republic Koruna	KHR	Cambodia Riel
DJF	Djibouti Franc	KMF	Comoros Franc
DKK	Denmark Krone	KPW	Korea (North) Won
DOP	Dominican Republic Peso	KRW	Korea (South) Won

Currency Drop-Down Values			
KWD	Kuwait Dinar	PYG	Paraguay Guarani
KYD	Cayman Islands Dollar	QAR	Qatar Riyal
KZT	Kazakhstan Tenge	RON	Romania New Leu
LAK	Laos Kip	RSD	Serbia Dinar
LBP	Lebanon Pound	RUB	Russia Ruble
LKR	Sri Lanka Rupee	RWF	Rwanda Franc
LRD	Liberia Dollar	SAR	Saudi Arabia Riyal
LSL	Lesotho Loti	SBD	Solomon Islands Dollar
LTL	Lithuania Litas	SCR	Seychelles Rupee
LVL	Latvia Lat	SDG	Sudan Pound
LYD	Libya Dinar	SEK	Sweden Krona
MAD	Morocco Dirham	SGD	Singapore Dollar
MDL	Moldova Leu	SHP	Saint Helena Pound
MGA	Madagascar Ariary	SLL	Sierra Leone Leone
MKD	Macedonia Denar	SOS	Somalia Shilling
MMK	Myanmar (Burma) Kyat	SPL	Seborga Luigino
MNT	Mongolia Tugrik	SRD	Suriname Dollar
MOP	Macau Pataca	STD	São Príncipe and Tome Dobra
MRO	Mauritania Ouguiya	SVC	El Salvador Colon
MTL	Maltese Lira	SYP	Syria Pound
MUR	Mauritius Rupee	SZL	Swaziland Lilangeni
MVR	Maldives (Maldiv Islands) Rufiyaa	THB	Thailand Baht
MWK	Malawi Kwacha	TJS	Tajikistan Somoni
MXN	Mexico Peso	TMM	Turkmenistan Manat
MYR	Malaysia Ringgit	TND	Tunisia Dinar
MZN	Mozambique Metical	TOP	Tonga Pa'anga
NAD	Namibia Dollar	TRY	Turkey Lira
NGN	Nigeria Naira	TTD	Trinidad and Tobago Dollar
NIO	Nicaragua Cordoba	TVD	Tuvalu Dollar
NOK	Norway Krone	TWD	Taiwan New Dollar
NPR	Nepal Rupee	TZS	Tanzanian Shilling
NZD	New Zealand Dollar	UAH	Ukraine Hryvna
OMR	Oman Rial	UGX	Uganda Shilling
PAB	Panama Balboa	UYU	Uruguay Peso
PEN	Peru Nuevo Sol	UZS	Uzbekistan Som
PGK	Papua New Guinea Kina	VEF	Venezuela Bolivar Fuerte
PHP	Philippines Peso	VND	Viet Nam Dong
PKR	Pakistan Rupee	VUV	Vanuatu Vatu
PLN	Poland Zloty	WST	Samoa Tala

Currency Drop-Down Values	
XCD	East Caribbean Dollar
XDR	International Monetary Fund (IMF) Special Drawing Rights
YER	Yemen Rial
ZAR	South Africa Rand
ZMK	Zambia Kwacha
ZWD	Zimbabwe Dollar