Main Topic: Access		
Subtopic	**Detail**	**Definition**
Access Standards Not Met	Routine Care	Coming Soon.
	Specialty Care	Coming Soon.
	Urgent Care	Coming Soon.
	Wellness Specialty Center	Coming Soon.
Access Standards Waiver	Denial	Coming Soon.
	Request	Coming Soon.
Basic Information	N/A	Coming Soon.
Finding a Pharmacy	MTF Pharmacy	Coming Soon.
	Network Pharmacy	Coming Soon.
	Online COB Participating Pharmacy	Coming Soon.
Finding A Provider/Dentist	Authorized Provider	Coming Soon.
	Behavioral Health Provider	Coming Soon.
	DME Supplier	Coming Soon.
	Medicare Provider	Coming Soon.
	MTF Provider	Coming Soon.
	Network Provider/Dentist	Coming Soon.
	Participating Provider	Coming Soon.
Network Adequacy	Behavioral Health provider	Coming Soon.
	Dentist	Coming Soon.
	DME Supplier	Coming Soon.
	Pharmacy	Coming Soon.
	Primary Care Manager	Coming Soon.
	Specialty Provider	Coming Soon.
PCM Assignment	Basic Information	Select when an enrollee requests information on what a PCM is and/or how one is assigned.
	Finding a PCM	Select when an enrollee requests assistance in finding a PCM.
	Identifying a PCM	Select when an enrollee wants to find out who is his/her PCM.

Main Topic: Access (cont.)		
Subtopic	**Detail**	**Definition**
PCM Change	Basic Information	Select when an enrollee requests basic information on how to change a PCM.
	Continuity of Care	Select when an enrollee requests a PCM change to support ongoing care from a particular provider (continuity of care).
	Difficulty Scheduling Appointments	Select when an enrollee requests a new PCM due to difficulty in scheduling an appointment with assigned PCM.
	Multiple PCM Changes without Enrollee Notification	Select when an enrollee's PCM is changed without notification; indicates non-receipt of PCM Change Assignment Letter.
	Personality Differences	Select when an enrollee requests a PCM change because he/she is unhappy with the PCM's actions, communication, skills, etc.
	Request Civilian PCM	Select when an enrollee requests to change from an MTF PCM to a civilian PCM.
	Request Initiated by Other than Enrollee	Select when the change request is initiated by the PCM, MTF Commander, Patient Advocate, etc.
	Request MTF PCM	Select when an enrollee requests to change from a civilian PCM to an MTF PCM.
	Request New Civilian PCM	Select when an enrollee requests to change from an assigned civilian PCM to another civilian PCM.
	Request New MTF PCM	Select when an enrollee requests to change from an assigned MTF PCM to another PCM within the MTF.
Space-available Care	N/A	Coming Soon.

Main Topic: Appointments		
Subtopic	**Detail**	**Definition**
Availability	Civilian/Network	Coming Soon.
	MTF/Direct Care	Coming Soon.
Basic Information	N/A	Coming Soon.
TRICARE Online Appointing Problem	N/A	Coming Soon.

Main Topic: Beneficiary / Provider Disengaged		
Subtopic	**Detail**	**Definition**
N/A	N/A	Select when an individual or provider can't be reached or doesn't follow-up with additional information in a timely manner.

Main Topic: Benefits - Medical/Dental		
Subtopic	**Detail**	**Definition**
Basic Information	N/A	Self-explanatory (e.g., individual asks about covered/non-covered services, plan/program information, costs, etc.).
Other Activities	Coordinate Travel Benefit & Confirm Payment	Select when individual needs help with coordinating his/her travel benefit and confirming payment.
Policy	Didn't Follow Other Health Insurance Rules	Select when issue/problem is due to beneficiary not following the rules of his/her other health insurance (OHI) (e.g., Beneficiary questions why TRICARE didn't pay on a claim. You discover the beneficiary didn't receive an authorization from his/her OHI so TRICARE won't pay as secondary payer).
	Exceeded Benefit Limit	Select when issue/problem is due to the beneficiary exceeding benefit limitation for a given period or episode of care (e.g., TRICARE covers two outpatient psychotherapy sessions per week in any combination of individual, family, collateral or group sessions. Beneficiaries can't attend more than two sessions in one week or more than one session in one day).
	Medical Necessity not Met	Select when issue/problem is due to care/service determined not to be medically necessary (e.g., A Continuous Glucose Monitoring System is considered medically necessary when a beneficiary is required to perform at least four self monitoring blood glucose checks daily and is compliant with recommended medical regimens, this otherwise covered benefit would be denied if medical necessity criteria isn't met).
	Non-covered Service	Select when issue/problem is due to the beneficiary receiving care for a non-covered service (e.g., Beneficiary questions why his/her claim wasn't paid and you discover he/she received a non-covered service).
	Not Covered For Specific Diagnosis	Select when issue/problem is due to the beneficiary receiving care that's not covered for his/her diagnosis.
	On "No Gov't Pay Code" List	Select when issue/problem is due to the beneficiary receiving a service that is on the No Government Pay Code List.
	Timely Filing Requirement Not Met	Select when issue/problem is due to a medical/dental claim being denied because it wasn't filed within the appropriate timeframe.
	Used Medicare Opt-Out Provider	Select when issue/problem is due to the beneficiary receiving care from a Medicare opt-out provider (e.g., Beneficiary questions why his/her claim wasn't paid and you discover the beneficiary saw a Medicare opt-out provider and is responsible for the costs Medicare would have paid)
	Used Non-authorized Provider	Select when issue/problem is due to the beneficiary receiving care from a non-authorized provider and is responsible for the full cost of care.
	Used Non-network Provider	Select when issue/problem is due to the beneficiary receiving care from a non-network provider and is responsible for point of service charges. Applies only to Prime options.

Main Topic: Benefits - Pharmacy		
Subtopic	**Detail**	**Definition**
Basic Information	N/A	Self-explanatory (e.g., individual asks about covered/non-covered medications, transfers from retail to home delivery, transfer from one retail pharmacy to another, etc.).
Policy	1-1-1 Program	Select when issue/problem is due to an individual who attempted to fill a prescription but is restricted because he/she is flagged by the 1-1-1 program.
	Basic Information	Self-explanatory (e.g., individual asks questions about who writes the policy on prescriptions, requests contact information in regards to current policy for medications, etc.).
	Mandatory Generic	Select when issue/problem is due to an individual receiving a generic substitution instead of a brand-name medication.
	Non-covered medication	Select when issue/problem is due to an individual receiving a non-covered medication and is liable for the costs (Note: This is different than a non-formulary medication; (e.g., medical marijuana, prescription vitamins).
	Quantity Limit	Select when issue/problem is due to an individual receiving less medication than prescribed, due to TRICARE policy requirements (e.g., Viagra 6/month policy).
	Refill Not Allowed	Select when issue/problem is due to an individual unable to receive refills on a medication (e.g., narcotics).
	Refill Too Soon	Select when issue/problem is due to an individual attempting to refill prescription before his/her next refill date.
	Timely Filing Requirement Not Met	Select when issue/problem is due to a pharmacy claim being denied because it wasn't filed within the appropriate timeframe.
	Used Non-network Pharmacy	Select when an individual used a non-network pharmacy and is responsible for payment for the medications received.
Prescription Delay	Mail	Self-explanatory (e.g., weather, wrong address, lost package, etc.).
	Stock Not On-hand	Self-explanatory (e.g., manufacturer delay, etc.).
Prescription Form	Expired	Self-explanatory.
	Incomplete	Select when issue/problem is due to prescription missing information (e.g., missing signature from provider)
	Not On File	Self-explanatory.
	Original Required	Self-explanatory (e.g., individual submits a photocopy of the prescription to the contractor but the original document is required to dispense certain medications).

Main Topic: Benefits - Pharmacy (cont.)		
Subtopic	**Detail**	**Definition**
Prescription Medical Necessity	Basic Information	Self-explanatory (e.g., individual asks whether a medication requires a medical necessity waiver, how to submit or file for medical necessity, where to get form, etc.).
	Medical Necessity Denied by Contractor	Select when issue/problem is due to contractor denying medical necessity for a medication.
	Medical Necessity Form Incomplete	Select when issue/problem is due to medical necessity form missing information.
	No Medical Necessity on File with Contractor	Select when issue/problem is due to an individual who attempted to fill a prescription before medical necessity was established.
Prescription Prior Authorization	Basic Information	Self-explanatory (e.g., individual asks whether a medication requires a prior authorization, how to submit or file a prior authorization, where to get a prior authorization form, etc.).
	No Prior Authorization on File with Contractor	Select when issue/problem is due to an individual who attempts to fill a prescription before prior authorization was established.
	Prior Authorization Denied by Contractor	Select when issue/problem is due to contractor denying prior authorization for a medication.
	Prior Authorization Expired	Select when issue/problem is due to an expired prior authorization and an individual is unable to get medication.
	Prior Authorization Form Incomplete	Select when issue/problem is due to prior authorization form missing information.
Received Wrong Medication/Amount	N/A	Self-explanatory.
Vacation Refill Request	N/A	Select when issue/problem is due to an individual requesting additional medication before or during a vacation.

Main Topic: Benefit Resources		
Subtopic	**Detail**	**Definition**
Contact Information/Links/Manuals	N/A	Select when individual requests information related to TRICARE (e.g., beneficiary needs claims mailing address or phone numbers, etc.).
Help with Systems	N/A	Select when individual needs help with TRICARE online resources (e.g., TRICARE Online, TRICARE4U.com, myTRICARE.com).
Request for Materials	N/A	Select when individual requests copies of TRICARE educational materials (e.g., beneficiary would like a TRICARE For Life handbook).

Main Topic: Briefings

Tip: When entering a "Briefings" case, put the word "Briefings" in the "Last Name" field and the audience or subject of your briefing in the "First Name" field. This will help you find all your briefings when you pull a report.

Subtopic	Detail	Definition
Activation – Pre/Post (Guard/Reserve Only)	01 – 05 Attendees	Select when you brief an audience on benefits before they're placed on federal orders or separated from federal orders (which is typically associated with mobilization). When closing a "Briefings" case, remember to choose the topic of the briefing in the "Question/Problem With" section. Choose "TRICARE (General)" under "Question/Problem With" when your briefing covers multiple topics.
	06 – 09 Attendees	
	10 – 19 Attendees	
	20 – 29 Attendees	
	30 – 39 Attendees	
	40 – 49 Attendees	
	50 – 99 Attendees	
	100+ Attendees	
Desk-side Brief	01 – 05 Attendees	Self-explanatory. This subtopic should only be used for educational briefs, not when helping beneficiaries with benefit issues (e.g., don't use when reviewing a beneficiary's denied claim). When closing a "Briefings" case, remember to choose the topic of the briefing in the "Question/Problem With" section. Choose "TRICARE (General)" under "Question/Problem With" when your briefing covers multiple topics.
PCS – Inbound/Outbound	01 – 05 Attendees	Select when you brief an audience with "Permanent Change of Station" orders. This category applies for both in-processing and out-processing. When closing a "Briefings" case, remember to choose the topic of the briefing in the "Question/Problem With" section. Choose "TRICARE (General)" under "Question/Problem With" when your briefing covers multiple topics.
	06 – 09 Attendees	
	10 – 19 Attendees	
	20 – 29 Attendees	
	30 – 39 Attendees	
	40 – 49 Attendees	
	50 – 99 Attendees	
	100+ Attendees	
Special Request Based on Audience	01 – 05 Attendees	Select when you brief a special audience group, such as retiree groups, spouses clubs, servicemen/women separating from service, active duty family members, senior non-commissioned officers, etc. When closing a "Briefings" case, remember to choose the topic of the briefing in the "Question/Problem With" section. Choose "TRICARE (General)" under "Question/Problem With" when your briefing covers multiple topics.
	06 – 09 Attendees	
	10 – 19 Attendees	
	20 – 29 Attendees	
	30 – 39 Attendees	
	40 – 49 Attendees	
	50 – 99 Attendees	
	100+ Attendees	
Special Request Based on Topic	01 – 05 Attendees	Select when you brief on an a special topic or specific program, such as referrals and authorizations, TAMP, dental programs, specialty care, OB/maternity care, LOD, pre-deployment/reintegration, etc. When closing a "Briefings" case, remember to choose the topic of the briefing in the "Question/Problem With" section. Choose "TRICARE (General)" under "Question/Problem With" when your briefing covers multiple topics.
	06 – 09 Attendees	
	10 – 19 Attendees	
	20 – 29 Attendees	
	30 – 39 Attendees	
	40 – 49 Attendees	
	50 – 99 Attendees	
	100+ Attendees	

Main Topic: Claims & Claims Appeals		
Subtopic	**Detail**	**Definition**
Appeals	Check Appeal Status	Select when individual requests information on the status of his/her appeal.
	Sent to Wrong Location	Select when appeal package was sent to the wrong location (e.g., beneficiary submits appeals package to his/her claims processor instead of TRICARE Management Activity or vice versa).
	Timely Filing Requirement Not Met	Select when issue/problem is due to the appeal not being filed within the appropriate timeframe.
Basic Information	N/A	Select when you provide basic information on claims or claims appeals.
Beneficiary Billed **Correctly**	Beneficiary Responsibility/Liability	Select when beneficiary is responsible for payment because it's his/her deductible, copay, cost share (includes POS deductible and cost share).
	Claim Not Filed By Beneficiary	Select when beneficiary is responsible for payment because he/she didn't file the claim. Applies to services from non-network providers.
	Payment Issued to Beneficiary but Provider Never Paid	Select when beneficiary is responsible for payment because he/she received payment but didn't pay the provider.
	Timely Filing Requirement Not Met	Select when beneficiary is responsible for payment because he/she didn't file the claim within the appropriate timeframe.
Beneficiary Billed **Incorrectly**	Billed for Services Not Received	Select when beneficiary isn't responsible for payment because he/she is was billed for services he/she didn't receive (e.g., beneficiary goes in for a physical and is billed for a vaccination).
	Claim Not Filed By Network Provider	Select when beneficiary isn't responsible for payment because his/her *network* provider didn't file a claim.
	Deductible Not Applied	Select when beneficiary isn't responsible for payment because his/her deductible wasn't calculated correctly (e.g., TRICARE Standard beneficiary met annual deductible but is still being billed for deductible).
	Network Provider Billed For Non-covered Services	Select when beneficiary isn't responsible for payment because his/her *network* provider is billing for services not covered by TRICARE (e.g., retired beneficiary sees a network audiologist who gives him/her hearing aids and bills TRICARE and the beneficiary).
	Network Provider Billed Over the Negotiated Rate	Select when beneficiary isn't responsible for payment because his/her *network* provider is billing him/her for the remaining balance after TRICARE pays, also known as "Balance Billing."
	Network Provider Didn't Meet Timely Filing Requirements	Select when beneficiary isn't responsible for payment because his/her *network* provider didn't file the claim within the appropriate timeframe. Network providers are required to file claims on behalf of the beneficiary.

Main Topic: Claims & Claims Appeals (cont.)		
Subtopic	**Detail**	**Definition**
Beneficiary Billed **Incorrectly** (cont.)	Provider Didn't Record Payment	Select when beneficiary isn't responsible for payment because his/her provider is billing him/her for a payment already received but not recorded. Can include credit agency not notified of payment and payment not credited to right account (e.g., Provider's billing department didn't record payment received from TRICARE).
	Wrong Cost Share/Wrong Copay	Select when beneficiary isn't responsible for payment because his/her provider is billing him/her for the wrong cost share/copay (e.g., Beneficiary billed $20 for an office visit instead of $12).
Coding	Inpatient vs. Outpatient Coding Error	Select when issue/problem is due to the hospital claim being coded incorrectly (e.g., provider submits a claim for inpatient services but services were outpatient or vice versa).
	Paid In Another Procedure	Select when issue/problem is due to payment for a service/procedure being denied because payment was already included in another procedure.
	Procedure & Diagnostic Codes Don't Match	Select when issue/problem is due to a service/procedure being denied because the diagnosis isn't consistent with the service/procedure provided (e.g., provider bills for tonsillectomy with a diagnosis code for urinary tract infection).
Forms & Other Documentation	Additional Documentation Requested	Select when the issue/problem is due to the claim requiring additional documents to complete processing (e.g., Third Party Liability, medical records to establish medical necessity, ambulance trip notes, etc.).
	Help with Claim Form DD2642	Select when individual needs help with filling out the claim form. Includes translating claim forms and form requests.
	Help with TRICARE Explanation of Benefits/Provider Remittance	Select when individual needs help with a TRICARE explanation of benefits/provider remittance. Includes translating and EOB requests.
	Missing Required Documentation	Self-explanatory (e.g., claim package is missing proof of payment, other health insurance explanation of benefits, Medicare summary notice, completed DD2642, other health insurance cancellation form and legal documentation (power-of-attorney)).
	Missing/Wrong Information on the Claim Form	Select when issue/problem is due to missing or incorrect information on the claim form. This can include missing or wrong social security numbers, patient's name, tax ID, date of service, code, signature, etc. on beneficiary and provider claims forms.
	Sent to Wrong Location	Select when issue/problem is due to the claim form or other documentation (voluntary refunds, subrogation and lien requests, TPL forms, etc.) related to a claim being sent to the wrong location (i.e., misdirected mail).

Main Topic: Claims & Claims Appeals (cont.)		
Subtopic	**Detail**	**Definition**
Input/System Error	Annual/Lifetime Max Miscalculated	Select when issue/problem is due to an error in the system showing a beneficiary hasn't met or exceeded his/her annual/lifetime max. Applies only to dental.
	Catastrophic Cap Miscalculated	Select when issue/problem is due to an error in the system showing a beneficiary hasn't met or exceeded his/her annual catastrophic cap.
	Copay/Cost Share/Deductible Miscalculated	Select when issue/problem is due to an error in the system causing a beneficiary to have an incorrect copay/cost share/deductible
	Miscellaneous Data Errors	Select when issue/problem is due to wrong information entered into the system (i.e., key stroke errors such as wrong social security number, name, tax ID number, date of service, code, etc.)
	Other Health Insurance Status Incorrect	Select when issue/problem is due to incorrect other health insurance information on file (e.g., beneficiary doesn't have other health insurance but the system shows he/she does).
Recoupment	Recouped Wrong Amount	Select when issue/problem is due to the contractor requesting an incorrect refund amount of a previous overpayment (e.g., contractor paid $100 but should have paid $80, instead of requesting $20 back the contractor requests $100).
	Request Offset Information	Select when provider requests information about an offset taken out of his/her payment/check (e.g., provider needs the patient's name that the original overpayment was made on in order to update account information).
TRICARE Check Inquiries	Check Calculated with Wrong Conversion Factor	Self-explanatory.
	Check Copy Request	Self-explanatory.
	Check Issued in Wrong Amount	Self-explanatory (e.g., check amount was supposed to be $100 but was issued for $1,000).
	Check Issued in Wrong Currency	Self-explanatory (e.g., beneficiary received a check in rupees although he/she requested it be issued in US dollars).
	Check Issued to Wrong Payee	Select when issue/problem is due to the check being issued to the wrong beneficiary or provider (e.g., spouse received a check addressed to her sponsor instead of her).
	Check Sent to Wrong Location	Select when issue/problem is due to the check being mailed to the wrong location (e.g., address is incorrect).
	Stale-Dated/Voided Check	Select when individual requests reissue of a stale/voided check.

Main Topic: Closed Due to Inactivity		
Subtopic	**Detail**	**Definition**
N/A	N/A	Admin Use Only - Select when case owner discontinued work on a case making the case inactive.

Main Topic: Comment		
Subtopic	**Detail**	**Definition**
Negative Experience	ADDP Contractor	Select when an individual has a negative experience with the Active Duty Dental Program contractor (i.e., United Concordia) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	BCAC/DCAO/Other Customer Service Staff	Select when an individual has a negative experience with a Beneficiary Counseling and Assistance Coordinator, Debt Collection Assistance Officer, or other customer service staff (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	CHCBP Contractor	Select when an individual has a negative experience with a Continued Health Care Benefit Program contractor (i.e., Humana) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	DMDC	Select when an individual has a negative experience with staff from the Defense Manpower Data Center (DMDC) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	MTF Provider/Staff - Service/Quality of Care/Facility	Select when an individual has a negative experience with a military treatment facility provider or staff, to include services received, quality of care delivered, or facility appearance/condition (e.g., rude, unprofessional, bad bedside manner, malpractice, old equipment, dirty appearance, parking issues, etc.).
	Network Provider/Staff - Service/Quality of Care/Facility	Select when an individual has a negative experience with a network provider or staff, to include services received, quality of care delivered, or facility appearance/condition (e.g., rude, unprofessional, bad bedside manner, malpractice, old equipment, dirty appearance, parking issues, etc.).
	Non-network Provider/Staff - Service/Quality of Care/Facility	Select when an individual has a negative experience with a non-network provider or staff, to include services received, quality of care delivered, or facility appearance/condition (e.g., rude, unprofessional, bad bedside manner, malpractice, old equipment, dirty appearance, parking issues, etc.).
	North Region Contractor/Claims Processor	Select when an individual has a negative experience with a North region contractor (i.e., Health Net) or claims processor (i.e., PGBA) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	Overseas Contractor	Select when an individual has a negative experience with the TRICARE Overseas contractor (i.e., International SOS) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	Pharmacy Contractor	Select when an individual has a negative experience with the TRICARE Pharmacy contractor (i.e., Express Scripts) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).

Main Topic: Comment (cont.)		
Subtopic	**Detail**	**Definition**
Negative Experience (cont.)	South Region Contractor/Claims Processor	Select when an individual has a negative experience with the South region contractor (i.e., Humana) or claims processor (i.e., PGBA) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	TDP Contractor	Select when an individual has a negative experience with the TRICARE Dental Program contractor (i.e., MetLife) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	TFL Contractor	Select when an individual has a negative experience with the TRICARE For Life contractor (i.e., Wisconsin Physician Services) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	TRDP Contractor	Select when an individual has a negative experience with the TRICARE Retiree Dental Program contractor (i.e., Delta Dental) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	TRO/TAO/MMSO/TMA	Select when an individual has a negative experience with the TRICARE Regional Office, TRICARE Area Office, Military Medical Support Office or TRICARE Management Activity staff (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	Unhappy with Change	Select when individual is unhappy with changes to their TRICARE benefit (e.g., increase in TRICARE Prime enrollment fees, etc.).
	Unhappy with Proposed Change	Select when individual is unhappy with proposed changes to their TRICARE benefit (e.g., proposed TRICARE For Life enrollment fees, etc.).
	USFHP Contractor	Select when an individual has a negative experience with a US Family Health Plan contractor (e.g., Pacific Medical Centers, CHRISTUS, etc.) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	USFHP Provider	Select when an individual has a negative experience with a US Family Health Plan provider (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).
	West Region Contractor/Claims Processor	Select when an individual has a negative experience with the West region contractor (i.e., TriWest) or claims processor (i.e., Wisconsin Physician Services) (e.g., rude, unprofessional, bad communication, incorrect information, unresponsive, etc.).

Main Topic: Comment (cont.)		
Subtopic	**Detail**	**Definition**
Positive Experience	ADDP Contractor	Select when an individual has a positive experience with the Active Duty Dental Program contractor (i.e., United Concordia) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	BCAC/DCAO/Other Customer Service Staff	Select when an individual has a positive experience with a Beneficiary Counseling and Assistance Coordinator, Debt Collection Assistance Officer, or other customer service staff (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	CHCBP Contractor	Select when an individual has a positive experience with the Continued Health Care Benefit Program contractor (i.e., Humana) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	DMDC	Select when an individual has a positive experience with staff from the Defense Manpower Data Center (DMDC) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	Happy with Change	Select when individual is happy with a change in their TRICARE benefit.
	Happy with Proposed Change	Select when individual is happy with a proposed change to their TRICARE benefit.
	MTF Provider/Staff - Service/Quality of Care/Facility	Select when an individual has a positive experience with a Military Treatment Facility provider or staff, to include services received, quality of care delivered, or facility appearance/condition (e.g., friendly/courteous, professional, helpful, good bedside manner, tidy, clean, updated equipment, etc.).
	Network Provider/Staff - Service/Quality of Care/Facility	Select when an individual has a positive experience with a network provider or staff, to include services received, quality of care delivered, or facility appearance/condition (e.g., friendly/courteous, professional, helpful, good bedside manner, tidy, clean, updated equipment, etc.).
	Non-network Provider/Staff - Service/Quality of Care/Facility	Select when an individual has a positive experience with a non-network provider or staff, to include services received, quality of care delivered, or facility appearance/condition (e.g., friendly/courteous, professional, helpful, good bedside manner, tidy, clean, updated equipment, etc.).
	North Region Contractor/Claims Processor	Select when an individual has a positive experience with the North region contractor (i.e., Health Net) or claims processor (i.e., PGBA) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	Overseas Contractor	Select when an individual has a positive experience with the TRICARE Overseas region contractor (i.e., International SOS) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	Pharmacy Contractor	Select when an individual has a positive experience with the TRICARE Pharmacy contractor (i.e., Express Scripts) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).

Main Topic: Comment (cont.)		
Subtopic	**Detail**	**Definition**
Positive Experience (cont.)	South Region Contractor/Claims Processor	Select when an individual has a positive experience with the South region contractor (i.e., Humana) or claims processor (i.e., PGBA) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	TDP Contractor	Select when an individual has a positive experience with the TRICARE Dental Program contractor (i.e., MetLife) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	TFL Contractor	Select when an individual has a positive experience with the TRICARE For Life contractor (i.e., Wisconsin Physician Services) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	TRDP Contractor	Select when an individual has a positive experience with the TRICARE Retiree Dental Program contractor (i.e., Delta Dental) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	TRO/TAO/MMSO/TMA	Select when an individual has a positive experience with the TRICARE Regional Office, TRICARE Area Office, Military Medical Support Office or TRICARE Management Activity staff (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	USFHP Contractor	Select when an individual has a positive experience with a US Family Health Plan contractor (e.g., Pacific Medical Centers, CHRISTUS, etc.) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	USFHP Provider	Select when an individual has a positive experience with a US Family Health Plan provider (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).
	West Region Contractor/Claims Processor	Select when an individual has a positive experience with the West region contractor (i.e., TriWest) or claims processor (i.e., Wisconsin Physician Services) (e.g., friendly/courteous, professional, positive, thorough, helpful, etc.).

Main Topic: Disenrollment / Termination		
Subtopic	**Detail**	**Definition**
Basic Information	N/A	Self-explanatory.
Lock-out	Waiver Request Approval	Self-explanatory.
	Waiver Request Denial	Self-explanatory.
	Waiver Request Information	Self-explanatory.
No Longer Qualifies for Plan/Program	Doesn't Co-reside with the Sponsor	Self-explanatory; applies to TRICARE Prime Remote for Active Duty Family Members/TRICARE Overseas Program Prime Remote.
	Entitled to Medicare Part A Due to Age	Self-explanatory; applies to TRICARE Prime/TRICARE Overseas Program Prime.
	Gained Eligibility for the Federal Employees Health Benefits Program	Self-explanatory; applies to TRICARE Reserve Select and TRICARE Retired Reserve.
	Gained Employer-Sponsored Insurance Based on Own Employment	Self-explanatory; applies to TRICARE Young Adult.
	Moved Out of a Prime Service Area	Self-explanatory; drive-time waiver not approved.
	Moved Out of a USFHP Area	Self-explanatory.
	No longer a Member of the Selected Reserve of the Ready Reserve	Self-explanatory; applies to TRICARE Reserve Select.
	Sponsor Retired	Self-explanatory; applies to TRICARE Prime Remote/TRICARE Prime Remote for Active Duty family Members/TRICARE Overseas Program Prime Remote/TRICARE Reserve Select/TRICARE Retired Reserve.
Non-payment	N/A	Select when an individual was disenrolled because payment wasn't received (e.g. late payment, bounced check, declined credit card, etc.).
System/Processing Error	N/A	Select when an individual was disenrolled because of a system/processing error (e.g., file corrupt, data input error, system crash, etc.).
Voluntary	N/A	Select when an individual chooses to disenroll based on personal preference (e.g., wants a civilian provider, will use other health insurance, prefers flexibility of TRICARE Standard, wants to avoid the referral process, etc.).

Main Topic: Eligibility/Qualification		
Subtopic	**Detail**	**Definition**
Basic Information	N/A	Select when an individual has questions about eligibility.
Card Request	N/A	Select when an individual requests a TRICARE program card or Uniformed Services Identification card. Applies to all TRICARE medical and dental programs (e.g., TRICARE For Life beneficiary requests a TRICARE For Life enrollment card and none exists).
Certificate of Creditable Coverage Request	N/A	Select when an individual requests assistance with getting his/her certificate of creditable coverage.
DEERS Record Error	Error In Early Eligibility Status	Select when early eligibility status is missing or incorrect; applies only to National Guard/Reserve members and their families.
	Error In TAMP Eligibility Status	Select when TAMP eligibility status is missing or incorrect; applies to all TAMP eligible beneficiaries..
	Incorrect Medicare Part A Information	Select when an individual's Medicare Part A information is missing or incorrect.
	Incorrect Medicare Part B Information	Select when an individual's Medicare Part B information is missing or incorrect.
	Incorrect Medicare Part D Information	Select when an individual's Medicare Part D information is missing or incorrect.
	Miscalculation of Time In Service	Select when personnel records incorrectly reflects TRICARE eligibility (e.g., not enough time in service, incorrect retirement date)
	Not Showing Active Duty Status	Self-explanatory.
	Not Showing Retired Reserve Status	Self-explanatory; applies only to gray-area retirees (Retired Reserve) and their families.
	Not Showing Selected Reserve Status	Self-explanatory; applies only to Selected Reserve members and their families.
	Shows Deceased Status	Select when an individual is listed as deceased in DEERS and he/she isn't, or is listed as alive and he/she isn't.
	SSN/DBN Showing Incorrectly In DEERS	Select when an individual's Social Security Number or DoD Benefits Number is listed incorrectly.
Direct Care Only	N/A	Select when issue/problem is the individual is only eligible to receive care in the direct care system (MTFs); applies to Parents, Parents-in-Law, Secretarial Designees.

Main Topic: Eligibility/Qualification (cont.)		
Subtopic	**Detail**	**Definition**
Legitimate Loss	Active Duty Status Ended	Select when issue/problem is due to individual's active duty status ending, affecting his/her TRICARE eligibility.
	Age	Select when issue/problem is due to individual aging out of TRICARE (e.g., age 21 if not enrolled full-time in school and 50% dependent on their sponsor, age 23, and age 26.)
	Divorce/Re-Marry	Self-explanatory. Select when cause of issue/problem is loss of eligibility due to an individual getting divorced or re-married.
	Gained Eligibility for the Federal Employees Health Benefits Program	Select when cause of issue/problem is due to individual becoming eligible for the FEHB program. Applies to TRS and TRR.
	Gained Employer-Sponsored Insurance Based on his/her Own Employment	Select when cause of issue/problem is due to individual gaining employer-sponsored health care in his/her own right; applies to TYA, and un-remarried former spouses.
	No longer a member of the Selected Reserve of the Ready Reserve	Select when cause of issue/problem is due to individual separating from the Ready Reserve.
	No Medicare Part B	Select when issue/problem is the individual chose not to purchase or dropped Medicare Part B coverage when it's required for them to remain TRICARE eligible.
	Retired Reserve Status Reached	Select when issue/problem is due to the individual becoming a gray-area retiree; applies to retirees and family members.
	TAMP Period Ended	Self-explanatory.
	TRICARE Young Adult Gets Married	Select when issue/problem is the individual no longer qualifies for TYA because of marriage.
	TYA's Sponsor No Longer TRICARE Eligible/Covered	Select when issue/problem is the individual's TYA coverage ended because sponsor lost TRICARE eligibility.
No Evidence of Line of Duty/Notice of Eligibility - **Medical**	N/A	Select when issue/problem is due to the individual's LOD/NOE status couldn't be verified (applies to medical).
No Evidence of Line of Duty/Notice of Eligibility - **Pharmacy**	N/A	Select when issue/problem is due to the individual's LOD/NOE status couldn't be verified (applies to pharmacy).
Not In DEERS	N/A	Select when an individual can't be found in the defense enrollment eligibility reporting system or GIQD shows "Person not found."
Retroactive Eligibility Determination	N/A	Select when the individual's service backdates his/her TRICARE eligibility.
Update Contact Information	N/A	Select when an individual wishes to update personal contact information (address, email, and phone number).

Main Topic: Enrollment/Purchase		
Subtopic	**Detail**	**Definition**
Application/Form	Application/Form Request	Select when an individual requests or needs help finding an application/form.
	Sent to Wrong Location/Address	Self-explanatory.
Basic Information	N/A	Select when an individual has questions about enrolling/purchasing a TRICARE plan or program.
Failed to Meet Criteria	20th of the Month Rule	Select when issue/problem is due to the individual not submitting his/her application/form by the 20th of the month (this applies only to the TRICARE Dental Program, TRICARE Prime, TRICARE Prime Remote for Active Duty Family Members, TRICARE Young Adult Prime and the US Family Health Plan).
	Deadline Not Met	Select when issue/problem is due to the individual not meeting the enrollment/purchase deadlines (this applies only to the Transitional Assistance Management Program, TRICARE Prime and Continued Health Care Benefit Program options).
	Form Not Submitted	Self-explanatory.
	Payment Not Submitted	Self-explanatory.
Fee/Premium	Payment Dispute	Select when individual has a payment dispute (e.g., double charged, payment not applied correctly, refund not applied correctly, etc.).
	Payment Information	Select when individual has a question/problem with his/her payment information (e.g. when the next payment is due, how much is owed, etc.).
	Setting Up/Changing Payment Options	Self-explanatory.
Help with Application/Form	Access Waiver	Self-explanatory (e.g., drive time waiver request).
	Add Family Member	Self-explanatory.
	New Enrollment/Purchase	Self-explanatory.
	PCM Change	Self-explanatory.
	Remove Family Member	Self-explanatory.
	Split Enrollment	Self-explanatory.
	Sponsor Status Change	Self-explanatory.
	Transfer Into a New Region	Self-explanatory.
Mini Registration at an MTF	N/A	Self-explanatory.

Main Topic: Enrollment/Purchase (cont.)		
Subtopic	**Detail**	**Definition**
Retro-Enrollment Request/Lockout Waiver	Catastrophic Situation	Self-explanatory.
	Deadline Not Met	Self-explanatory.
	Failure to Pay	Self-explanatory.
	Newborn	Self-explanatory.
	Voluntary Disenrollment	Self-explanatory (Applies only to lockout waivers).
Unable to Enroll/Purchase	Doesn't Live With Sponsor	Select when individual can't enroll/purchase a TRICARE plan or program because he/she doesn't live with the sponsor (this applies only to TRICARE Prime Remote for Active Duty Family Members).
	Entitled to Medicare	Select when individual can't enroll/purchase a TRICARE plan or program because he/she is entitled to Medicare (based on age) and his or her sponsor is retired. Applies only to Prime options.
	Lives Outside Prime Service Area	Select when individual can't enroll/purchase a TRICARE plan or program because he/she doesn't live in a prime service area (this applies only to TRICARE Prime and TRICARE Overseas Program Prime options).
	Locked Out	Select when individual can't enroll/purchase a TRICARE plan or program because he/she is locked-out (e.g. failure to pay or voluntary disenrollment).
	Not Command Sponsored	Select when individual can't enroll/purchase a TRICARE plan or program because he/she isn't command sponsored (this applies only to TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote).
	Sponsor Status Change	Select when individual can't enroll/purchase a TRICARE plan or program because the sponsor's status changes (e.g., Sponsor changes from active duty to retiree status, dependent can't enroll in the Extended Care Health Option; sponsor changes from active duty to selected reserve, dependent can't enroll in TRICARE Prime Remote for Active Duty Family Members, etc.).

Main Topic: Healthcare Referrals/Preauthorizations/Authorizations		
Subtopic	**Detail**	**Definition**
Authorizations	Authorization Coding/Data Error	Select when issue/problem is due to incorrect information on an individual's authorization (i.e., wrong procedure, wrong diagnosis, wrong name, wrong Social Security Number/DoD Benefits Number).
	Authorization Expired	Self-explanatory.
	Authorization Extension Request	Select when an individual asks for an active authorization end date to be extended.
	Request Change in Authorized Specialty Care Provider	Select when an individual requests a different provider/facility/location.
Basic Information	N/A	Select when an individual has questions about referrals/preauthorizations/authorizations.
Check Referral/Preauthorization/Authorization/Appeal Status	N/A	Select when an individual has questions on the status of his/her referral/preauthorization/authorization status.
Preauthorizations	Appeal Information Request	Select when an individual asks how to submit an appeal.
	No Preauthorization on File with Contractor	Select when issue/problem is due to an individual who sought care before services were authorized by the contractor.
	No Preauthorization on File by Military Treatment Facility/Command Memo Issued	Select when issue/problem is due to an individual who sought care before services were authorized by the military treatment facility. When applicable, command memo issued to active duty service member about this requirement.
	No Preauthorization on File by Service Point of Contact	Select when issue/problem is due to an individual who sought care before services were authorized by the service point of contact.
	Non-availability Statement Issued	Select when the military treatment facility approves inpatient mental health care.
	Out of Area Care Request	Select when an individual needs preauthorization for care out of the area; applies only to Prime options.
	Preauthorization Denied by Contractor	Select when issue/problem is due to contractor denying preauthorization.
	Preauthorization Denied by Military Treatment Facility	Select when issue/problem is due to the military treatment facility denying preauthorization.
	Preauthorization Denied by Service Point of Contact	Select when issue/problem is due to the service point of contact denying preauthorization.
	Right of First Refusal Coordination	Select when an individual asks for help in expediting a military treatment facility's preauthorization decision.

Main Topic: Healthcare Referrals/Preauthorizations/Authorizations (cont.)		
Subtopic	**Detail**	**Definition**
Referrals	Assist in Getting a Retro Referral	Self-explanatory; applies only to Prime options.
	Copy of Referral Requested	Self-explanatory; applies only to Prime options.
	Incomplete Referral	Self-explanatory (e.g. provider name, number of visits, procedure codes missing)
	Referral Coding/Data Error	Select when incorrect information is entered on referral (i.e. wrong procedure, wrong diagnosis, wrong name, wrong Social Security Number/DoD Benefits Number).
	Referral Delayed	Select when issue/problem is due to the provider not submitting the referral in a timely manner.
	Referral Lost	Self-explanatory; applies only to Prime options.
	Referral Not Initiated/Entered by PCM	Select when issue/problem is due to the primary care manager not creating or submitting the referral.
	Referral Not Initiated/Entered by Specialist	Select when issue/problem is due to the specialist not creating or submitting the referral.
	Self-Referral	Select when issue/problem is due to the beneficiary getting care without the proper referral and authorization from his/her primary care manager; point of service charges apply; applies only to Prime options.

Main Topic: Personal Health Information / Personally Identifiable Information / Medical Records		
Subtopic	**Detail**	**Definition**
Basic Information	N/A	Select when individual has a question about personal health information/personally identifiable information/medical records.
Concern Over Possible PHI/PII Breach	Correspondence	Self-explanatory (e.g., explanation of benefits sent to wrong address, leaving letters out for public view).
	Electronic	Self-explanatory (e.g., unencrypted emails, documents sent to wrong fax number, unattended fax, documents not password protected).
	Physical Security	Self-explanatory (e.g., unattended computers, unlocked desk drawers, incorrect disposal, stolen laptop, files compromised/stolen).
	Verbal/Telephonic	Self-explanatory (e.g., public conversations, telephone conversations).
Forms	Assist with "Authorization to Disclose Information" Form	Self-explanatory.
	Incomplete "Authorization to Disclose Information" Form	Self-explanatory (e.g., signature missing, party to release information not listed, no date span).
	No "Authorization to Disclose Information" Form	Select when unable to release personal health information/personally identifiable information because there is no form.
	No Power-of-Attorney Documentation/Power-of-Attorney Limitation	Select when unable to release personal health information/personally identifiable information because there is no power-of-attorney form/power-of-attorney limits what information and to whom information can be released.
	Sent to Wrong Location	Self-explanatory (e.g., form sent to Beneficiary Counseling Assistance Coordinator instead of contractor)
Medical Records/Reports	Copy	Self-explanatory.
	Question Content	Select when individual doesn’t agree with content of medical records (e.g., missing information, wants information deleted).
	Request	Self-explanatory.
	Transfer	Self-explanatory.
	Translation	Self-explanatory.