



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO

BUMEDINST 6300.10B

BUMED-M 3/5 PPM

10 Dec 2012

BUMED INSTRUCTION 6300.10B

From: Chief, Bureau of Medicine and Surgery

Subj: CUSTOMER RELATIONS PROGRAM

Ref: (a) through (g), see enclosure (1)

Encl: (1) References (a) through (g)
(2) Customer Problem Resolution System Flowchart
(3) Sample Customer Relations Reference Card
(4) Navy Medicine's Customer Relations Program Responsibilities
(5) DoD Patients' Bill of Rights and Responsibilities
(6) Acronyms

1. Purpose. To provide policy regarding Navy Medicine's Customer Relations Program (CRP) encompassing internal and external customer relations, satisfaction, issue resolution, and command performance measures, to all levels throughout Navy Medicine; and to provide guidance and ensure implementation of and compliance with the program using enclosure (1), references (a) through (g).

2. Cancellation. BUMEDINST 6300.10A.

3. Scope and Accountability. This instruction is applicable to all Navy Medical and Dental facilities: all Navy Medicine Regions, Medical Treatment Facilities, Dental Treatment Facilities, Naval Branch Health Clinics, Branch Medical Clinics, Naval Health Clinics, Naval Dental Clinics, and the Navy Medicine Inspector General Office.

4. Background. Navy Medicine has increasingly emphasized the importance of excellence in customer relations. Our ultimate goal is to foster a health care system that focuses on the needs of the patient and their personal support system, and to be responsive to their needs and those of all our internal and external customers. Personalized customer attention, clinical excellence, and easily navigated facilities promote positive customer experiences and generate loyalty. Being responsive to customer concerns enhances the overall health care delivery system's effectiveness and the timeliness of issue resolution. During episodes of care, even with sincere efforts, issues arise for which customers require additional assistance or intervention. These issues may be a reflection of simple miscommunication and may be straightforward or complex. Our diverse and often mobile beneficiary population requires a simplified resolution process to rapidly and consistently address their concerns.

5. Policy. Consistent organization of customer relations positions and processes among all facilities and implementation of a simplified problem resolution process enhances customer awareness and satisfaction with our health care system. Each command's additional efforts to

personalize the CRP for their unique beneficiary population will assist them in meeting or exceeding annually established high-level CRP target performance goals (TPGs). TPGs are developed during the Bureau of Medicine and Surgery (BUMED) Strategic Planning and review process, and adopted by the Deputy Chief, BUMED. TPGs are measured on an annual basis. Patient and beneficiary satisfaction and internal customer (i.e., staff) satisfaction objectives and metrics will be identified and included as appropriate. Other performance measures may be added at the discretion of the Chief, BUMED. Customer feedback will be incorporated into any efforts to reengineer the processes. Continuous enhancement of clinical, administrative, and facility services within our facilities is key to the success of our customers' satisfaction.

a. A simplified customer problem resolution system flowchart has been designed, enclosure (2), which local commands should tailor to meet the needs of their unique and changing beneficiary population. Our ability to integrate all aspects of the Navy health care delivery system with our managed care support contractors, so they appear seamless to our beneficiaries, shall be the most significant measure of our customer relations success.

b. A customer relations reference card template is provided, enclosure (3), to assist commands in developing a customized reference card. The customer relations reference card assists beneficiaries by identifying the appropriate command CRP personnel to resolve issues and concerns.

c. BUMED Plans, Analysis, and Evaluation (BUMED-M81) and the Office of Strategy Management (BUMED-M5) will assist the Deputy Chief BUMED with criteria for selection of the measures. After determining the performance indicators and the data to be measured, target goal percentages are established for each activity. BUMED-M81 and BUMED-M5 will facilitate quarterly tracking of the selected performance targets. Data is provided through a performance management tool designated for Military Health System front-line managers and executive staff to facilitate monthly trending by activity, TRICARE region, and additional categories as necessary. BUMED-M81 and BUMED-M5 will identify the activity's performance as a percentage of target goals for each measure.

6. Action. All Navy medical and dental facilities will establish a CRP using enclosures (2) through (5), ensuring compliance with the minimum program framework described therein. Ongoing customer relations program training shall directly reflect each local facility's performance measurements, per results of the TPGs. Facilities showing areas for improvement shall target ongoing training to those specific areas.

a. All Navy medical and dental facilities shall provide the same minimum framework within their CRP, enclosure (4), and shall design services, where needed and within available resources, to enhance the satisfaction of their unique beneficiary populations. This approach not only encourages integration of various activities that support the local facility's strategic plan, but also supports system-wide alignment throughout Navy Medicine.

b. All Navy medical and dental facilities shall promote and ensure health care quality, and protect patients by adherence to the Department of Defense (DoD) Patient Bill of Rights and Responsibilities, per references (a) and (b).

c. All staff shall be provided the appropriate preparation and ongoing training to achieve and maintain a positive, customer-focused environment. Additionally, all commanders are encouraged to reflect customer relations performance when evaluating military and civilian staff job performance.

7. Responsibilities

a. Deputy Chief, Medical Operations (BUMED-M3) shall:

(1) Develop program objectives, goals, and policies for Navy medical and dental facilities to implement consistent customer relations processes throughout the Navy health care system.

(2) Conduct an enterprise-wide patient satisfaction survey, and report data to the provider level via The Monitor (<https://navymedicinemonitor.med.navy.mil>) to identify patients' concerns, facilitate health care delivery improvement processes, and analyze internal and external peer performance.

(3) Provide up-to-date training tools to support customer relations goals.

(4) Upon recommendation of the Deputy Chief, BUMED, implement TPGs, and monitor progress toward goals.

(5) Ensure process improvement (PI), quality assurance/quality management, customer relations, legislative, and other appropriate offices actively share pertinent customer relations/service, and monitor satisfaction trends and situational information to enhance clinical, administrative, and managerial performance.

b. Commanders, Navy Medicine Regions shall:

(1) Identify areas in need of improvement within their areas of responsibility.

(2) Develop and implement Region strategies to ensure Navy medical and dental facilities meet TPGs resulting from Strategic Planning and Patient Satisfaction Survey (PSS) reporting processes.

(3) Analyze Navy medical and dental facilities' health delivery systems to identify areas in need of improvement. Report performance that does not meet TPGs, and identify corrective actions and follow-up to the Deputy Chief, BUMED as required.

(4) Ensure TPGs resulting from Strategic Planning processes and PSS are met.

c. Commanders, Commanding Officers, and Officers in Charge shall:

(1) Assess their command's CRP and determine the training, positions, and processes needed to meet the minimum requirements outlined in this instruction.

(2) Actively engage and promote participation of all levels of staff in initial and ongoing customer relations training.

(3) Actively engage and promote participation of all levels of staff in monitoring and utilizing survey data to improve and enhance health care processes to meet patients' needs and expectations.

(4) Develop market strategies directed at informing and educating customers about the CRP through various educational methods.

(5) Develop command market strategies that address command specific issues and actively support enterprise-wide market strategies to maximize patient participation in PSS.

(6) Establish processes and elements per enclosures (2) and (3), and customer relations positions per enclosure (4), to support beneficiaries and successfully meet or exceed TPGs. The command-specific customer relations functions may change from time-to-time to respond to changing annual TPGs.

(7) Consider and document the impact on customer relations when requesting resources, personnel, and/or facility changes.

(8) Use TPGs to analyze the command's health delivery system to identify areas in need of improvement. Report TPG results and share successes with other commands during the Deputy Chief, BUMED's review processes.

(9) Ensure customer relations reference cards are available to all beneficiaries and updated as needed to keep them current.

(10) Focus recruitment, retention, advancement, and recognition efforts on Navy health care personnel demonstrating a solid commitment to excellence in customer service.

d. Navy Medicine Inspector General shall assess Navy medical and dental facilities compliance with Navy Medicine customer relations program objectives, goals, and policies.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per reference (h).

9. Form and Report

a. NAVMED 6000/6 (10-2012), Patient Satisfaction Survey is available through The Monitor at: <https://navymedicinemonitor.med.navy.mil>

b. The Patient Satisfaction Survey Reporting process has been assigned Report Control Symbol NAVMED 6000-12; it is valid for 3 years from the date of this instruction.



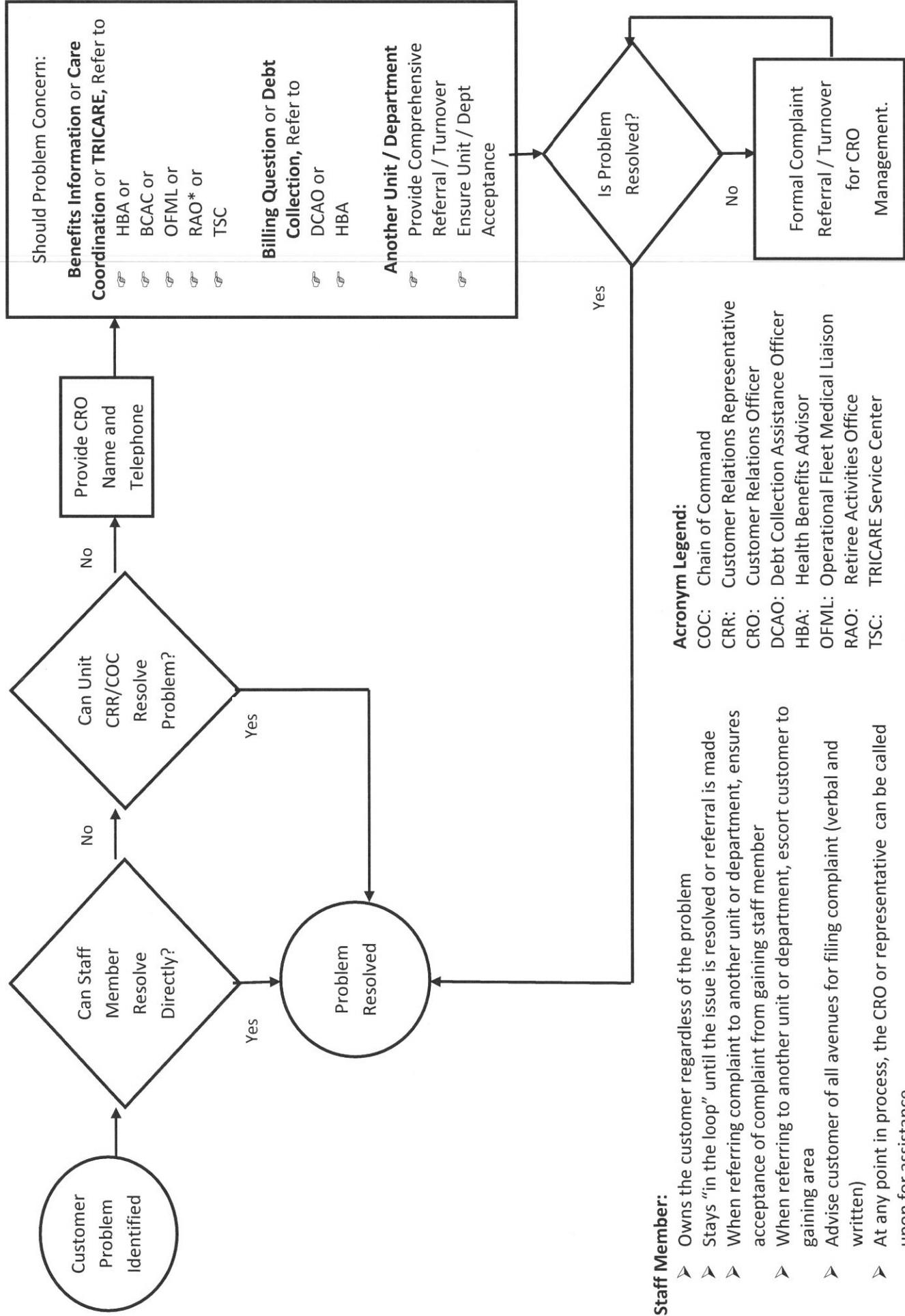
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BUMEDINST 6300.10B
10 Dec 2012

- Ref:
- (a) DOD Instruction 6000.14 of 26 Sep 2011
 - (b) Joint Commission Standards, Current Edition
 - (c) Report to Congress on the Comprehensive Policy Improvements to the Care, Management and Transition of Recovering Service Members (NDAA Section 1611 and 1615 of September 16, 2008)
 - (d) Title 32 Code of Federal Regulations, part 199, "Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)
 - (e) Title 10 U.S. Code, Chapter 55, Section 1095e, 1 Feb 2010
 - (f) BUMEDINST 6440.8A
 - (g) OPNAVINST 1720.3F

Customer Problem Resolution System Flowchart



Staff Member:

- Owns the customer regardless of the problem
- Stays "in the loop" until the issue is resolved or referral is made
- When referring complaint to another unit or department, ensures acceptance of complaint from gaining staff member
- When referring to another unit or department, escort customer to gaining area
- Advise customer of all avenues for filing complaint (verbal and written)
- At any point in process, the CRO or representative can be called upon for assistance

Acronym Legend:

- COC: Chain of Command
- CRR: Customer Relations Representative
- CRO: Customer Relations Officer
- DCAO: Debt Collection Assistance Officer
- HBA: Health Benefits Advisor
- OFML: Operational Fleet Medical Liaison
- RAO: Retiree Activities Office
- TSC: TRICARE Service Center

* May not apply to all facilities

Name of Treatment Facility
Street Address
City, State and Zip Code

SAMPLE Customer Relations Reference Card

Quarter Deck	1-xxx-xxx-xxxx	Health Benefits Advisor (HBA) Name: _____	1-xxx-xxx-xxxx
Command Information	1-xxx-xxx-xxxx	Beneficiary Counseling and Assistance Officer (BCAC) Name: _____	1-xxx-xxx-xxxx
Appointment Scheduling	1-xxx-xxx-xxxx	Debt Collection Assistance Officer (DCAO) Name: _____	1-xxx-xxx-xxxx
Pharmacy Refills	1-xxx-xxx-xxxx	Operational Fleet Medical Liaison (OFML) Name: _____	1-xxx-xxx-xxxx
Customer Relations Officer (CRO) Name: _____	1-xxx-xxx-xxxx	Retiree Activities Officer (RAO) Name: _____	1-xxx-xxx-xxxx

Primary Care Manager(PCM) _____ Number: _____
 Address: _____
 Specialty Clinic: _____ Number: _____
 Specialty Clinic: _____ Number: _____
 Specialty Clinic: _____ Number: _____

NAVY MEDICINE'S
CUSTOMER RELATIONS PROGRAM (CRP) RESPONSIBILITIES

1. Introduction. All commanders, commanding officers and officers in charge of Navy medical and dental facilities (MTFs/DTFs) shall ensure their local CRP organization clearly identifies and communicates the following functions and the individual(s) responsible for the execution of each. The structure of these functions is at the discretion of command leadership and is dependent upon command specific factors (i.e., type of facility, workload, and case mix of the beneficiary population). It is expected that no new resources or personnel will be required to execute the CRP. It is the Chief, Bureau of Medicine and Surgery's intent that all Navy Medicine personnel engage in similar problem resolution processes and activities to improve customer relations and enhance satisfaction. The following functions must be specifically assigned, however the assignments of these roles are not mutually exclusive. Once designated, the individuals assigned to their respective duties shall be identified on a customer relations reference card, enclosure (3).

2. Functions and Responsibilities:

a. Customer Relations Officer (CRO). All facilities engaged in direct health care to beneficiaries shall designate a CRO. The CRO will be the principal point of contact ensuring the day-to-day execution of the Navy Medicine CRP. The CRO or his or her substitute will be available at all times during the facility's hours of operation and will have completed all relevant Navy Medicine Customer Relations Training. The CRO will:

(1) Serve as the facility's senior leadership representative for all matters affecting customer relations and satisfaction.

(2) Serve as liaison to CRP-designated positions regarding customer relations at the facility. This function requires the CRO to receive quarterly summary reports of customer relations issues from CRP personnel specifically designated in this instruction and to recommend actions and response.

(3) Ensure customer relations training of all individuals assigned designated MTF/DTF CRP positions. This training should include the Customer Problem Resolution System.

(4) Ensure the CRP is marketed to all customers and all affiliated activities.

(5) Centrally track and review all legislative, executive, and beneficiary CRP correspondence regardless of final disposition of response.

(6) Identify and report customer dissatisfaction issues and trends up the chain-of-command and recommend or implement changes within the appropriate scope of responsibility, process changes, and improvements.

(7) Communicate progress of the facility toward meeting or exceeding the Target Performance Goals (TFGs) and facility specific measures, as appropriate.

(8) The CRO will participate on the command Risk Management Committee.

b. Customer Relations Representative (CRR). As the unit point of contact (POC) the CRR will coordinate with the unit's leadership the day-to-day execution of the Navy Medicine CRP. The CRR or his or her substitute will be available at all times during the unit's hours of operation and will have completed all relevant Navy Medicine Customer Relations Training. The CRR will:

(1) Serve as the unit's representative for matters affecting customer relations and satisfaction.

(2) Liaison with CRO regarding the unit's customer relations program and forwards to CRO quarterly summary reports of the unit's customer relations issues.

(3) Ensure the CRP is marketed to all customers and all affiliated activities.

c. Health Benefits Advisor (HBA). In some MTFs/DTFs, the HBA is an employee of the Managed Care Support Contractor (MCSC). In such instances, the MCSC will ensure compliance with the following functions. The HBA will:

(1) Provide specialized TRICARE information to our customers on a wide range of topics. In addition to disseminating TRICARE policy information, is involved in providing assistance and counseling services to our customers concerning cost shares, participating providers, requirements for admission, procedures for making claims, and follow-up on delayed claims.

(2) Provide advice on the various complex benefits available under TRICARE including exclusions of non-authorized services and be instrumental in coordinating health care benefits. HBAs have a broad range of knowledge on the many federal, state, and local programs including Medicare, Medicaid, the Federal Employees Health Benefit Program (FEHBP), and alternative health care resources within the community.

(3) Serve as the single point of contact on matters relating to all health benefit programs.

d. Beneficiary Counseling and Assistance Coordinator (BCAC). Reference (d) establishes BCAC positions at all TRICARE Regional Offices (TRO) and MTFs. The BCAC will:

(1) Act as a beneficiary counselor and assistance coordinator for beneficiaries under the TRICARE program. In this capacity, BCACs throughout the Military Health Care System will

facilitate issue resolution while concurrently collecting, analyzing, tracking, and trending beneficiary data to provide statistical information to customer relations and DoD leadership to guide policy and program development.

(2) Counsel beneficiaries regarding TRICARE and related items concerning healthcare decisions. BCACs will consult with others, on an as needed basis, to clarify information about the TRICARE programs including details of the covered health benefits, various health plan options, and applicable cost sharing arrangements.

(3) Resolve access to health care complaints ensuring beneficiaries get the services and benefits that are appropriate.

e. Debt Collection Assistance Officer (DCAO). The Under Secretary of Defense (Personnel and Readiness) has mandated establishment of DCAOs at each TRO and MTF. DCAOs will assist beneficiaries in determining the validity of collection agent claims or negative credit reports received for debts incurred as a result of medical or dental care under the TRICARE Program, and will take all measures necessary to resolve the issues presented. The DCAO will:

(1) Have responsibility for casework and resolution for all cases presented.

(2) Assist the beneficiary in obtaining a determination as to whether or not the basis for the underlying debt or collection notice is valid, in whole or part.

(3) Prepare and forward case completion letter to beneficiary upon receiving written determination of the investigation outcome. If applicable, the DCAO will confirm, within 30 days of case resolution, that the provider and/or beneficiary has received payment.

(4) Provide written guidance on further action available to the beneficiary when appropriate (i.e., contact numbers for local judge advocate general (JAG) offices, family support centers, ombudsmen, and financial assistance resources such as Service-specific relief organizations). Additionally, the DCAO will provide a fact sheet explaining the beneficiary's rights under the Fair Debt Collection Practices Act.

f. Operational Forces Medical Liaison (OFML). The OFML (see reference (e)) serves as an interface between the MTF and the operational forces, ensures priority and quality medical and dental services, and establishes procedures and assigns responsibilities for providing medical support to operational forces and their supporting commands. The OFML head acts in a capacity as a special assistant to the commander, CO, or OIC. In this capacity, OFMLs throughout the Military Health Care System provide a direct communication link between the **MTF/DTF** and the operational forces, and coordinate resolution of operational forces and requests for **MTF/DTF** assistance. The OFML office must be empowered to ensure the needs of the warfighter are met.

(1) The OFML will:

(a) Facilitate communication between MTF/DTF providers and operational medical departments or units, track admissions, dispositions, medical boards, limited duty boards, medical hold personnel and medical evacuations, and provide information to operational leaders through their medical department representatives.

(b) Interact with operational forces and MTF telemedicine POCs to ensure timely access to appropriate health services.

(c) Make regular visits to area operational Medical Department Representatives (MDRs) (unit level and above) to disseminate information regarding MTF support and medical care for operational staff.

(d) Serve as a liaison between the operational member admitted as an inpatient and his parent command and personnel support activity or personnel support detachment.

(e) Maintain liaison with medical holding companies established and report the status of operational personnel so assigned to MDRs.

(f) Orient MTF/DTF staff to the unique needs and challenges of the operational forces. The effect of their office and the liaison between the MTF/DTF and the operational forces are measured through process improvement activities per reference (e).

(g) Educate MDRs regarding required TRICARE procedures, and access to health care in the local region, including routine and after-hours access to the MTF/DTF for primary care, specialty care, and urgent care as well as use of the network by the active duty members.

(h) Identify point of service barriers both at the individual and system level to the CO.

(2) Commanders, COs, and OICs shall:

(a) Have the primary responsibility for facilitating medical and dental readiness of every member of the operating forces. The Navy Medical Department Representatives of all operational units must have medical and dental facility points of contact to ensure expeditious assistance in meeting the health care needs of their command population.

(b) Determine the number and locations of fleet representatives needed and ensure these representatives have a strong customer relations focus, have completed all required customer relations training, and are appointed in numbers sufficient to provide adequate support to fleet and operational units.

(c) Appoint a qualified Medical Department Representative as the OFML. This individual should have a strong customer focus and exercise leadership in a manner that will achieve a positive, dominant influence on both the customer relations attitude and performance of all members of the command in carrying out this primary mission of the Navy Medical Department.

g. Retired Activities Offices (RAO). The purpose of the RAO is to serve as a liaison between the retiree community, their families, and the Military Health Care System. Many RAO positions currently exist which serve multiple commands within a local region. It is not the intent to duplicate services already in place that are effectively meeting the mission. RAOs are staffed by retiree volunteers.

(1) The RAO shall:

(a) Establish program at major Navy MTFs/DTFs at the invitation of the MTF/DTFs Commanding Officer.

(b) Provide general assistance and referral information to retirees.

(c) Act as a liaison between the MTF/DTF CO, their personnel, and retirees and their families.

(2) Commanders, COs, and OICs shall:

(a) Ensure the inclusion of the RAO on the customer relations reference card and in the command telephone directory.

(b) Assign the CRO as the liaison to the RAO for issues relating to Navy Medicine and to communicate concerns and recommendations to TRICARE MCSCs, as appropriate.

(c) Foster communication between the RAO and the community to ensure military retirees and their families receive information regarding the range of services available through local, state, private, and Federal programs.

DoD Patient Bill of Rights and Responsibilities

RIGHTS

1. Medical Care. Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including access to specialty care and to pain assessment and management.

2. Respectful Treatment. Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems.

3. Privacy and Security. Patients have rights, defined by Federal law, DOD 5400.11-R (Reference (g)), Public Law 104-191(Reference (h)), and section 552a of title 5 U.S.C. (also known as "The Privacy Act of 1974, as amended") (Reference (i)), to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other PII, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law.

4. Provider Information. Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The hospital may inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.

5. Explanation of Care. Patients have the right to an explanation concerning their diagnosis, treatment, procedures, and prognosis of illness in terms that are easily understood. The specific needs of vulnerable populations in the development of the patient's treatment plan shall be considered when applicable. Such vulnerable populations shall include anyone whose capacity for autonomous decision making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.

6. Informed Consent. Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available.

7. Filing Grievances. Patients have the right to make recommendations, ask questions, or file complaints to the MTF/DTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission at 1-800-994-6610.

8. Research Projects. Patients have the right to know if the MTF/DTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects.

9. Safe Environment. Patients have the right to care and treatment in a safe environment.

10. MTF/DTF Rules and Regulations. Patients have the right to be informed of the facility's rules and regulations that relate to patient or visitor conduct.

11. Transfer and Continuity of Care. When medically permissible, a patient may be transferred to another MTF/DTF only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.

12. Charges for Care. Patients have the right to understand the charges for their care and their obligation for payment.

13. Advance Directive. Patients have the right to make sure their wishes regarding their healthcare are known even if they are no longer able to communicate or make decisions for themselves.

RESPONSIBILITIES

1. Providing Information. Patients are responsible for providing accurate and complete information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for letting their healthcare provider know whether they understand the diagnosis, treatment plan, and expectations.

2. Respect and Consideration. Patients are responsible for being considerate of the rights of other patients and MTF/DTF healthcare personnel. Patients are responsible for being respectful of the property of other persons and of the MTF/DTF.

3. Adherence with Medical Care. Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by healthcare providers. This includes keeping appointments on time and notifying MTF/DTF when appointments cannot be kept.

4. Medical Records. Patients are responsible for returning medical records promptly to the MTF/DTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF/DTF are the property of the U.S. Government.

5. MTF/DTF Rules and Regulations. Patients are responsible for following MTF/DTF rules and regulations affecting patient care and conduct.

6. Refusal of Treatment. Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

7. Healthcare Charges. Patients are responsible for meeting financial obligations incurred for their healthcare as promptly as possible.

ACRONYMS

BCAC	Beneficiary Counseling and Assistance Coordinator
BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
CRO	Customer Relations Officer
CRR	Customer Relations Representative
CRP	Customer Relations Program
CRTP	Customer Relations Training Program
DCAO	Debt Collection Assistance Officer
DoD	Department of Defense
DTF	Dental Treatment Facilities
FEHBP	Federal Employees Health Benefit Program
HBA	Health Benefits Advisor
JAG	Judge Advocate General
MCSC	Managed Care Support Contractor
MDR	Medical Department Representative
MTF	Medical Treatment Facility
OFML	Operational Fleet Medical Liaison
OIC	Officer in Charge
POC	Point of Contact
PI	Process Improvement
RAO	Retired Activities Offices
TPG	Target Performance Goal
TRO	TRICARE Regional Offices