IV. TRICARE CONTRACTOR MONTHLY CYCLE TIME/ AGING REPORT INSTRUCTIONS

A. Information Requirement

The contractor shall submit to the *Contractor Evaluation Office with a copy to the* Contracting Officer's Representative, TRICARE Management Activity (TMA), TRICARE Contractor Monthly Cycle Time/Aging Report, TMA Form *743* (*Figure 1-3-A-2*), of *combined* network, non-network, *and Medicare BRAC* data for each state in its jurisdiction with summary reports for the contract. The reports will cover the period beginning on the first *(1st)* day of the month and ending on the last day of the report month. These summary and state reports are due on the forty-fifth (45th) calendar day of the month following the start date of the contract and then on the fifteenth (15th) calendar day of each month (or the first workday following the fifteenth (15th) calendar day if the fifteenth (15th) is not a business day) following the reporting period throughout the duration of the contract. Any adjustments to previously submitted data requires an explanation of the differences, including the cause, either in the "Remarks" section or in a separate report. For purposes of this report, cycle time is defined as the elapsed time expressed in calendar days (including any part of either the first or the last day counted as one *(1)* day) from the date a claim/adjustment claim, piece of correspondence, or appeal is received, through the cut-off date of the reporting period or the date processed to completion. At the discretion of TMA, or as may be required by law, contractor performance statistics contained in these reports may be released to the public.

B. Instructions For Preparation

1. Section A: Claims and Adjustment Claims - *Retained*

Retained claims are those claims retained by the contractor for processing to completion or development. This includes claims that contain sufficient information to allow processing to completion and all claims for which missing information may be developed from in-house sources, including DEERS and contractor operated or maintained electronic, paper, or film files.

a. A.1.a - Professional (All Outpatient Services)

Enter the number of professional and supplier *retained* TRICARE claims and adjustment claims which were processed to final disposition during the report period (include drug and outpatient PFPWD claims).

b. A.1.b. - Institutional (All Inpatient Services)

Enter the number of institutional *retained* TRICARE claims which were processed to final disposition during the report period (include inpatient PFPWD claims).

c. A.1.c. - Total Processed

Enter the sum of A.1.a., plus A.1.b.

d. A.2. - Total Pending End of Month

Enter the total number of *retained* claims and adjustment claims which are pending.

e. A.3. - Returned Claims

Enter the number of TRICARE claims returned to the sender.

2. *Section B: Claims and Adjustment Claims - Excluded Claims*

Claims that are excluded from the thirty (30) and sixty (60) day claims processing cycletime standards are to be reported in this section. This includes claims retained by the contractor while being developed for missing or discrepant information that cannot be obtained from in-house sources; third party liability claims requiring development, claims requiring Government intervention and claims requiring interface with other contractors.

a. *B.1.a. - Total Processed*

Enter the total number of processed claims and adjustment claims that are excluded from the thirty (30) and sixty (60) day claims processing cycletime standards. (Totals of Section B.1.a.(2)-(5).)

b. *B.1.a.(1). - Government Direction*

Enter the total number of claims processed that are excluded from the one hundred twenty (120) calendar day claims processing cycletime standard (claims that were pended at Government direction over sixty (60) calendar days).

c. *B.1.a.(2). - Government Intervention*

Enter the total number of pending claims requiring Government intervention and are pended up to sixty (60) calendar days.

d. *B.1.a.(3). - TPL Claims*

Enter the total number of claims processed that required third-party liability development.

e. *B.1.a.(4). - Other Contractor Interface*

Enter the total number of claims processed that required other contractor interface. (Claims held as a result of actions required between a prime contractor and a subcontractor or between subcontractors of a prime contractor are not excluded from the thirty (30) and sixty (60) day claims processing cycletime standards and should be reported in Section A.1.c.)

f. *B.1.a.(5). - Development Claims*

Enter the total number of claims processed that were developed for missing or discrepant information that could not have been obtained from in-house sources.

g. B.2. - Total Pending End-of-Month

Enter the total number of pending claims that are excluded from the thirty (30) and sixty (60) calendar day claims processing cycletime standards. (Totals of Sections B2.a., b., c., and d.)

h. B.2.a. - Government Intervention

Enter the total number of pending claims requiring Government intervention (include those claims pended at Government direction.)

i. B.2.b. - TPL

Enter the total number of pending claims for third-party liability development.

j. B.2.c. - Other Contractor Interface

Enter the total number of pending claims requiring other contractor interface. (Claims held as a result of actions required between a prime contractor and a subcontractor or between subcontractors of a prime contractor are not excluded from the thirty (30) and sixty (60) day claims processing cycletime standards and should be reported in Section A.1.2.)

k. B.2.d. - Development Claims

Enter the total number of pending claims that were developed for missing or discrepant information that could not have been obtained from in-house sources.

3. Section C: Correspondence

NOTE:

This section pertains only to receipts of written inquires and requests and excludes receipts of incoming telephone inquiries.

a. C.1.a. - Routine Correspondence

Enter the number of pieces of routine correspondence processed to completion through the use of a written or documented telephonic reply. Several pieces of routine correspondence attached to a single inquiry shall be counted as one piece of correspondence.

b. C.1.b. - Priority Correspondence

Enter the number of pieces of priority correspondence processed to completion through the use of a written reply. Several pieces of priority correspondence attached to a single inquiry shall be counted as one piece of correspondence.

c. *C.1.c. - Collection Action Correspondence*

Enter the number of pieces of collection action correspondence processed to completion through the use of a written reply. Several pieces of collection action correspondence attached to a single inquiry shall be counted as one piece of correspondence.

d. C.1.*d*. - Total Processed to Completion

Enter the sum of C.1.a., plus C.1.b.*, plus C.1.c.*

e. C.2.a. - Routine Correspondence

Enter the number of pieces of routine correspondence received which have not been processed to completion. Several pieces of routine correspondence attached to a single inquiry shall be counted as one piece of correspondence.

f. C.2.b. - Priority Correspondence

Enter the number of pieces of priority correspondence which have not been processed to completion. The pieces of priority correspondence attached to a single inquiry shall be counted as one piece of correspondence.

g. C.2.c. - Total Pending

Enter the sum of C.2.a., plus C.2.b.

4. Section D: Expedited Preadmission/Preprocedure Reconsiderations (Expedited Appeals)

a. D.1. - Expedited Appeal Cases Completed

Enter the number of expedited appeal cases which were processed to completion.

b. D.2. - Expedited Appeal Cases Pending

Enter the number of expedited appeal cases which have not been processed to completion.

5. Section E: Nonexpedited Medical Necessity Reconsiderations (including Factual Determinations)

a. E.1. - Nonexpedited Medical Necessity Appeal Cases Completed

Enter the number of nonexpedited medical necessity appeal cases which were processed to completion.

b. E.2. - Nonexpedited Medical Necessity Appeal Cases Pending

Enter the number of nonexpedited medical necessity appeal cases which have not been processed to completion.

6. Section F: Nonexpedited Factual Determinations

a. F.1. - Nonexpedited Factual Determination Appeal Cases Completed

Enter the number of nonexpedited factual determination appeal cases which were processed to completion.

b. F.2. - Nonexpedited Factual Determination Appeal Cases Pending

Enter the number of nonexpedited factual determination appeal cases which have not been processed to completion.

7. Section G: Grievances

a. G.1. - Grievances Completed

Enter the number of grievance cases which were processed to completion.

b. G.2. - Grievances Pending

Enter the number of grievances which have not been processed to completion.

8. Section H: Remarks

Use to explain any unusual entries or variations in Sections B, C, D, E, F, *or G,* including the number of pending and completed appeal cases (identify expedited or non-expedited and the number of days category (e.g. 1-15, 16-30, etc.) the appeals are reported) that were rescheduled at the request of the appealing party.

C. Weekly Reports to TMA

1. Enrollment and Claims Processing Statistics Report

The contractor shall furnish to TMA a weekly status report containing both enrollment and claims processing statistics. Data to be reported include enrollments and disenrollment net opening and closing enrollments totals, opening claims pending, receipts, transfers and claims processed, and closing claims pending.

2. Claims Aging Report by Status/Location

Each contractor shall produce and furnish to the Contracting Officer's Representative at TMA, a claim aging report by Status/Location on the first workday following the reporting week. This report shall be sorted to enable a count of the total number of claims pending for a specified length of time; e.g., over thirty (30) days and over sixty (60) days. This report is normally an internal report for management use to track and expedite claims processing. Unless specifically requested by TMA or unless the contractor customarily makes a run of this report concurrent with preparation of the month-end reports to TMA, it need not balance with the end-of-month reports. Each contractor shall, on a one time basis, prepare an explanation of its individual reports and interpretation of the Status/Location codes, if any, to enable TMA staff to effectively review the data.