

## MONTHLY REPORTS

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### 1.0. TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT INSTRUCTIONS

#### 1.1. Information Requirement

The contractor shall submit to the Claims Operations Office with a copy to the Contracting Officers' Representative, TRICARE Management Activity (TMA), TRICARE Contractor Monthly Workload Reports, TMA Form 742 ([Chapter 15, Addendum A, Figure 15-A-1](#)), 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 day of the report month, and ending on the last day of the report month. These summary and state reports are due on the 45th calendar day following the start date of the contract and then on the 15th calendar day of each month (or the first workday following the 15th calendar day if the 15th is not a business day) following the report 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. These reports are not to be telecopied unless specifically requested by the TMA. 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.

#### 1.2. Instructions For Preparation

##### 1.2.1. Section A: Claims

For purposes of this chapter, a claim is defined as any request for payment for services rendered related to care and treatment of a disease or injury which is received from a claimant by a TMA contractor on any TMA-approved claim form or approved electronic media. Reports of services rendered, which do not result in the submission of claims, as defined above, are not to be included in the reports required by this chapter.

##### 1.2.1.1. A.1.a. - Pending End Of Prior Month

Enter the number reported in line A.4. on the preceding month's report.

##### 1.2.1.2. A.1.a.(1) - Correction to Prior Month's Report

Enter the net number of claims which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section requires an explanation in Section C, "Remarks."

**1.2.1.3. A.1.b. - Adjusted Opening Pending**

Enter the result of A.1.a., plus or minus A.1.a.(1).

**1.2.1.4. A.2. - Receipts**

Enter the number of claims accepted in the custody of the contractor. Estimate the number of non-keyed network versus non-network receipts by applying the percentage of keyed claims received during the reporting period.

**EXAMPLE:**

Total monthly receipts	=	10,000	
Total Keyed Receipts	=	8,000	(5,000 network = 62.5%)
			(3,000 non-network = 37.5%)
Total Non-Keyed Receipts	=	2,000	(2,000 X 62.5% = 1,250 network)
			(2,000 X 37.5% = 750 non-network)

Add estimates for non-keyed receipts to keyed receipts:

Total Receipts Network	=	5,000	+	1,250	=	6,250
Total Receipts Non-Network	=	3,000	+	750	=	3,750

**1.2.1.5. A.2.a. - Transfers**

Claims received in A.2. above which are forwarded to another TRICARE contractor having jurisdiction of processing.

**1.2.1.6. A.2.b. - Returns**

Enter the number of claims returned to the claimant.

**1.2.1.7. A.2.c. - Net Receipts**

Enter the result of A.2., minus A.2.a. and A.2.b.

**1.2.1.8. A.3. - Processed to Completion**

Enter the total number of claims paid, applied toward the deductible, or denied.

**1.2.1.9. A.4. - Pending End of Month**

Enter the difference between A.1.b. plus A.2.c. minus A.3.

**1.2.1.10. A.5. - Point of Service (POS) - Processed to Completion**

Enter the total number of the claims paid under POS. The POS numbers shall be included in the total number of claims processed to completion in line A.3.

**1.2.2. Section B: Adjustment Claims**

An adjustment is a correction of the payment or the payment record information on a claim previously processed to completion. (Refer to [Chapter 11, Section 1, paragraph 3.0.](#))

**1.2.2.1. B.1.a. - Pending End of Prior Month**

Enter the number reported in line B.4. of the preceding month's report.

**1.2.2.2. B.1.a.(1) - Correction to Prior Month's Report**

Enter the net number of adjustments to processed claims which were actually overstated or understated in the previous month's report will be entered using a plus (+) or minus (-). Any entry in this section requires a narrative explanation in Section C, "Remarks."

**1.2.2.3. B.1.b. - Adjusted Opening Pending**

Enter the results of B.1.a., plus or minus B.1.a.(1).

**1.2.2.4. B.2. - Receipts**

Enter the number of adjustment claims identified during the month. (Refer to [Chapter 11, Section 1, paragraph 3.0.](#))

**1.2.2.5. B.3. - Processed To Completion**

Enter the number of adjustment claims which were processed to completion.

**1.2.2.6. B.4. - Pending End Of Month**

Enter the number of adjustment claims identified which have not been processed to completion. Line B.4. is the difference between B.1.b., plus B.2., minus B.3.

**1.2.3. Section C: Remarks**

Enter the number of EMC claims included in the receipts reported in A.2.

**1.2.4. Section D: Inquiries****1.2.4.1. D.1. - Telephone Inquiries Received**

Enter the total number of incoming telephone inquiries received in all locations, including the service center. This data must be substantiated by a log or other documentation. Do not include routine operating calls (calls received from individuals or organizational components within the contractor's operations involving the conduct of normal business) or personal calls.

**1.2.4.2. D.2. - Walk-In's**

Report total walk-ins in all locations, including the service center(s).

**1.2.4.3. D.3. - Routine Correspondence**

Report in this section the data related to all routine correspondence received into custody. Routine correspondence regarding a returned claim that requires a response shall be reported here. Grievances or requests for appeal should not be reported here. Letters from beneficiaries or providers resubmitting the claim or claim documentation shall not be reported. Questions concerning charges allowed should be included as "routine correspondence." Requests for "Reconsiderations" on issues considered not appealable and untimely requests for reconsiderations shall be counted as routine correspondence.

**1.2.4.4. D.3.a.(1) - Pending End Of Prior Month**

Enter the number reported in line D.3.d. of the prior month's reports.

**1.2.4.5. D.3.a.(1)(a) - Correction To Prior Month's Report**

Enter the net number of pieces of routine correspondence which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section requires a narrative explanation in Section E, "Remarks," below.

**1.2.4.6. D.3.a.(2) - Adjusted Opening Pending**

Enter the result of D.3.a.(1), plus or minus D.3.a.(1)(a).

**1.2.4.7. D.3.b. - Receipts**

Enter the number of pieces of routine correspondence accepted into custody.

**1.2.4.8. D.3.c. - Processed To Completion**

Enter the number of pieces of routine correspondence completed, regardless of the manner in which it was completed; i.e., written, telephone, or other.

**1.2.4.9. D.3.d. - Pending End Of Month**

Enter on line D.3.d. the difference between D.3.a.(2), plus D.3.b., minus D.3.c.

**1.2.4.10. D.4. - Priority Correspondence**

Enter appropriate data in this section regarding correspondence received from the Office of the Assistant Secretary of Defense (Health Affairs), TMA, members of Congress, and others designated as priority by the contractor.

**1.2.4.11. D.4.a.(1) - Pending End Of Prior Month**

Enter the number reported in line D.4.d. of the prior month's report.

**1.2.4.12. D.4.a.(1)(a) - Correction To Prior Monthly Report**

Enter the net number of pieces of priority correspondence which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section (plus or minus) requires a narrative explanation in Section E, "Remarks," below.

**1.2.4.13. D.4.a.(2) - Adjusted Opening Pending**

Enter the result of D.4.a.(1), plus or minus D.4.a.(1)(a).

**1.2.4.14. D.4.b. - Receipts**

Enter the number of pieces of priority correspondence accepted into custody.

**1.2.4.15. D.4.c. - Processed To Completion**

Enter the number of pieces of priority correspondence completed.

**1.2.4.16. D.4.d. - Pending End Of Month**

Enter on line D.4.d., the difference between D.4.a.(2), plus D.4.b., minus D.4.c.

**1.2.4.17. D.5. - Collection Action Correspondence**

Enter appropriate data in this section regarding correspondence involving collection actions referred to the MCSC by Debt Collection Assistance Officers.

**1.2.4.18. D.5.a.(1) - Pending End Of Prior Month**

Enter the number reported in line D.5.d. of the prior month's report.

**1.2.4.19. D.5.a.(1)(a) - Correction To Prior Monthly Report**

Enter the net number of pieces of collection action correspondence which were actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section (plus or minus) requires a narrative explanation in Section E, "Remarks," below.

**1.2.4.20. D.5.a.(2) - Adjusted Opening Pending**

Enter the result of D.5.a.(1), plus or minus D.5.a.(1)(a).

**1.2.4.21. D.5.b. - Receipts**

Enter the number of pieces of collection action correspondence accepted into custody.

**1.2.4.22. D.5.c. - Processed To Completion**

Enter the number of pieces of collection action correspondence completed.

**1.2.4.23. D.5.d. - Pending End Of Month**

Enter on line D.5.d., the difference between D.5.a.(2), plus D.5.b., minus D.5.c.

**1.2.5. Section E: Remarks**

**1.2.6. Section F: Expedited Preadmission/Preprocedure Reconsiderations (Expedited Appeal Cases)**

Report in this section the data related to all expedited appeal cases received into custody. The contractor shall count as a receipt any case received in which the appealing party is raising objection to the contractor's preadmission/preauthorization medical necessity determination. Correspondence concerning non-appealable issues (See [Chapter 13, Section 2, paragraph 3.2.](#)) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

**1.2.6.1. F.1.a. - Pending End Of Prior Month**

Enter in the "Total" column the number reported in line F.4. of the preceding month's report.

**1.2.6.2. F.1.a.(1) - Correction To Prior Month's Report**

Enter in the "Total" column the net number of expedited appeal cases actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks," above.

**1.2.6.3. F.1.b. - Adjusted Opening Pending**

Enter in the "Total" column the result of F.1.a., plus or minus F.1.a.(1).

**1.2.6.4. F.2. - Receipts**

Enter in the "Total" column the number of expedited appeal cases accepted in the custody of the contractor.

**1.2.6.5. F.3.a. - Initial Decision Upheld**

Enter the number of expedited appeal cases receiving final replies when the contractor affirmed the initial decision as being correct in its entirety.

**1.2.6.6. F.3.b. - Initial Decision Partially Upheld**

Enter the number of expedited appeal cases receiving final replies when the contractor affirmed only a portion of the initial decision as being correct.

**1.2.6.7. F3.c. - Initial Decision Reversed**

Enter the number of expedited appeal cases receiving final replies when the contractor reversed the initial decision in its entirety.

**1.2.6.8. F3.d. - Total Processed To Completion**

Enter the sum of F.3.a., plus F.3.b., plus F.3.c.

**1.2.6.9. F4. - Pending End Of Month**

Enter the sum of F.1.b., plus F.2., minus F.3.d.

**1.2.6.10. TRICARE For Life Reporting**

*The contractor shall provide TRICARE For Life (med/surg) Program claims information separately in the required format indicated above. Telephone inquiries, walk-ins, correspondence, appeal and grievance information do not have to be separated and may be provided in one report in the required format indicated above. These reports shall arrive by the 15th calendar day of each month reporting for the previous month.*

**1.2.7. Section G: Nonexpedited Medical Necessity Reconsiderations**

Report in this section the data related to all nonexpedited medical necessity appeal cases received into custody. The contractor shall count as a receipt any case received in which the appealing party is raising objection to the contractor's determination of coverage. Correspondence concerning nonappealable issues (See [Chapter 13, Section 2, paragraph 3.2.](#)) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

**1.2.7.1. G.1.a. - Pending End Of Prior Month**

Enter in the "Total" column the number reported in line G.4. of the preceding month's report.

**1.2.7.2. G.1.a.(1) - Correction To Prior Month's Report**

Enter in the "Total" column the net number of nonexpedited medical necessity appeal cases actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks," above.

**1.2.7.3. G.1.b. - Adjusted Opening Pending**

Enter in the "Total" column the result of G.1.a., plus or minus G.1.a.(1).

**1.2.7.4. G.2. - Receipts**

Enter in the "Total" column the number of nonexpedited medical necessity appeal cases accepted in the custody of the contractor.

**1.2.7.5. G.3.a. - Initial Decision Upheld**

Enter the number of nonexpedited medical necessity appeal cases receiving final replies when the contractor affirmed the initial decision as being correct in its entirety.

**1.2.7.6. G.3.b. - Initial Decision Partially Upheld**

Enter the number of nonexpedited medical necessity appeal cases receiving final replies when the contractor affirmed only a portion of the initial decision as being correct.

**1.2.7.7. G.3.c. - Initial Decision Reversed**

Enter the number of nonexpedited medical necessity appeal cases receiving final replies when the contractor reversed the initial decision in its entirety.

**1.2.7.8. G.3.d. - Total Processed To Completion**

Enter the sum of G.3.a., plus G.3.b., plus G.3.c.

**1.2.7.9. G.4. - Pending End Of Month**

Enter the sum of G.1.b., plus G.2., minus G.3.d.

**1.2.8. Section H: Nonexpedited Factual Determinations**

Report in this section the data related to all non-expedited factual determination appeal cases received into custody. The contractor shall count as a receipt any case received in which the appealing party is raising objection to the contractor's determination of coverage. Correspondence concerning nonappealable issues (See [Chapter 13, Section 2, paragraph 3.2.](#)) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

**1.2.8.1. H.1.a. - Pending End Of Prior Month**

Enter in the "Total" column the number reported in line G.4. of the preceding month's report.

**1.2.8.2. H.1.a.(1) - Correction To Prior Month's Report**

Enter in the "Total" column the net number of nonexpedited factual determination appeal cases actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks" above.

**1.2.8.3. H.1.b. - Adjustment Opening Pending**

Enter in the "Total" column the result of H.1.a., plus or minus H.1.a.(1).

**1.2.8.4. H.2. - Receipts**

Enter in the "Total" column the number of nonexpedited factual determination appeal cases accepted in the custody of the contractor.

**1.2.8.5. H.3.a. - Initial Decision Upheld**

Enter the number of nonexpedited factual determination appeal cases receiving final replies when the contractor affirmed the initial decision as being correct in its entirety.

**1.2.8.6. H.3.b. - Initial Decision Partially Upheld**

Enter the number of nonexpedited factual determination appeal cases receiving final replies when the contractor affirmed only a portion of the initial decision as being correct.

**1.2.8.7. H.3.c. - Initial Decision Reversed**

Enter the number of nonexpedited factual determination appeal cases receiving final replies when the contractor reversed the initial decision in its entirety.

**1.2.8.8. H.3.d. - Total Processed To Completion**

Enter the sum of H.3.a., plus H.3.b., plus H.3.c.

**1.2.8.9. H.4. - Pending End of Month**

Enter the sum of H.1.b., plus G.2., minus G.3.d.

**1.2.9. Section I: Grievances**

In this section report the data related to all grievances received into custody.

**1.2.9.1. I.1.a. - Pending End Of Prior Month**

Enter in the "Total" column the number reported in I.4. of the preceding month's report.

**1.2.9.2. I.1.a.(1) - Correction To Prior Month's Report**

Enter in the "Total" column the net number of grievances actually overstated or understated in the previous month's report using a plus (+) or minus (-). Any entry in this section will require a narrative explanation in Section E, "Remarks," above.

**1.2.9.3. I.1.b. - Adjusted Opening Pending**

Enter in the "Total" column the result of I.1.a., plus or minus I.1.a.(1).

**1.2.9.4. I.2. - Receipts**

Enter in the “Total” column the number of grievances accepted in the custody of the contractor. The contractor should count as a receipt any case received which meets the definition of a grievance.

**1.2.9.5. I.3. - Total Processed To Completion**

Enter the number of grievances completed.

**1.2.9.6. I.4. - Pending End Of Month**

Enter the sum of I.1.b., plus I.2., minus I.3.

**2.0. TRICARE CONTRACTOR MONTHLY CYCLE TIME/AGING REPORT INSTRUCTIONS**

**2.1. Information Requirement**

The contractor shall submit to the Claims Operations 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 15-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 day of the month and ending on the last day of the report month. These summary and state reports are due on the 45th calendar day of the month following the start date of the contract and then on the 15th calendar day of each month (or the first workday following the 15th calendar day if the 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 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.

**2.2. Instructions For Preparation**

**2.2.1. 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.

**2.2.1.1. 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).

**2.2.1.2. 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).

**2.2.1.3. A.1.c. - Total Processed**

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

**2.2.1.4. A.2. - Total Pending End Of Month**

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

**2.2.1.5. A.3. - Returned Claims**

Enter the number of TRICARE claims returned to the sender.

**2.2.2. Section B: Claims And Adjustment Claims - Excluded Claims**

Claims that are excluded from the 30 and 60 day claims processing cycle time 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.

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

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

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

Enter the total number of claims processed that are excluded from the 120 calendar day claims processing cycle time standard (claims that were pended at Government direction over 60 calendar days).

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

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

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

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

**2.2.2.5. 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 30 and 60 day claims processing cycle time standards and should be reported in Section A.1.c.)

**2.2.2.6. 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.

**2.2.2.7. B.2. - Total Pending End-Of-Month**

Enter the total number of pending claims that are excluded from the 30 and 60 calendar day claims processing cycle time standards. (Totals of Sections B.2.a., b., c., and d.)

**2.2.2.8. B.2.a. - Government Intervention**

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

**2.2.2.9. B.2.b. - TPL**

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

**2.2.2.10. 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 30 and 60 day claims processing cycle time standards and should be reported in Section A.1.2.)

**2.2.2.11. 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.

**2.2.3. Section C: Correspondence**

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

**2.2.3.1. 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.

**2.2.3.2. 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.

**2.2.3.3. 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.

**2.2.3.4. C.1.d. - Total Processed To Completion**

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

**2.2.3.5. 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.

**2.2.3.6. 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.

**2.2.3.7. C.2.c. - Total Pending**

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

**2.2.4. Section D: Expedited Preadmission/Preprocedure Reconsiderations (Expedited Appeals)****2.2.4.1. D.1. - Expedited Appeal Cases Completed**

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

**2.2.4.2. D.2. - Expedited Appeal Cases Pending**

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

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

**2.2.5.1. E.1. - Nonexpedited Medical Necessity Appeal Cases Completed**

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

**2.2.5.2. E.2. - Nonexpedited Medical Necessity Appeal Cases Pending**

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

**2.2.6. Section F: Nonexpedited Factual Determinations**

**2.2.6.1. F.1. - Nonexpedited Factual Determination Appeal Cases Completed**

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

**2.2.6.2. F.2. - Nonexpedited Factual Determination Appeal Cases Pending**

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

**2.2.7. Section G: Grievances**

**2.2.7.1. G.1. - Grievances Completed**

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

**2.2.7.2. G.2. - Grievances Pending**

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

**2.2.8. 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.

**2.2.8.1. TRICARE For Life Reporting**

*The contractor shall provide TRICARE For Life (med/surg) Program claims information separately in the required format indicated above. Telephone inquiries, walk-ins, correspondence, appeal and grievance information do not have to be separated and may be provided in one report in the required format indicated above. These reports shall arrive by the 15th calendar day of each month reporting for the previous month.*

**3.0. CONTRACTOR MONTHLY TOLL-FREE TELEPHONE REPORT**

The contractor shall provide the following reports to TMA and the appropriate Lead Agent in the required format to arrive by the 15th calendar day of each month for the previous month. This report shall include:

- 3.1. All lines busy (ALB) in percentage. \_\_\_\_\_
- 3.2. Total calls attempting to reach the contractor. \_\_\_\_\_
- 3.3. Calls abandoned in 120 seconds. \_\_\_\_\_
- 3.4. Total calls received (b - c). \_\_\_\_\_
- 3.5. Total calls answered in 120 seconds. \_\_\_\_\_
- 3.6. Number of calls totally answered during the initial telephone contact. \_\_\_\_\_
- 3.7. Number of substantive call-backs within two working days. \_\_\_\_\_
- 3.8. Number of calls not fully completed within ten calendar days. \_\_\_\_\_
- 3.9. Number of calls not fully completed within 20 calendar days. \_\_\_\_\_
- 3.10. Percent of calls acknowledged within 20 seconds. \_\_\_\_\_

**4.0. CONTRACTOR TRICARE SERVICE CENTER TELEPHONE REPORT**

The contractor shall provide the following reports to TMA and the appropriate Lead Agent in the required format to arrive by the 15th calendar day of each month for the previous month. This report shall include:

- 4.1. All lines busy (ALB) in percentage. \_\_\_\_\_
- 4.2. Total calls received. \_\_\_\_\_
- 4.3. Total calls placed on "hold". \_\_\_\_\_
- 4.4. Percent of callers on "hold" for more than five minutes. \_\_\_\_\_

**5.0. MONTHLY BENEFICIARY TELEPHONE CALLS REQUESTING PARTICIPATING PROVIDER INFORMATION REPORT**

This report shall be furnished to TMA and to the Lead Agent 15 calendar days after the reporting month and shall include:

- 5.1. The number of inquiries received. \_\_\_\_\_
- 5.2. The number of referrals to existing TRICARE participating providers. \_\_\_\_\_

- 5.3. The number of successful searches for new TRICARE participating providers. \_\_\_\_\_
- 5.4. The number of unsuccessful searches for new TRICARE participating providers. \_\_\_\_\_
- 5.5. A reason for each unsuccessful search. \_\_\_\_\_