

FIGURES

FIGURE 15-A-1 TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 742

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC			
State:	Contractor Name:	Contract No.:	Report Period (MM/YY)
<b>Section A. CLAIMS</b>		<b>Total Working Days (during month):</b>	
1. OPENING PENDING			
a. Pending End of Prior Month			
(1) Corrections to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. RECEIPTS			
a. Transfers			
b. Returns			
c. Net Receipts			
3. PROCESSED TO COMPLETION			
4. PENDING END OF MONTH			
5. POINT OF SERVICE (POS) PROCESSED TO COMPLETION			
<b>SECTION B. ADJUSTMENT CLAIMS</b>			<b>TOTAL</b>
1. OPENING PENDING			
a. Pending End of Month			
(1) Correction to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. RECEIPTS			
3. PROCESSED TO COMPLETION			
4. PENDING END OF MONTH			
<b>SECTION C. Remarks:</b>			
Report Prepared By:		Telephone No.	Date Prepared:
Report Approved By (Authorized Officer's Signature)			Date Submitted to TMA:

**FIGURE 15-A-1 TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 742 (CONTINUED)**

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC			
State:	Contractor Name:	Contract No.:	Report Period (MM/YY)
<b>Section D. INQUIRIES</b>			<b>TOTAL</b>
1. Telephone Inquiries Received			
2. Walk-Ins			
3. Routine Correspondence			
a. Opening Pending			
(1) Pending End of Prior Month			
(a) Corrections to Prior Month's Report (+ or -)			
(2) Adjusted Opening Pending			
b. Receipts			
c. Processed to Completion			
d. Pending End of Month			
4. Priority Correspondence			
a. Opening Pending			
(1) Pending End of Prior Month			
(a) Corrections to Prior Month's Report (+ or -)			
(2) Adjusted Opening Pending			
b. Receipts			
c. Processed to Completion			
d. Pending End of Month			
5. Collection Action of Correspondence			
a. Opening Pending			
(1) Pending End of Prior Month			
(a) Corrections to Prior Month's Report (+ or -)			
(2) Adjusted Opening Pending			
b. Receipts			
c. Processed to Completion			
d. Pending End of Month			
<b>SECTION E. Remarks:</b>			

**FIGURE 15-A-1 TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 742 (CONTINUED)**

<b>TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT</b>			
<b>Network/Non-Network/Medicare BRAC</b>			
<b>State:</b>	<b>Contractor Name:</b>	<b>Contract No.:</b>	<b>Report Period (MM/YY)</b>
<b>SECTION F. EXPEDITED APPEALS</b>			<b>TOTAL</b>
1. Opening Pending			
a. Pending End of Prior Month			
(1) Corrections to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. Receipts			
3. Processed to Completion			
a. Initial Decision Upheld			
b. Initial Decision Partially Upheld			
c. Initial Decision Reversed			
d. Total Processed to Completion			
4. Pending End of Month			
<b>Section G. NON EXPEDITED MEDICAL NECESSITY APPEALS</b>			<b>TOTAL</b>
1. Opening Pending			
a. Pending End of Prior Month			
(1) Corrections to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. Receipts			
3. Processed to Completion			
a. Initial Decision Upheld			
b. Initial Decision Partially Upheld			
c. Initial Decision Reversed			
d. Total Processed to Completion			
4. Pending End of Month			
<b>Section H. NON EXPEDITED FACTUAL DETERMINATION APPEALS</b>			<b>TOTAL</b>
1. Opening Pending			
a. Pending End of Prior Month			
(1) Corrections to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. Receipts			
3. Processed to Completion			
a. Initial Decision Upheld			
b. Initial Decision Partially Upheld			
c. Initial Decision Reversed			
d. Total Processed to Completion			
4. Pending End of Month			

**FIGURE 15-A-1 TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 742 (CONTINUED)**

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC			
State:	Contractor Name:	Contract No.:	Report Period (MM/YY)
<b>Section I. GRIEVANCES</b>			<b>TOTAL</b>
1. Opening Pending			
a. Pending End of Prior Month			
(1) Corrections to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. Receipts			
3. Processed to Completion			
4. Pending End of Month			
<b>Remarks</b>			

**FIGURE 15-A-2 TRICARE CONTRACTOR MONTHLY CYCLE TIME/AGING REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 743**

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC								
State:	Contractor Name:			Contract No.:			Report Period (MM/YY)	
<b>SECTION A. CLAIMS AND ADJUSTMENT CLAIMS - RETAINED CLAIMS</b>								
Total Working Days During Month:	TOTAL	1-10 Days	11-21 Days	22-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1. Processed to Completion								
a. Professional (All Outpatient Services, PFPWD, Drugs)								
b. Institutional (All Inpatient Services, PFPWD)								
c. Total Processed								
2. Total Pending End of Month								
3. Returned Claims								
<b>SECTION B. CLAIMS AND ADJUSTMENT CLAIMS - EXCLUDED CLAIMS</b>								
	TOTAL	1-10 Days	11-21 Days	22-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1. Processed to Completion								
a. Total Processed								
(1) Government Direction								
(2) Government Intervention								
(3) TPL								
(4) Other Contractor Interface								
(5) Development Claims								
2. Total Pending End-of-Month								
a. Government Intervention								
b. TPL								
c. Other Contractor Interface								
d. Development Claims								

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**FIGURE 15-A-2 TRICARE CONTRACTOR MONTHLY CYCLE TIME/AGING REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 743 (CONTINUED)**

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC						
State:	Contractor Name:	Contract No.:	Report Period (MM/YY)			
<b>SECTION C. CORRESPONDENCE</b>						
	TOTAL	1-10 Days	11-15 Days	16-30 Days	31-45 Days	Over 45 Days
1. PROCESSED TO COMPLETION						
a. Routine Correspondence						
b. Priority Correspondence						
c. Collection Action Correspondence						
d. Total Processed to Completion						
2. PENDING						
a. Routine Correspondence						
b. Priority Correspondence						
c. Collection Action Correspondence						
d. Total Processed to Completion						
<b>SECTION D. EXPEDITED APPEALS</b>						
	TOTAL	1-3 Days	4-7 Days	8-15 Days	16-30 Days	Over 30 Days
1. EXPEDITED APPEALS COMPLETION						
2. EXPEDITED APPEALS PENDING						
<b>SECTION E. NONEXPEDITED MEDICAL NECESSITY APPEALS</b>						
	TOTAL	1-15 Days	16-30 Days	31-60 Days	61-90 Days	Over 90 Days
1. NONEXPEDITED APPEALS COMPLETION						
2. NONEXPEDITED APPEALS PENDING						

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**FIGURE 15-A-2 TRICARE CONTRACTOR MONTHLY CYCLE TIME/AGING REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 743 (CONTINUED)**

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC						
State:	Contractor Name:	Contract No.:			Report Period (MM/YY)	
<b>SECTION F. NONEXPEDITED FACTUAL DETERMINATION APPEALS</b>						
	TOTAL	1-15 Days	16-30 Days	31-60 Days	61-90 Days	Over 90 Days
1. NONEXPEDITED APPEALS COMPLETION						
2. NONEXPEDITED APPEALS PENDING						
<b>SECTION G. GRIEVANCES</b>						
	TOTAL	1-15 Days	16-30 Days	31-60 Days	Over 60 Days	
1. GRIEVANCES COMPLETED						
2. GRIEVANCES PENDING						
<b>Section F - Remarks</b>						

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