

OTHER CONTRACT REQUIREMENTS

1.0. CUSTOMER SERVICE

1.1. Telephone Inquiries

The contractor must provide nationwide around-the-clock toll-free telephone access to a customer service staff in order to enable providers and TDEFIC beneficiaries to determine claims status as well as general TDEFIC information. Responses must be furnished within the time frames mandated under the TDEFIC contract.

1.2. Written Inquiries

The contractor must respond promptly and meaningfully to all written inquiries, including inquiries received via E-mail. Responses must be furnished within the time frames mandated under the TDEFIC contract.

2.0. REFERRALS

All MHS beneficiaries are allowed under the Managed Care Support (MCS) contract requirements to contact the TRICARE Service Center for referrals to network providers. This shall continue with TRICARE/Medicare dual eligible individuals under the TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC). The MCS contractor is not required to make appointments with network providers. The contractor shall provide the TDEFIC beneficiary with the name, telephone number, and address of network providers of the appropriate clinical speciality located within the beneficiary's geographic area.

3.0. CONTRACTOR'S RESPONSIBILITY IN PROGRAM INTEGRITY

3.0.1. In relation to TDEFIC, at any time the contractor receives an allegation of fraudulent behavior, or any type of improper activity relating to either a beneficiary or provider submitted claim, the contractor shall review the claim to ensure it was processed properly. Following completion of the review, if an error in payment is not detected, the contractor shall provide the allegation and a copy of the claim to CMS for investigation. A copy of all allegations forwarded to CMS shall be provided to the Office of Program Integrity, TRICARE Management Activity.

4.0. AUDITS OF TDEFIC CLAIMS

4.1. Claim audits shall be performed for claims processed under the TDEFIC contract. This sample will be drawn from all TDEFIC records with a government cost greater than zero and less than \$100.00. The design of this sample utilizes a 90% confidence level and a precision estimate of one percent. Samples will be drawn on a quarterly basis from TEDs

which pass TED edits. These sampled claims will be combined in the ICN list, audit report and audit result calculations with the quarterly payment audits specified in Section F of the TDEFIC contract. The sample size for the TDEFIC claims shall equal approximately 400 claims per contract quarter.

4.2. Any TDEFIC claims greater or equal to \$100.00 (based on government cost for paid claims and billed amount for denied claims) will be subject to random sampling and included in the payment audit samples outlined in Section F of the TDEFIC Contract. TDEFIC claims will also be subject to random sampling and included in the occurrence error sample outlined in Section F of the TDEFIC Contract. The audit process outlined in Section F of the TDEFIC Contract shall apply to this sample, including documentation and rebuttal response requirements.

5.0. CLAIMS AGING REPORT BY STATUS/LOCATION

The contractor shall produce and furnish to the Contracting Officer's Representative Claims aging reports by Status Location on the first workday following the reporting week. These reports shall be sorted to enable a count of the total number of claims pending for a specified length of time; e.g., over 30 days, over 60 days and over 120 days. The contractor shall include excluded and retained claims on each report. Unless specifically requested by TMA or unless the contractor customarily makes a run of these reports concurrent with preparation of the month-end reports to TMA, they need not balance with the end-of-month reports. Each contractor shall prepare an explanation of the individual reports and interpretation of the locations specific to each report to enable TMA staff to effectively review the data.

6.0. CUSTOMER SATISFACTION REPORT

Monthly, by the tenth calendar day following the end of the reported month, the contractor shall report to the Government the state of TDEFIC customer satisfaction during the previous reporting period. The report shall be provided to the Contracting Officer.

7.0. MEDICARE CROSSOVER FEES

Medicare crossover fees are paid to Medicare contractors by TMA contractors. These fees cover the transmission of data on paid claims from the Medicare contractor to TMA contractors in order to facilitate TMA processing as second payer on the TFL claims. The contractor shall submit non-TED vouchers (see [Chapter 3, Section 4](#)) covering these expenses to TMA on an as needed basis, generally once or twice a month.