REPORTING

1.0. FRAUD AND ABUSE SUMMARY REPORT

The information from the case reports will be compiled and submitted to the TMA Program Integrity Office within 45 *calendar* days of the last day of each calendar quarter. The format and requirements for this quarterly report are provided at Figure 14-A-8. Attach a listing of patient name and sponsor Social Security Number or provider name and provider number(s), whichever is appropriate, to identify the referenced cases in the report that are found to be potential fraud/abuse cases. Also, include the potential fraud/abuse issue associated with each case.

2.0. AUTOMATED TRICARE DUPLICATE CLAIMS SYSTEM

On a fiscal year, quarterly basis, contractors shall generate and utilize reports from the automated TRICARE Duplicate Claims System to assist in detecting fraud and abuse. The automated TRICARE Duplicate Claims System contains preformatted reports which will assist in detecting duplicate billings and inappropriate CPT-4 coding modifications by providers (see Chapters 9 and 10 for report formats).

3.0. UTILIZATION MANAGEMENT REPORT

A copy of the utilization management reports for TRICARE Prime, TRICARE Extra and TRICARE Standard shall be sent to the TRICARE Management Activity (TMA), Program Integrity Office on a quarterly basis. (Refer to Section 6, paragraph 4.1.)

4.0. SAVINGS REPORT

At least annually, the contractor shall report to the TMA Program Integrity Office the potential dollar amounts saved as a result of the activities/intervention of the anti-fraud/investigative units (e.g., disallowed services that otherwise would have been paid if the provider suspected of billing the program inappropriately had not been placed on prepayment review).