ANNUAL REPORTS

The contractor shall submit the following management reports in magnetic medium or a disc. These reports shall contain information about contractor performance, plans, and problems in administering the contract. These reports shall require separate breakouts of data for network and non-network providers; TRICARE Prime, TRICARE Extra, and TRICARE Standard; and Prime Service *Areas (PSAs)* and non-*PSAs*. The format for these reports shall be agreed upon by the Contracting Officer *(CO)*, Regional Director *(RD)*, and the contractor. Copies of the reports are either furnished to or through the *RD*.

1.0. CLINICAL QUALITY MANAGEMENT *PROGRAM* ANNUAL REPORT *(CQMP AR)*

1.1. *Annually, within 45 calendar days following the beginning of the fiscal year, the contractor shall provide the CQMP AR to the CO. Attached to the report shall be a copy of the Annual Plan and include the status of active Quality Improvement Initiatives (QIIs), Quality Improvement Projects (QIPs), and Clinical Quality Studies (CQSs), and the contractor's most recent National Accreditations letter(s) indicating accreditation status (if accreditation is required). The Government will provide these documents to NQMC for evaluation. See Chapter 7, Section 4, Figure 7-4-1, for timeline.*

1.2. *The format and content of the CQMP AR shall address:*

- *Table of Contents*
- *Executive Summary*
- *Clinical Quality Program Report*
  - *Outcomes of Quality Improvement Initiatives (QIIs), Quality Improvement Projects (QIPs), and Clinical Quality Studies (CQSs)*
    - *Contractors will report on QIIs/QIPs/CQSs selected from the following areas:*
      - *Beneficiary Health, Error Reduction or Safety*
      - *Beneficiary Functional Status*
      - *Beneficiary Satisfaction*
      - *Provider Satisfaction (if applicable)*
      - *Clinical Administrative Processes or Program Related Issues*
    - *CQS and/or QIP will be submitted as an attachment in the contractor's national accreditation format*
    - *Outcomes of Patient Safety/Quality Programs such as, but not limited to:*
      - *Effect on reduction of medical errors*
      - *Effect on increasing patient safety*
      - *Effect on health promotion and disease and/or injury prevention*
      - *Provider and beneficiary educational activities initiated as a result of findings*

- *Annual analysis of all potential QIs and all confirmed QIs stratified by event/ indicator and severity levels/sentinel events including actions taken and improvements as a result of the findings*
- *Annual analysis of all grievances (beneficiary, provider, etc.) stratified by category including actions taken and improvements as a result of the findings*
- *Annual analysis of the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator screening, interventions and outcomes*
- *Annual analysis report of mortality in low-risk Diagnosis Related Groups (DRGs), interventions and outcomes*
- *Assessment of the measurable goals and thresholds for the Internal Monitoring and Improvement of the CQMP Plan and the CQMP*

- *Measurable goals and recommendations for revisions to the CQMP Plan based on the year end outcomes.*

2.0. FRAUD PREVENTION 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).