

Audits, Inspections and Reports

III. TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT INSTRUCTIONS

A. Information Requirement

The contractor shall submit to the Contracting Officers' Representative, TRICARE Management Activity (TMA), separate TRICARE Contractor Monthly Workload Reports, TMA Forms 742 and 743 (Figure 1-3-A-1 and Figure 1-3-A-2), of *network* and *non-network* data for each state in its jurisdiction with summary *network* and *non-network* 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 forty-fifth (45th) calendar day following the start date of the contract and then on the fifteenth (15th) calendar day of each month (or the first workday following the *fifteenth* (15th) calendar day if the *fifteenth* (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.

B. Instructions for Preparation

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.

a. A.1.a. - Pending End of Prior Month

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

b. 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."

c. A.1.b. - Adjusted Opening Pending

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

d. 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 <i>network</i> = 62.5%)
			(3,000 <i>non-network</i> = 37.5%)
Total Non-Keyed Receipts	=	2,000	(2,000 X 62.5% = 1,250 <i>network</i>)
			(2,000 X 37.5% = 750 <i>non-network</i>)
Add estimates for non-keyed receipts to keyed receipts:			
Total Receipts <i>Network</i>	=	5,000 + 1,250	= 6,250
Total Receipts <i>Non-Network</i>	=	3,000 + 750	= 3,750

e. A.2.a. - Transfers

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

f. A.2.b. - Returns

Enter the number of claims returned to the claimant.

g. A.2.c. - Net Receipts

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

h. A.3. - Processed to Completion

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

i. A.4. - Pending End of Month

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

j. 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.

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 the OPM Part Two, Chapter 5, Section I.C.)

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

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

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III.B.2.b.

b. 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."

c. B.1.b. - Adjusted Opening Pending

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

d. B.2. - Receipts

Enter the number of adjustment claims identified during the month. (Refer to OPM Part Two, Chapter 5, Section I.C.)

e. B.3. - Processed to Completion

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

f. 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.

3. Section C: Remarks

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

4. Section D: Inquiries

a. 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.

b. D.2. - Walk-In's

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

c. D.3. - Routine Correspondence

Report in this section the data related to all routine correspondence received into custody. Grievances, requests for appeal or responses to returned claims should not be reported here. Questions concerning charges allowed should be included as "routine correspondence." Requests for "Reconsiderations" on issues considered not appealable shall be counted as correspondence.

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III.B.4.d.

d. D.3.a.(1) - Pending End of Prior Month

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

e. 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.

f. D.3.a.(2) - Adjusted Opening Pending

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

g. D.3.b. - Receipts

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

h. 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.

i. 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.

j. 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.

k. D.4.a.(1) - Pending End of Prior Month

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

l. 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.

m. D.4.a.(2) - Adjusted Opening Pending

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

n. D.4.b. - Receipts

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

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III.B.4.o.

o. D.4.c. - Processed to Completion

Enter the number of pieces of priority correspondence completed.

p. 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.

5. Section E: Remarks

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 OPM Part Three, Chapter 7, Section II.C.2.) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

a. 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.

b. 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.

c. F.1.b. - Adjusted Opening Pending

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

d. F.2. - Receipts

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

e. 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.

f. 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.

g. F.3.c. - Initial Decision Reversed

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

h. F.3.d. - Total Processed to Completion

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

i. F.4. - Pending End of Month

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

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 OPM Part Three, Chapter 7, Section II.C.2.) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

a. 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.

b. 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.

c. G.1.b. - Adjusted Opening Pending

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

d. G.2. - Receipts

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

e. 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.

f. 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.

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III.B.7.g.

g. 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.

h. G.3.d. - Total Processed to Completion

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

i. G.4. - Pending End of Month

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

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 OPM Part Three, Chapter 7, Section II.C.2.) is to be reported in Section D, "Inquiries." Correspondence qualifying as a grievance is to be reported in Section I, "Grievances."

a. 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.

b. 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.

c. H.1.b. - Adjustment Opening Pending

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

d. H.2. - Receipts

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

e. 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.

f. 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.

g. 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.

h. H.3.d. - Total Processed to Completion

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

i. H.4. - Pending End of Month

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

9. Section I: Grievances (TMA Form 742 only)

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

a. 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.

b. 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.

c. I.1.b. - Adjusted Opening Pending

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

d. 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.

e. I.3. - Total Processed to Completion

Enter the number of grievances completed.

f. I.4. - Pending End of Month

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

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IV. TRICARE CONTRACTOR MONTHLY CYCLE TIME/ AGING REPORT INSTRUCTIONS

A. Information Requirement

The contractor shall submit to the Contracting Officer's Representative, TRICARE Management Activity (TMA), separate TRICARE Contractor Monthly Cycle Time/ Aging Report, TMA Forms 744 and 745 (Figure 1-3-A-3 and Figure 1-3-A-4), of *network* and *non-network* data for each state in its jurisdiction with summary *network* and *non-network* 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 forty-fifth (45th) calendar day of the month following the start date of the contract and then on the fifteenth (15th) calendar day of each month (or the first workday following the fifteenth (15th) calendar day if the fifteenth (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.

B. Instructions For Preparation

1. Section A: Claims and Adjustment Claims

a. A.1.a - Professional (All Outpatient Services)

Enter the number of professional and supplier TRICARE claims and adjustment claims which were processed to final disposition during the report period (include drug and outpatient PFPWD claims).

b. A.1.b. - Institutional (All Inpatient Services)

Enter the number of institutional TRICARE claims which were processed to final disposition during the report period (include inpatient PFPWD claims).

c. A.1.c. - Total Processed

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

d. A.1.d. - Point of Service

Enter the total number of claims processed under Point of Service (POS). The POS numbers shall be included in Sections A.1.a.b. and c. above.

e. A.2. - Total Pending End of Month

Enter the total number of claims and adjustment claims which are pending, regardless of the reason. Include A.2.a. "Claims Pended at TMA Direction" totals in this section.

f. A.2.a. - Claims Pended at TMA Direction

Enter the number of TRICARE claims pended by direction from TMA. Include only claims in which TMA has issued written direction that specific claims or categories of claims must be held by the contractor for special investigation or because of legal or technical changes pending. These claims must also be included in A.2., "Total Pending End of Month."

g. A.3. - Returned Claims

Enter the number of TRICARE claims returned to the sender.

2. Section B: Correspondence**NOTE:**

This section pertains only to receipts of written inquiries and requests and excludes receipts of incoming telephone inquiries.

a. B.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.

b. B.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.

c. B.1.c. - Total Processed to Completion

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

d. B.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.

e. B.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.

f. B.2.c. - Total Pending

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

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IV.B.3.

3. Section C: Expedited Preadmission/Preprocedure Reconsiderations (Expedited Appeals)

a. C.1. - Expedited Appeal Cases Completed

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

b. C.2. - Expedited Appeal Cases Pending

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

4. Section D: Nonexpedited Medical Necessity Reconsiderations (including Factual Determinations)

a. D.1. - Nonexpedited Medical Necessity Appeal Cases Completed

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

b. D.2. - Nonexpedited Medical Necessity Appeal Cases Pending

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

5. Section E: Nonexpedited Factual Determinations

a. E.1. - Nonexpedited Factual Determination Appeal Cases Completed

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

b. E.2. - Nonexpedited Factual Determination Appeal Cases Pending

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

6. Section F: Grievances (TMA Form 744)

a. F.1. - Grievances Completed

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

b. F.2. - Grievances Pending

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

c. F3. - Remarks

Use to explain any unusual entries or variations in Sections B, C, D, E, or F, 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.

C. Weekly Reports to TMA**1. Enrollment and Claims Processing Statistics Report**

The contractor shall furnish to TMA a weekly status report containing both enrollment and claims processing statistics. Data to be reported include enrollments and disenrollment net opening and closing enrollments totals, opening claims pending, receipts, transfers and claims processed, and closing claims pending.

2. Claims Aging Report by Status/Location

Each contractor shall produce and furnish to the Contracting Officer's Representative at TMA, a claim aging report by Status/Location on the first workday following the reporting week. This report shall be sorted to enable a count of the total number of claims pending for a specified length of time; e.g., over *thirty* (30) days and over *sixty* (60) days. This report is normally an internal report for management use to track and expedite claims processing. Unless specifically requested by TMA or unless the contractor customarily makes a run of this report concurrent with preparation of the month-end reports to TMA, it need not balance with the end-of-month reports. Each contractor shall, on a one time basis, prepare an explanation of its individual reports and interpretation of the Status/Location codes, if any, to enable TMA staff to effectively review the data.

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Figure 1-3-A-1 TRICARE Contractor Monthly Workload Report - Network, TMA Form No. 742 (Continued)

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT - NETWORK			
STATE	CONTRACTOR NAME	CONTRACT NO.	REPORT PERIOD (MO & YR)
SECTION G. NON-EXPEDITED MEDICAL NECESSITY APPEALS			TOTAL
1. Opening Pending			
a. Pending End of Prior Month			
(1) Correction 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			
SECTION H. NON-EXPEDITED FACTUAL DETERMINATION APPEALS			TOTAL
1. Opening Pending			
a. Pending End of Prior Month			
(1) Correction 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			
SECTION I. GRIEVANCES			TOTAL
1. Opening Pending			
a. Pending End of Prior Month			
(1) Correction to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. Receipts			
3. Processed to Completion			
4. Pending End of Month			
REMARKS			

Previous editions are obsolete

TMA FORM 742
May 1999

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Figure 1-3-A-2 TRICARE Contractor Monthly Workload Report - Non-Network, TMA Form No. 743

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT - NON-NETWORK			
STATE	CONTRACTOR NAME	CONTRACT NO.	REPORT PERIOD (MO & YR)
SECTION A. CLAIMS		TOTAL WORKING DAYS (During Month)	
		TOTAL	
1. OPENING PENDING			
a. Pending End of Prior Month			
(1) Correction 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			
SECTION B. ADJUSTMENT CLAIMS		TOTAL	
1. OPENING PENDING			
a. Pending End of Prior Month			
(1) Correction to Prior Month's Report (+ or -)			
b. Adjusted Opening Pending			
2. RECEIPTS			
3. PROCESSED TO COMPLETION			
4. PENDING END OF MONTH			
SECTION C. REMARKS			
REPORT PREPARED BY		TELEPHONE NO.	DATE PREPARED
REPORT APPROVED BY (AUTHORIZED OFFICER'S SIGNATURE)		DATE SUBMITTED TO TMA	

Previous editions are obsolete

TMA FORM 743
Feb. 1999