CHAPTER 15
ADDENDUM A

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)**

Section A. CLAIMS	**Total Working Days (during month):**
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	
SECTION B. ADJUSTMENT CLAIMS	**TOTAL**
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	

SECTION C. Remarks:		
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)

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC			
State:	**Contractor Name:**	**Contract No.:**	**Report Period (MM/YY)**

Section D. INQUIRIES	**TOTAL**
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	

SECTION E. Remarks:

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

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC			
State:	**Contractor Name:**	**Contract No.:**	**Report Period (MM/YY)**

SECTION F. EXPEDITED APPEALS	**TOTAL**
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	
Section G. NON EXPEDITED MEDICAL NECESSITY APPEALS	**TOTAL**
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	
Section H. NON EXPEDITED FACTUAL DETERMINATION APPEALS	**TOTAL**
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)

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT Network/Non-Network/Medicare BRAC			
State:	**Contractor Name:**	**Contract No.:**	**Report Period (MM/YY)**

Section I. GRIEVANCES	**TOTAL**
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	
Remarks	

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

Page 1

TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT
Network/Non-Network/Medicare BRAC

State:	**Contractor Name:**	**Contract No.:**	**Report Period (MM/YY)**

SECTION A. CLAIMS AND ADJUSTMENT CLAIMS - RETAINED CLAIMS

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								

SECTION B. CLAIMS AND ADJUSTMENT CLAIMS - EXCLUDED CLAIMS

	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								

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

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT
Network/Non-Network/Medicare BRAC

State:	**Contractor Name:**	**Contract No.:**	**Report Period (MM/YY)**

SECTION C. CORRESPONDENCE

	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						

SECTION D. EXPEDITED APPEALS

	TOTAL	1-3 Days	4-7 Days	8-15 Days	16-30 Days	Over 30 Days
1. EXPEDITED APPEALS COMPLETION						
2. EXPEDITED APPEALS PENDING						

SECTION E. NONEXPEDITED MEDICAL NECESSITY APPEALS

	TOTAL	1-15 Days	16-30 Days	31-60 Days	61-90 Days	Over 90 Days
1. NONEXPEDITED APPEALS COMPLETION						
2. NONEXPEDITED APPEALS PENDING						

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

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TRICARE CONTRACTOR MONTHLY WORKLOAD REPORT
Network/Non-Network/Medicare BRAC

State:	**Contractor Name:**	**Contract No.:**	**Report Period (MM/YY)**

SECTION F. NONEXPEDITED FACTUAL DETERMINATION APPEALS

	TOTAL	1-15 Days	16-30 Days	31-60 Days	61-90 Days	Over 90 Days
1. NONEXPEDITED APPEALS COMPLETION						
2. NONEXPEDITED APPEALS PENDING						

SECTION G. GRIEVANCES

	TOTAL	1-15 Days	16-30 Days	31-60 Days	Over 60 Days
1. GRIEVANCES COMPLETED					
2. GRIEVANCES PENDING					

Section F - Remarks