

## Audits, Inspections and Reports

### 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 inquires 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.

# Audits, Inspections and Reports

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. F.3. - 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.