

1.0. INSTRUCTIONS FOR TRICARE CONTRACTOR MONTHLY CYCLE TIME/ AGING REPORT - NETWORK/NON-NETWORK/MEDICARE BRAC, TMA FORM 743

1.1. Information Requirement

The contractor shall submit a TRICARE Contractor Monthly Cycle Time/Aging Report as one report containing separate data sheets for each of the following reports:

- Claims Cycle Time/Aging Report
- SHCP Cycle Time/Aging Report
- TPR Cycle Time/Aging Report
- TRPADFM Cycle Time/Aging Report

1.2. Instructions For Preparation

1.2.1. Section A: Claims And Adjustment Claims - Retained

Retained claims are those claims retained by the contractor for processing to completion or development. This includes claims that contain sufficient information to allow processing to completion and all claims for which missing information may be developed from in-house sources, including DEERS and contractor operated or maintained electronic, paper, or film files.

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

Enter the number of professional and supplier retained TRICARE claims and adjustment claims which were processed to final disposition during the report period (include drug and outpatient Extended Care Health Option (ECHO) claims).

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

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

1.2.1.3. A.1.c. - Total Processed

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

1.2.1.4. A.2. - Total Pending End Of Month

Enter the total number of retained claims and adjustment claims which are pending.

1.2.1.5. A.3. - Returned Claims

Enter the number of TRICARE claims returned to the sender.

1.2.2. Section B: Claims And Adjustment Claims - Excluded Claims

Claims that are excluded from the 30 and 60 day claims processing cycle time standards are to be reported in this section. This includes claims retained by the contractor

while being developed for missing or discrepant information that cannot be obtained from in-house sources; third party liability claims requiring development, claims requiring Government intervention and claims requiring interface with other contractors.

1.2.2.1. B.1.a. - Total Processed

Enter the total number of processed claims and adjustment claims that are excluded from the 30 and 60 day claims processing cycle time standards. (Totals of Section B.1.a.(2)-(5).)

1.2.2.2. B.1.a.(1) - Government Direction

Enter the total number of claims processed that are excluded from the 120 calendar day claims processing cycle time standard (claims that were pending at Government direction over 60 calendar days).

1.2.2.3. B.1.a.(2) - Government Intervention

Enter the total number of pending claims requiring Government intervention and are pending up to 60 calendar days.

1.2.2.4. B.1.a.(3) - TPL Claims

Enter the total number of claims processed that required third-party liability development.

1.2.2.5. B.1.a.(4) - Other Contractor Interface

Enter the total number of claims processed that required other contractor interface. (Claims held as a result of actions required between a prime contractor and a subcontractor or between subcontractors of a prime contractor are not excluded from the 30 and 60 day claims processing cycle time standards and should be reported in Section A.1.c.)

1.2.2.6. B.1.a.(5) - Development Claims

Enter the total number of claims processed that were developed for missing or discrepant information that could not have been obtained from in-house sources.

1.2.2.7. B.2. - Total Pending End-Of-Month

Enter the total number of pending claims that are excluded from the 30 and 60 calendar day claims processing cycle time standards. (Totals of Sections B.2.a., b., c., and d.)

1.2.2.8. B.2.a. - Government Intervention

Enter the total number of pending claims requiring Government intervention (include those claims pending at Government direction).

1.2.2.9. B.2.b. - TPL

Enter the total number of pending claims for third-party liability development.

1.2.2.10. B.2.c. - Other Contractor Interface

Enter the total number of pending claims requiring other contractor interface. (Claims held as a result of actions required between a prime contractor and a subcontractor or between subcontractors of a prime contractor are not excluded from the 30 and 60 day claims processing cycle time standards and should be reported in Section A.1.2.)

1.2.2.11. B.2.d. - Development Claims

Enter the total number of pending claims that were developed for missing or discrepant information that could not have been obtained from in-house sources.

1.2.3. Section C: Correspondence

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

1.2.3.1. C.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.

1.2.3.2. C.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.

1.2.3.3. C.1.c. - Collection Action Cases

Enter the number of collection action cases (cases received directly from the contractor) processed to completion through the use of a written reply.

1.2.3.4. C.1.d. - Total Processed To Completion

Enter the sum of C.1.a., plus C.1.b., plus C.1.c.

1.2.3.5. C.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.

1.2.3.6. C.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.

1.2.3.7. C.2.c. - Total Pending

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

1.2.4. Section D: Expedited Preadmission/Preprocedure Reconsiderations (Expedited Appeals)

1.2.4.1. D.1. - Expedited Appeal Cases Completed

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

1.2.4.2. D.2. - Expedited Appeal Cases Pending

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

1.2.5. Section E: Nonexpedited Medical Necessity Reconsiderations (including Factual Determinations)

1.2.5.1. E.1. - Nonexpedited Medical Necessity Appeal Cases Completed

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

1.2.5.2. E.2. - Nonexpedited Medical Necessity Appeal Cases Pending

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

1.2.6. Section F: Nonexpedited Factual Determinations

1.2.6.1. F.1. - Nonexpedited Factual Determination Appeal Cases Completed

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

1.2.6.2. F.2. - Nonexpedited Factual Determination Appeal Cases Pending

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

1.2.7. Section G: Grievances

1.2.7.1. G.1. - Grievances Completed

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

1.2.7.2. G.2. - Grievances Pending

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

1.2.8. Section H: Remarks

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

TRICARE Contractor Monthly Cycle Time/Aging Report - Network/Non-Network/Medicare BRAC, TMA Form 743

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, ECHO, Drugs)								
b. Institutional (All Inpatient Services, ECHO)								
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								

TRICARE Contractor Monthly Cycle Time/Aging Report - Network/Non-Network/Medicare BRAC, TMA Form 743 (Continued)

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						

TRICARE Contractor Monthly Cycle Time/Aging Report - Network/Non-Network/Medicare BRAC, TMA Form 743 (Continued)

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						