

Quarterly Fraud/abuse Report

REPORTING PERIOD ENDED _____,

The TRICARE Fraud and Abuse Case Report, TMA Form 435, will be completed on every case opened for initial investigation of potential fraud or abuse. The following information, which is essentially the same as on Form 435, will be submitted to the Program Integrity Office (PI), TRICARE Management Activity (TMA), within 30 days of the last day of each calendar quarter.

A. Case Workload Report

Number of cases over 25,000 (10,000 for pharmacy & dual-eligible) opened during quarter

Number of cases under 25,000 (10,000 for pharmacy & dual-eligible) opened during quarter

Number of cases referred to the TMA PI during quarter

Number of cases closed during quarter

Number of cases over 25,000 (10,000 for pharmacy & dual-eligible) opened during calendar year to date

Number of cases under 25,000 (10,000 for pharmacy & dual-eligible) opened during calendar year to date

Number of cases referred to the TMA PI during calendar year to date

Number of cases closed during calendar year to date

Number of cases over 25,000 (10,000 for pharmacy & dual-eligible) pending during quarter

Number of cases under 25,000 (10,000 for pharmacy & dual-eligible) pending during quarter

Total number of beneficiaries on prepayment review

Total number of providers on prepayment review

Attach a separate listing of cases opened/pended/closed during each quarter

B. Categorical Information on Cases Opened During this Quarter

Classification Of Subject	Number Of Cases
Beneficiary	
Physician	
General Practice	
Surgeon	
Psychiatrist	
Obstetrician	
Internal Medicine	
Anesthesiologist	

Quarterly Fraud/abuse Report (Continued)

Psychologist

B. Categorical Information on Cases Opened During this Quarter (Continued)

Classification Of Subject	Number Of Cases
Podiatrist	
Other (Specify)	
Hospital	
Acute General	
Psychiatric	
Other (Specify)	
Skilled Nursing Facility	
Residential Treatment Center	
Specialized Treatment Facility	
Clinic, Group Practice	
Laboratory	
Medical Supplier	
Ambulance Service	
Registered Nurse	
Clinical Social Worker	
Marriage, Family and Pastoral Counselor	
Mental Health Counselor	
Occupational Therapist	
Pharmacy/Pharmacist	
Physical Therapist	
Others	
Total	

POTENTIAL FRAUD OR ABUSE ISSUES--REPORT AS FOLLOWS

POTENTIAL ABUSE	NUMBER OF CASES OPENED	TOTAL DOLLAR AMOUNT BY ISSUE
Services Not Medically Necessary		\$
Overutilization		\$
Failure to File Claims (Provider)		\$
Billing Administrative Charge for Filing Claims		\$
Quality of Care		\$
Other (Specify)		\$

Quarterly Fraud/abuse Report (Continued)

FRAUD -- REPORT AS FOLLOWS	NUMBER OF CASES OPENED	TOTAL DOLLAR AMOUNT BY ISSUE
Billing for Services Not Rendered		\$
Misrepresenting Services/Diagnosis		\$
Altering Bill/Receipt		\$
Falsifying Records/Documents		\$
Kickbacks/Rebates		\$
Eligibility		\$
Embezzlement		\$
Forgery of Check		\$
Other Health Insurance		\$
Misrepresentation of Credentials		\$
Breach of Provider Participation Agreement		\$
Balance Billing Limitation		\$
Misrepresenting Patient		\$
Misrepresenting Provider		\$
Other (Specify)		\$
Total		\$

FRAUD OR ABUSE REFERRAL SOURCE -- REPORT AS FOLLOWS	NUMBER OF CASES OPENED
Beneficiary/Sponsor	
Clerical Identification	
Prepayment Review	
Postpayment Review	
Health Benefits Advisor	
Provider of Care	
Medical Review (Third Level)	
Media	
DEERS	
TMA	
DCIS	
Other Investigative Agency (Specify)	
Other Contractor	
OHI	
Public/anonymous	
Hotline Complaint	
Other (Specify)	

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DISPOSITION OF FRAUD AND ABUSE CASES -- REPORT AS FOLLOWS	NUMBER OF CASES	
Place on Prepayment Review		
Provider Consultation		
Referred for Medical Review		
Referred to the TMA Program Integrity Office		
Case dismissed (no issue)		
Referred to Licensing Board		
Denied Payment		
Recouped Funds		
Referred to Contractor Recoupment Section		
Referred to the TMA Recoupment Section		
Provider Sanctioned (terminated or excluded)		
Other (specify)		
SAVINGS	RECEIVED THIS QUARTER	RECEIVED CY TO DATE
Provider Prepay/Review	\$	\$
Beneficiary Prepay Review	\$	\$
Provider Recoupment	\$	\$
Beneficiary Recoupment	\$	\$
Offsets	\$	\$
Denials (Specify)	\$	\$
Other (Specify)	\$	\$
For example: "claimcheck," OHI, Drug Seeking Beneficiary controls, etc.		
Total	\$	\$