



Defense Health Agency



Program Integrity  
Operational Report

January 1, 2013  
through December 31, 2013



*"Guarding the Health Care  
of Those Who Guard Us"*



Mr. John Marchlowska  
Director, Program Integrity  
Business Support Directorate  
Defense Health Agency  
Aurora, Colorado



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Defense Health Agency



## Program Integrity Office

### Mission

*Our mission is to manage anti-fraud and abuse activities for the Defense Health Agency to protect benefit dollars and safeguard beneficiaries. Program Integrity develops and executes anti-fraud and abuse policies and procedures, provides oversight of contractor program integrity activities, coordinates investigative activities, develops cases for criminal prosecutions and civil litigations, and initiates administrative measures.*

### Vision

*Our vision is to ensure the Defense Health Agency and its contractors have an effective anti-fraud program in place that can be considered a model of excellence for the industry, save valuable benefit dollars, and ensure high quality health care for beneficiaries.*





### Section 1.0 Defense Health Agency, Program Integrity - General

On October 1, 2013, the Department of Defense (DoD) establish the Defense Health Agency (DHA) to manage the activities of the Military Health System (MHS). These activities include those previously managed by TRICARE Management Activity, which was disestablished on the same date.

TRICARE is the DoD health care program serving Uniformed Service members, retirees and their families. As a major component of the MHS, TRICARE brings together the worldwide health care resources of the Uniformed Services (often referred to as “direct care”) and supplements this capability with network and non-network civilian health care professionals, institutions, pharmacies, and suppliers (often referred to as “purchased care”).

The DHA Program Integrity (PI) Division is responsible for anti-fraud activities to protect benefit dollars and safeguard beneficiaries. This includes both the purchased care and direct care settings. DHA PI develops and executes anti-fraud and abuse policies and procedures, provides oversight of contractor program integrity activities, supports investigative activities, develops cases for criminal prosecution and civil litigation, and initiates administrative measures.

DHA PI reports to the DHA Business Support Directorate. This reporting structure facilitates DHA PI’s anti-fraud activities. Because of the nature and scope of the work performed by DHA PI, its reporting line is separate and distinct organizationally from the day-to-day operational activities of other departments to avoid the appearance or potential of undue influence or conflict of interest.

To encourage the early identification of fraud, DHA PI engages in multiple proactive activities designed to identify areas that may be vulnerable to fraudulent and abusive billings. DHA PI develops areas of focus and analyzes claims data to identify outliers. Recognizing the importance of sharing information with the investigative community, DHA PI (often a presenter) regularly attends task force meetings, information sharing meetings, and health care fraud meetings. These meetings foster collaborative anti-fraud efforts across government agencies and private organizations.

Through a Memorandum of Understanding, DHA PI refers its fraud cases to the Defense Criminal Investigative Service (DCIS). DHA PI also coordinates investigative activities with Military Criminal Investigative Offices (MCIOs), as well as other federal, state, and local agencies. DHA PI provides technical assistance, subject matter expertise, and support to U.S. Attorney Offices (USAOs), law enforcement agencies, and others in developing cases for criminal prosecution, civil litigation, and/or settlements. This includes providing witness testimony related to the TRICARE program and range of benefits. This support is continuous and ongoing throughout the investigative, prosecutorial or civil proceedings, and settlement phase of each of these cases.

In addition to saving and recovering benefit dollars, DHA PI actions contribute to patient safety. In the course of investigations, DHA PI may become involved in coordinating notification alerts for beneficiaries who may have potential exposure arising from re-use of syringes, the use of single dose vials of medication on multiple patients, watering down of immunizations, dilution of chemotherapy solutions, and other such potentially harmful situations.

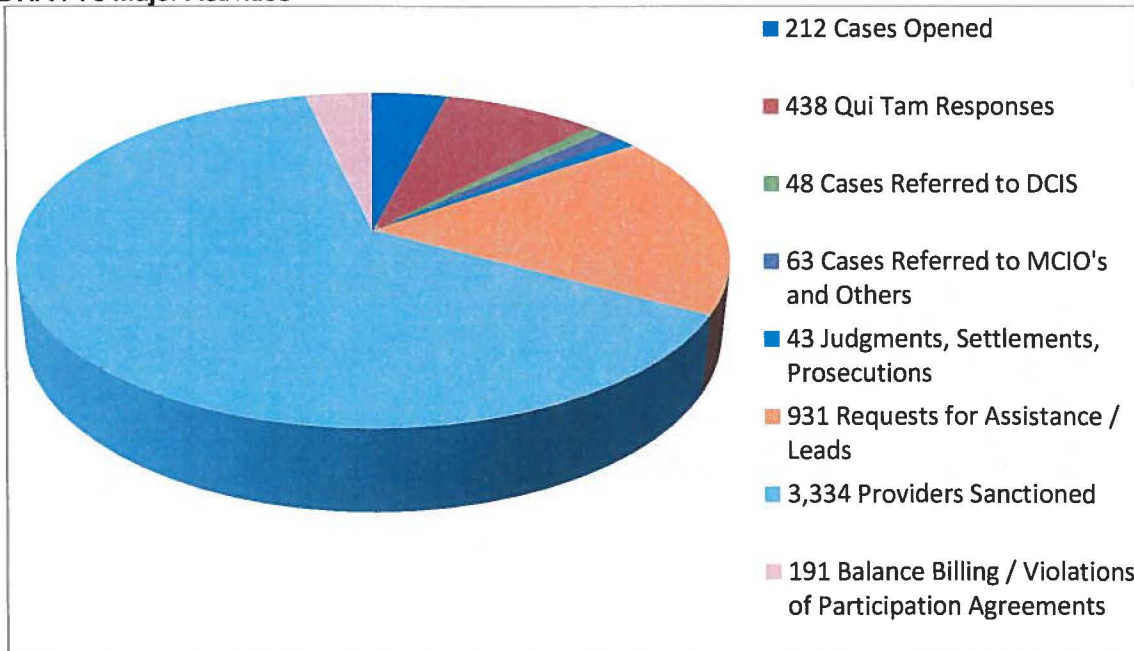
**Section 1.1 TRICARE's Fraud and Abuse Website**

In 2013, DHA PI's website [www.tricare.mil/fraud](http://www.tricare.mil/fraud) experienced another increase in visits. The number of visits on DHA PI's web site was just over 132,150. Our most popular feature continues to be the TRICARE Sanctioned Provider page with 42,366 visits followed by Frequently Asked Questions (FAQs) with 26,272 visits and our Report Fraud page with 23,737 visits. Fraudulent activities may be reported via the website directly to the DHA PI Office. The email address is: [fraudline@DHA.mil](mailto:fraudline@DHA.mil). In calendar year 2013, DHA PI received 96 FRAUDLINE referrals.

**Section 2.0 DHA PI Activity Report**

DHA PI had another milestone year. During calendar year 2013, 388 active investigations were managed, 212 new cases were opened, and 931 leads/requests for assistance were responded to. DHA PI received and evaluated a record number of 438 new *qui tams*. A *qui tam* is a provision of the Federal Civil False Claims Act (FCA) that allows private citizens, known as relators, to file lawsuits in the name of the U.S. Government alleging that private companies—usually their employer—have submitted fraudulent claims for government payment. The private whistleblowers who file these *qui tam* lawsuits receive a percentage of the settlement or judgment amount if a settlement or judgment is reached.

**DHA PI's Major Activities**





## Section 3.0 Cost Avoidance

This section details the results of cost avoidance activities.

### 3.1 Prepayment Duplicate Denials

TRICARE's Managed Care Support Contractor's (MCSC's) utilize claim software that screens and audits claim coding. One significant area reviewed is that of duplicate claims submissions. When duplicate claims submissions are identified the duplicate claim is denied. For calendar year 2013 prepayment duplicate denials amounted to \$683,857,124.

### 3.2 Rebundling/Mutually Exclusive Edits

TRICARE's MCSC's are required to use prepay claims processing software that utilizes rebundling and mutually exclusive edits. The rebundling edits are designed to detect and correct the billing practice known as unbundling, fragmenting, or code gaming. Unbundling involves the separate reporting of the component parts of a procedure instead of reporting a single code, which includes the entire comprehensive procedure. This practice is improper and is a misrepresentation of the services rendered. Providers are cautioned that such a practice can be considered fraudulent and abusive. For calendar year 2013, the prepayment claims processing software in use by the MCSCs accounted for \$81,132,944<sup>1</sup> in cost avoidance for TRICARE.

### 3.3 Prepayment Review

Prepayment review prevents payment for questionable billing practices or fraudulent services. Providers/beneficiaries with atypical billing patterns may be placed on prepayment review. Once on prepayment review their claims and supporting documentation are subjected to prepayment screening to verify that the claims are free of billing problems. The results of a review may result in a reduction of what was claimed or a complete denial of the claim. The following Cost Avoidance chart shows by contractor monies expended due to prepayment reviews.

**Calendar Year 2013 Prepayment Review<sup>2</sup>**

CONTRACTORS	COSTS AVOIDED
Health Net Federal Services, North	\$2,170,039
United Healthcare Military & Veterans, West	\$180,939
TriWest, West (from 1/1/13 - 3/31/13)	\$28,914
Humana Military Healthcare Services, South	\$8,560,050
International SOS, Overseas	\$4,222,166
WPS TDEFIC, National	\$148,630
UCCI, National	\$0
Met Life, National	\$40,040
<b>TOTALS:</b>	<b>\$15,350,778</b>

<sup>1</sup> Data Acquired from TRICARE Claims Data Repository

<sup>2</sup> Data as reported by TRICARE Contractors.

### 3.4 Pharmacy Daily Claims Audits

TRICARE's Pharmacy Benefits Manager Retail Pharmacy Contract claims processing is "real" time. While not an actual pre-payment review process, the daily claims audit process identified and prevented \$435,163 of inappropriate pharmacy billing errors prior to payment.

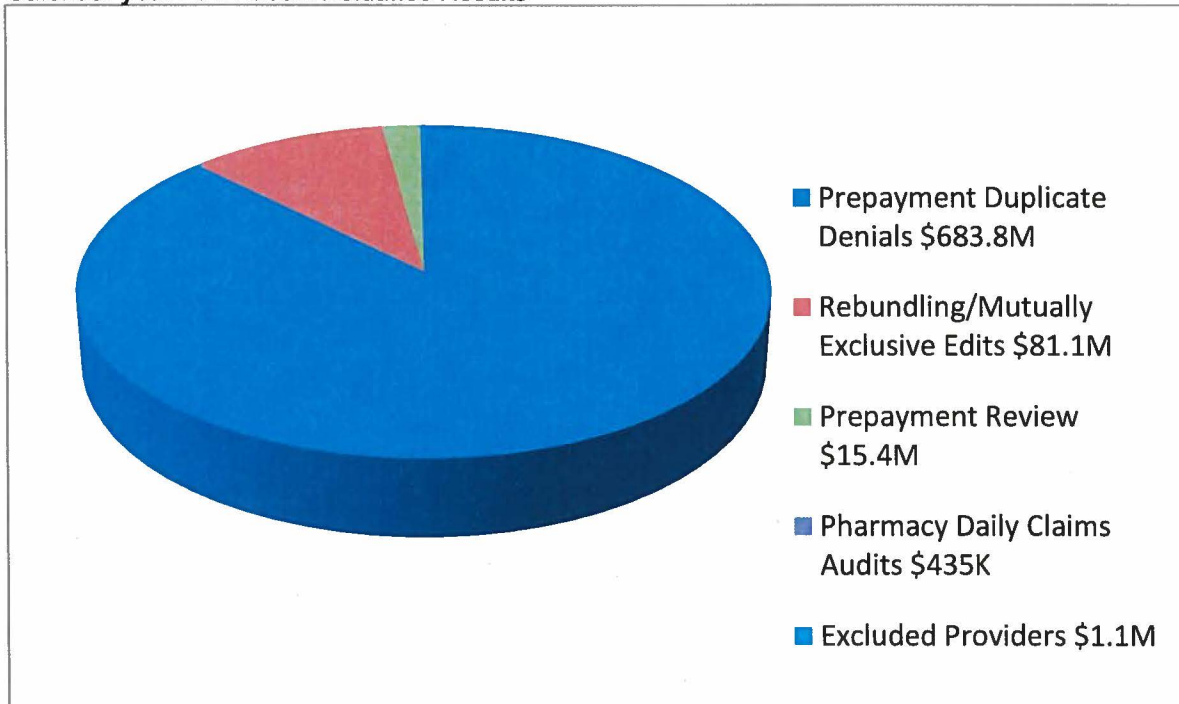
### 3.5 Excluded Providers

DHA has exclusion and suspension authority based on Title 32, Code of Federal Regulations (CFR), Part 199.9. DHA PI works with the DHA Office of General Counsel to recommend sanctions when necessary. TRICARE's sanction list is available on the internet at [www.tricare.mil/fraud](http://www.tricare.mil/fraud). This online searchable database allows searches by provider or facility name.

From this website users may also access the Department of Health and Human Services (DHHS), Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE). The LEIE is an online searchable database which allows searches by provider or facility name.

An agreement between DHA PI and the DHHS OIG enables sharing of information between our two agencies. As part of the agreement, DHHS OIG provides DHA PI with updates from its LEIE on a monthly basis, which lists providers who have been excluded, terminated, or suspended, as well as a list of providers who have been reinstated. This list is used by TRICARE contractors to flag sanctioned providers to ensure that no payments are made for services prescribed or provided by sanctioned providers. DHA PI also provides the sanction list to the Surgeons General (SGs), TRICARE Regional Offices (TROs), Uniformed Services Family Health Plan (USFHP), Pharmacy Operation Center (POC), National Quality Monitoring Contract (NQMC), DCIS, and the Defense Logistics Agency (DLA). DHHS OIG has taken sanction action against 3,334 providers in calendar year 2013. The basis for exclusion includes convictions for program-related fraud, patient abuse, and state licensing board actions.

#### Calendar year 2013 Cost Avoidance Results<sup>3</sup>



<sup>3</sup> Rebundling/Mutually Exclusive Edits amount acquired from TRICARE's Claims Data Repository. All other categories as reported by TRICARE contractors.

## **Section 4.0 Recoveries and Recoupments**

This section details recoveries and recoupments. Money recovered and recouped is applied towards funding our beneficiaries' healthcare entitlements.

### **4.1 Fraud Judgments and Settlements**

TRICARE judgments and settlements for calendar year 2013 totaled \$41,644,713. Depending on ability to pay a partial or full payment for any given judgment or settlement may carry over into future fiscal years. Total payments actually received in 2013 from past and present settlements and judgments was \$175,563,125.<sup>4</sup>

### **4.2 Post-payment Duplicate Claims Denials**

Post-payment duplicate claim software was developed by the DHA Policy and Operations Directorate and is used by the MCSCs. This software is designed as a retrospective auditing tool to identify paid duplicate claims. While most duplicate claims are identified through prepayment screening \$25,213,164<sup>5</sup> was identified for recoupment or offset on a post payment basis.

### **4.3 Pharmacy Post Payment Audits**

Post pay audits represent amounts recovered from paid pharmacy claim submission errors identified as part of TRICARE's Pharmacy Benefits Manger audit and monitoring activities.

### **4.4 Administrative Recoupments/Offsets**

On occasion a payment may be issued resulting in an overpayment. Overpayments occur for a variety of reasons including: erroneous calculation of the allowable charge, erroneous coding of a procedure, erroneous calculation of the cost-share or deductible, a payment made for services rendered by unauthorized provider, etc. The general rule for determining liability for overpayments is that the person who received the payment is responsible for the refund. In 2013, \$6,490,038 was recovered through administrative recoupments/offsets.

### **4.5 Voluntary Disclosures**

In its continuing efforts to protect the integrity of its program from provider fraud and abuse, DHA encourages providers to "police" themselves by conducting voluntary self-evaluations and making voluntary disclosures. By participating in voluntary disclosure programs, providers hope to avoid being subjected to criminal penalties and civil actions. While not protected from civil or criminal action under the FCA, the disclosure of fraud or self-reporting of wrongdoing by a provider could be a mitigating factor in recommendations to prosecuting agencies. Self-reporting offers providers the opportunity to minimize the potential cost and disruption of a full scale audit and investigation, and to negotiate a fair monetary settlement. Because a provider's disclosure may involve anything from a simple error to outright fraud, full disclosure and cooperation generally benefits the individual or company. As a result of the voluntary compliance and self-audits by medical providers under the current program, TRICARE receives voluntary disclosures of overpayments. In 2013, TRICARE had a total of nine Voluntary Disclosure actions with recovered monies from five of the Voluntary Disclosures for a total of \$130,954. Efforts to resolve the two remaining Voluntary Disclosure are still ongoing.

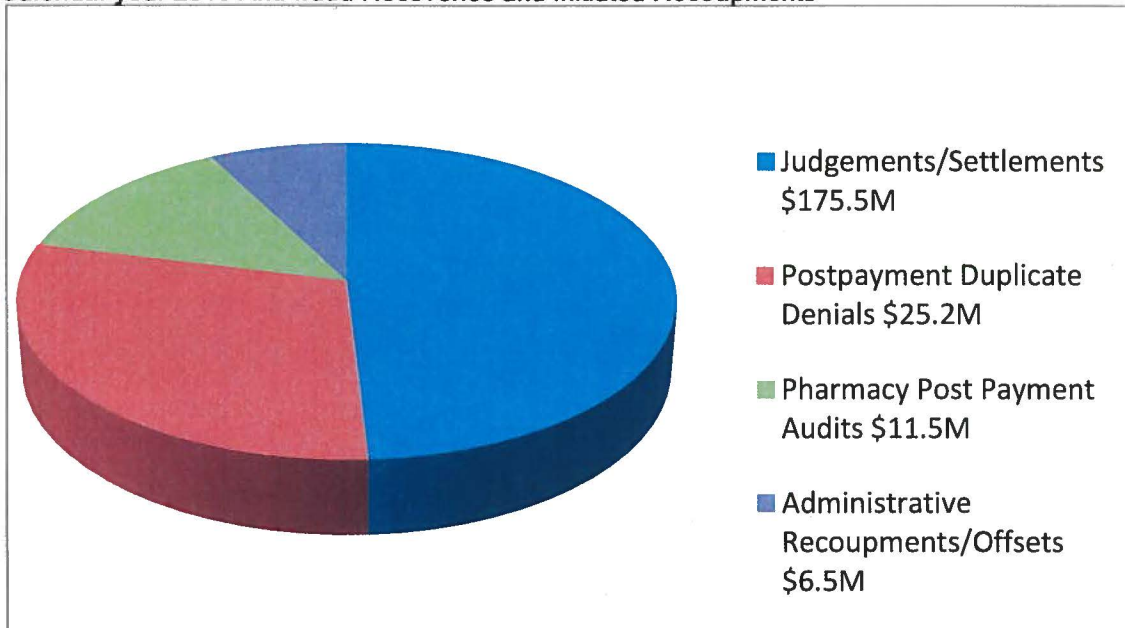
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<sup>4</sup> Payments received in calendar year 2013 as reported by DHA Office of General Counsel, Appeals, Hearings and Claims Collection Division.

<sup>5</sup> Post payment Duplicate Claims Denials as reported by DHA Purchase Care Integration Branch.



## Calendar year 2013 Anti-fraud Recoveries and Initiated Recoupments<sup>6</sup>



### Section 5.0 Balance Billing and Violation of Participation Agreements

In addition to handling the more familiar types of health care fraud against the program, DHA PI is also dedicated to addressing issues involving billing in excess of 115% (balance billing) and violations of participation agreements.

#### 5.1 Balance Billing

DHA PI is responsible for ensuring that non-participating providers comply with Public Law 102-396, Section 9011, passed by Congress as part of the DoD Defense Authorization Act of 1993. The text of this Public Law limits the billed charges to no more than 115% of the allowable rate. This law specifies that non-participating providers are allowed to collect a maximum of 15% over the CHAMPUS Maximum Allowable Charge (CMAC) from a TRICARE beneficiary. The term "Balance Billing" has been derived from this limitation. TRICARE's MCSC's resolved 53 Balance Billing cases recovering \$23,139 for our beneficiaries.

Balance Billing matters that TRICARE's MCSC's are unable to resolve are referred to DHA PI. During calendar year 2013, the MCSC's were able to resolve all identified Balance Billing issues with no matters referred to DHA PI.

#### 5.2 Violation of the Participation Agreement

DHA PI is also responsible for ensuring participating providers do not collect more than the CMAC when participating on a claim. Participating providers (those marking "yes" to accept assignment on the claim form) are prohibited from collecting from beneficiaries any amount in excess of the CMAC. This is commonly referred to as a "Violation of the Participation Agreement". TRICARE's MCSC's resolved 138 Violations of Participation Agreement cases recovering \$ 327,926 for our beneficiaries.

Violations of Participation Agreement matters that TRICARE's MCSC's are unable to resolve are referred to DHA PI. In 2013, one Violation of Participation Agreement matter was referred to DHA PI. Efforts to resolve this issue on behalf of our beneficiary are ongoing.

<sup>6</sup> Post payment Duplicate Claims Denials as reported by DHA Purchase Care Integration Branch. Pharmacy Post Payment Audits as reported by TRICARE's Pharmacy Benefit Management Contractor.

## Section 6.0 Eligibility Fraud

TRICARE and Uniformed Service regulations require changes in eligibility under a sponsor record to be reported to the Services within 30 days. Each branch of the Uniformed Services is responsible for determining eligibility for its members, dependents, and retirees. The Defense Manpower Data Center (DMDC) maintains eligibility information in the Defense Eligibility and Enrollment Reporting System (DEERS). TRICARE's claim processors use DEERS to determine whether a beneficiary is eligible for benefits on the dates services were received.

A TRICARE beneficiary, parent or legal representative, when appropriate, must provide the necessary evidence to establish and update dependent eligibility in DEERS. Sponsors are responsible for reporting eligibility changes within 30 days to the appropriate Uniformed Service. Failure to timely report changes may result in the sponsor being held financially liable for the cost of any health care services that are received through the Military Treatment Facilities or TRICARE. Fraudulent use of DoD health care entitlements is a violation of federal law.

In 2013, DHA PI received 83,514 names from DMDC to review for potential eligibility fraud and abuse related to late-reported eligibility changes. This resulted in 49 referrals to law enforcement and \$6,841,595 in recoupments being initiated thus far.

## Section 7.0 Program Integrity Affiliations

DCIS is the primary investigative agency for the Department of Defense TRICARE Program. DHA PI and DCIS work in close cooperation in the fight against health care fraud and abuse. In 2013, DCIS continued to recognize health care fraud as one of its investigative priorities. In doing so, DCIS strongly supports DHA PI's anti-fraud program. DCIS commitment to investigating health care fraud resulted in increased numbers of cases accepted for investigative purposes.

DHA PI also routinely collaborates with Military Criminal Investigative Offices, Federal prosecutors and investigators (e.g., DOJ, HHS-IG, FBI, DEA) to include state and local levels, and the Veteran's Administration. Additionally, DHA PI participates in public-private sector partnerships with the National Health Care Fraud Association, National Insurance Crime Bureau, and private plan Special Investigative Units. DHA PI also actively participates on health care task forces and Anti-Fraud Information Sharing Groups throughout the United States.

## Section 8.0 Program Integrity Snapshot of Cases Involving TRICARE

This section reviews a sampling of significant fraud cases involving TRICARE in calendar year 2013. During this calendar year 15 individuals/entities were criminally convicted and 11 individuals were incarcerated for committing health care fraud against the TRICARE program.

### U.S. v. Ranbaxy, Incorporated - Violation of Good Manufacturing Practices

*On May 13, 2013 Ranbaxy, Incorporated, a pharmaceutical manufacturer, pled guilty and entered into a civil settlement agreement with the U.S. Attorney's Office for the District of Maryland. The investigation revealed there were pervasive and systemic violations of Current Good Manufacturing Practices at Ranbaxy's Paonta Sahib and Dewas plants in India. This included Ranbaxy's failure to: 1) maintain complete testing data to assure that the drugs complied with specifications; 2) establish and follow an adequate testing program to assess drug stability; 3) maintain an effective Quality Control Unit; and 4) investigate discrepancies or failures of batches to meet specifications. Furthermore, Ranbaxy was alleged to have submitted numerous false statements to the FDA relating to drug stability and other testing allegedly performed. A \$350,000,000 settlement was reached that covered losses to various federal programs. TRICARE restitution was \$15,528,078.*

U.S. v. Johnson and Johnson et al. - Unlawful Promotion of Certain Prescription Drugs

*On November 4, 2013 Johnson and Johnson and several of its subsidiaries, including Janssen entered an agreement to settle allegations that the companies had paid kickbacks, violated FDA marketing laws and recklessly put at risk some of the most vulnerable members of our society including children, elderly and the disabled. Of the \$2.2 billion settlement (which includes penalties, fines and double damages), TRICARE received \$8,120,818.*

U.S. v. MEDNAX - Double Billing

*On April 11, 2013, MEDNAX and its affiliated entities entered into an agreement with the United States Attorney's Office for the Northern District of Texas. The settlement resolved allegations that MEDNAX was engaged in a coding scheme where they were alleged to have submitted claims for services under a CPT code that were in fact covered under DRG codes. It was further alleged that in virtually all billings to TRICARE the billing physician never saw or treated the patient. Total settlement amount was \$2,217,778. TRICARE's received \$1,208,889.*

U.S. v. Russell Roby, MD - Billing for Services Not Rendered, Medically Unnecessary Services, and Overutilization of Procedures

*On July 01, 2013, Dr. Roby agreed to pay \$1,318,392 to settle allegations that he billed for unapproved hormone therapy treatments, medically unnecessary services, services not rendered, and overutilization of procedures. Dr. Roby also agreed to exclusion from participating in all federal healthcare programs for 20 years. The Federal civil action and subsequent settlement were the result of two healthcare fraud cases referred to DHA-PI. TRICARE received \$137,688 in restitution.*

U.S. v. Alfred Chan, M.D., WA

*On June 20, 2013, Dr. Alfred H. Chan, an oncologist in Lakewood, Washington, and his family, agreed to pay the United States \$3,100,000 to settle allegations including billing by Dr. Chan which intentionally inflated claims to Medicare, TRICARE, and other federal health care programs. Dr. Chan - with the assistance of his wife, Judy - routinely billed federal healthcare programs for twice (or more) the amount of cancer treatment drugs actually administered to his patients. The couple then destroyed records and falsified patients' medical records in order to conceal the fraud. Upon learning of the government's investigation, the Chans attempted to sell, transfer, and conceal millions of dollars in assets in an ultimately unsuccessful attempt to prevent the government from recovering its overpayments. In February 2011, the Chans fled to Taiwan. A grand jury sitting in the Western District of Washington has returned a criminal indictment against Alfred and Judy Chan relating to their fraudulent conduct. Department of Justice obtained a \$3,100,000 civil settlement against Dr. Chan and his wife. A grand jury sitting in the Western District of Washington also returned a criminal indictment against Alfred and Judy Chan relating to their fraudulent conduct. TRICARE's portion of the civil settlement was \$117,734.*

U.S. v. McLeod Cancer and Blood Center - Distributing Non FDA Approved Medications

*On June 10, 2013, the Department of Justice announced that William Ralph Kincaid, 68, of Johnson City, Tennessee, was sentenced to serve 24 months in federal prison. Dr. Kincaid was a physician and managing partner for McLeod Cancer and Blood Center. Beginning in 2007, McLeod Cancer and Blood Center began obtaining drugs from Canada. The drugs had not been approved by the FDA for distribution or use in the United States. After nurses at McLeod Cancer and Blood Center raised concerns about chemotherapy drugs with foreign labeling, the clinic stopped ordering drugs. However, in August 2009, Dr. Kincaid again began ordering misbranded unapproved drugs. Billing to government health benefits programs was approximately \$2.3 million for the unapproved drugs. Dr. Kincaid as well as McLeod Cancer and Blood Center have been excluded from all Federal Health Care Benefit Programs for 10 years. Total civil settlement was \$4,250,000 and TRICARE restitution was \$26,967.*



U.S. v. T. Hazel - Trafficking Controlled Substances

*On July 16, 2013, Ms. Hazel, a TRICARE beneficiary, pled guilty to 16 counts of trafficking controlled substances and two counts of possession of a controlled substance. Ms. Hazel stole a prescription pad from a clinic where she was employed and then wrote fraudulent prescriptions. She was sentenced to three years in prison followed by two years drug offender probation. She was also ordered to pay \$53,882 in fines and penalties, with \$18,229 in restitution to TRICARE.*

U.S. v. Jamshid Assadinia, DDS, PA - Services Not rendered

*On April 16, 2013, Jamshid Assadinia was sentenced to six month's incarceration, 200 hours community service, and ordered to pay fines and restitution. Dr. Assadinia was arrested by the FBI and Pennsylvania's Office of Attorney General, Insurance Fraud Section stemming from complaints that he was billing for dental services that were not provided. The investigation revealed that between June 5, 2006 and January 17, 2011, he submitted approximately 100 claims involving payments of \$33,534. Dr. Assadinia pled no contest to one count of insurance fraud, and one count of theft by deception. TRICARE/United Concordia received \$15,923.*

U.S. v. Jackson Cardiology Associates and Allegiance Health Hospital - Unnecessary Cardiac Procedures

*On July 10, 2013, an agreement in the amount of \$4,000,000 was reached to settle allegations that cardiologists employed by Jackson Cardiology Associates performed medically inappropriate cardiac procedures, including invasive catheterizations. Medicare, Medicaid, and other government payers were then billed for these procedures. The evidence showed that Dr. Jashu Patel (cardiology practice owner) ordered catheterizations for patients based on findings from nuclear stress tests that he improperly read as positive. The government found that three-quarters of these patients had no significant heart blockages. A portion of the settlement with Allegiance Health also covered medically unnecessary peripheral stents performed on an outpatient basis. TRICARE received \$12,237 of the judgment.*

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*For more information on the content of this report, please contact the DHA PI Office in writing at the address below.*

*Defense Health Agency*

*ATTN: Program Integrity Office*

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*Aurora, CO 80011-9066*

## APPENDIX A: ACRONYM INDEX

ABA	Applied Behavior Analysis	ESI	Express Scripts, Inc.
ASD (HA)	Office of the Assistant Secretary of Defense for Health Affairs	FAQ	Frequently Asked Questions
BAQ	Basic Allowance for Quarters	FBI	Federal Bureau of Investigation
BCAC	Beneficiary Counseling and Assistant Coordinator	FCA	False Claims Act Administration
CAP/DME	Capital Expense and Direct Medical Education	FDA	Food and Drug Administration
CFR	Code of Federal Regulations	FDCA	Food, Drug, and Cosmetic Act
CHAMPVA	Civilian Health and Medical Program of the Veterans Administration	HB&FP	Uniform Business Office
CIA	Corporate Integrity Agreement	HCSR	Health Care Service Record
CMAC	CHAMPUS Maximum Allowable Charge	KEPRO	Keystone Peer Review Organization
CMS	Centers for Medicare and Medicaid	ISOS	International SOS
DCIS	Defense Criminal Investigative Service	LEIE	List of Excluded Individuals/Entities
DHA	Defense Health Agency	MCIO	Military Criminal Investigative Organizations
DEA	Drug Enforcement Administration		
DHHS	Department of Health and Human Services	MCSC	Managed Care Support Contractor
DHP	Defense Health Program	MHS	Military Health System
DLA	Defense Logistics Agency	MOU	Memorandum of Understanding
DMDC	Defense Manpower Data Center	NCIS	Naval Criminal Investigative Service
DoD	Department of Defense	NDC	National Drug Code
DoDI	Department of Defense Instruction	NQMC	National Quality Monitoring Contract
DOJ	Department of Justice	OIG	Office of Inspector General
EOB	Explanation of Benefits	OPM	Office of Personnel Management
		PCDIS	Purchased Care Detail Information System

PCDW	Purchased Care Data Warehouse	TED	TRICARE Encounter Data
PDTS	Pharmacy Data Transaction Service	TMA	TRICARE Management Activity
PEC	Pharmacoeconomic Center	TOM	TRICARE Operations Manual
PI	Program Integrity	TQMC	TRICARE Quality Monitoring Contract
POC	Pharmacy Operation Center		
PEC	Pharmacoeconomic Center	TRDP	TRICARE Retiree Dental Program
ProDUR	Prospective Drug Utilization Review	TRO	TRICARE Regional Office
SG	Surgeon General	USAO	United States Attorney's Office
SIU	Special Investigation Unit	USFHP	United States Family Health Plan
SME	Subject Mater Expert	VA	Department of Veterans Affairs
TDEFIC	TRICARE Dual Eligible Fiscal Intermediary Contractor	WPS	Wisconsin Physician Services