

FACT SHEET

PURCHASED CARE OPERATING SYSTEM

PCOS



Purchased Care Operating System (PCOS) is composed of TRICARE Encounter Data (TED) and Patient Encounter Process Reporting (PEPR). The TED system processes TRICARE healthcare claims and the PEPR system reports and analyzes the claims processed by TED.

The TED System is a claims processing tool and a data set of information for all purchased health care delivered under TRICARE's purchased care support contracts. The claims data originating in TED is fed to the downstream reporting system of PEPR, which provides a single point of data retrieval for analysis and reporting purchased care claims. PCOS data and reports are used by all levels of the MHS organization to: detect fraud, waste, and abuse; identify and recoup duplicate claims payments; respond to congressional inquiries; perform claims review audits and monitor contractor performance; develop trends and budget projections; respond to requests from Senior DHA leadership; provide information to DOJ; and inform and empower service branch representatives with information on the care being delivered to enrolled beneficiaries.

Background:

TRICARE is the government program which provides healthcare coverage to military service members, retirees, and their families around the world. Healthcare is provided under TRICARE to more than 9.4 million beneficiaries. The subset of care provided under TRICARE by non-military physicians, hospitals, pharmacies, and suppliers is referred to as purchased care. PCOS is the only system that processes the TRICARE purchased care claims, stores the associated data, and provides tailored data and reports on these claims.



Key Benefits

- ▶ Enables the prompt payment of civilian healthcare provider claims
- ▶ Used by the government to detect fraud, waste, and recoup improper payments
- ▶ Processes and reports on over 211M purchased care claims annually valued in excess of \$18B

Key Features

- ▶ A secure healthcare data source available to the right user at the right time
- ▶ Accurate data, reliable reports, and tailored queries
- ▶ Claims are validated within 24 hours to support payment to healthcare providers within 30 days
- ▶ The data source on billions of dollars in annual government healthcare expenses
- ▶ Tracks and reports on fraudulent claims, duplicate claims, and improper payment