

POST-PAYMENT AUDITS

To ensure the proper allocation of health care resources, US Family Health Plan (USFHP) regularly audits claim compliance. Reviews of completeness, accuracy and necessity are conducted on a random selection of claims submitted by providers for services rendered. Any provider who submits a claim for payment may receive a request for records from USFHP to ensure that minimum medical record requirements were met for verification of services that were billed.

HIPAA Guidelines

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes a foundation of federal protection for protected health information (PHI), which is carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. As such, the Privacy Rule generally prohibits a covered entity from using or disclosing PHI unless authorized by patients, except where this prohibition would result in unnecessary interference with access to quality health care or with certain other important public benefits or national priorities. Ready access to treatment and efficient payment for health care, both of which require the use and disclosure of PHI, are essential to the effective operation of the health care system.

In addition, certain health care operations—such as administrative, financial, legal and quality improvement activities—conducted by or for health care providers and health plans are essential to support treatment and payment. Many individuals expect that their PHI will be used and disclosed as necessary to treat them, bill for treatment and, to some extent, operate the covered entity's health care business. To avoid interfering with an individual's access to quality health care or the efficient payment for such health care, the Privacy Rule permits a



covered entity to use and disclose PHI, with certain limits and protections, for treatment, payment and health care operations activities.

Timely Response to a USFHP Review

When a provider receives a written request for records from USFHP, the request will include guidance on exactly how, when and where to respond and/or appeal decisions that are made. The request also provides timely response requirements that are expected to be followed for such requests. *Failing to respond to a request within the stated timeframe could result in the payment made on the claim being recouped in full.*

These claim-compliance reviews focus on maintaining the integrity of the USFHP network as well as our reimbursement practices. We actively monitor activity that may include, but is not limited to, fraud, waste and abuse. As a TRICARE Designated Provider, US Family Health Plan is committed to coordinating, evaluating and improving activities that support and use the health care resources needed to improve the health of all individuals under our care.