

Post-Payment Review and Requests for Records

To ensure the proper allocation of health care resources, US Family Health Plan regularly conducts post-payment reviews. A random selection of claims submitted by providers for services rendered are reviewed for completeness, accuracy, and necessity. Any provider who submits a claim for payment may receive a request for records from USFHP to ensure that minimum medical record requirements are met for verification of services.

The 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. The Privacy Rule generally prohibits a covered entity from using or disclosing protected health information 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.

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.

The written records request includes guidance on which notes are required, where to send



them and whom to contact with any questions. The request also provides time requirements for submission of the requested record. If providers fail to respond to these requests within the stated timeframe, any payment made on the claim may be recouped in full.

These reviews aim to maintain the integrity of our 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.