

Medical record request coversheet

Checklist

- Ensure medical record requested is complete
- Copy entire record
- Check response date on request to be sure you have enough time to mail
- Suggest sending record certified return in order to track final destination
- Please use the label provided to you with the request letter when you mail your record to Humana Military

Note: The medical record tipsheet is a tool to assist you in putting together your documentation.

Reconsideration tipsheet

Medical record requests may come to you or your facility for an inpatient or outpatient event for a TRICARE beneficiary. This is a required element from the government to ensure quality monitoring of services through medical review.

The TRICARE Quality Monitoring Committee (TQMC) makes a random selection monthly based on claims for TRICARE beneficiaries. Humana Military will send you an initial letter for the requested record with a timeline for response.

Letters are addressed to your medical record departments.

The information included in this tipsheet should help to ensure that you respond with a complete record in a timely manner. Please use the checklist on the back page to make sure you are including all valid documentation.

Note: We pay \$ 0.12 per page for copy charges if you provide an invoice when submitting the record.

Failure to respond to the record request in the timeframe allowed may result in reversal of payment and recoupment of paid charges.

Please submit the completed record by mail:

Humana Military
500 West Main Street
P.O. Box 740062
Louisville KY 40201-7462
Attn: Kristi Jennings, RN

Reconsideration tipsheet

- ☐ Face sheet (patient demographics)
- ☐ Consent forms
- ☐ Emergency record
- ☐ History and physical
- ☐ Discharge summary (can be written)
- ☐ Progress notes
- ☐ Physician's orders
- ☐ Consults (when appropriate)
- ☐ Anesthesia record
- ☐ Operative record
- ☐ Pathology reports
- ☐ Lab reports
- ☐ X-ray reports
- ☐ EKG
- ☐ Cardiac cath reports
- ☐ Cardiac echo/EPS studies
- ☐ Nursing notes/assessments
- ☐ MARS- med. sheets
- ☐ Respiratory sheets
- ☐ Discharge instructions
- ☐ Other (ex: occupational therapy, speech therapy, etc.)
- ☐ Complete chart

Reviewed by: _____

Date: _____

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.