

Peer Review Organization (PRO) agreement

The institution will cooperate with Humana Military and its subcontractors by providing copies of medical records; providing accurate information on patient's conditions; informing patients of their rights and responsibilities; and providing other assistance that may be required for Humana Military to conduct comprehensive utilization and quality management programs for care of Military Health Systems (MHS) beneficiaries who are patients of the institution.

The institution will provide adequate space for conducting on-site review or provide review information telephonically or electronically to Humana Military or its subcontractors. The institution will deliver to Humana Military or its subcontractors, within 30 days or earlier if requested, of receipt of written request, copies of information required for off-site review of care provided by the institution to beneficiaries who are patients of the institution. Reimbursement for the costs of photocopying and postage will be the same reimbursement as current Medicare rate, as amended from time to time.

The institution will provide all MHS beneficiary patients written information on their rights and responsibilities (e.g. "An Important Message from TRICARE") and, when appropriate, a proper hospital issued notice of noncoverage.

The institution will inform Humana Military at (800) 444-5445 within three working days if they issue a notice that the beneficiary patient no longer requires inpatient care.

The institution will ensure that each case subject to preadmission/preprocedure review has been reviewed and approved by Humana Military.

Institutional providers will agree, when they fail to obtain certification as required, that they will accept full financial liability for any admission subject to preadmission review that was not reviewed and is subsequently found to be medically unnecessary or provided at an inappropriate level (32 CFR 199.15(g)).

The institution acknowledges that Humana Military has provided it with detailed information on the utilization and quality review processes and criteria used and the potential financial liability incurred by failing to obtain prior authorization when required.

Institution name: _____

Tax ID: _____ Group NPI #: _____

Name: _____

Title: _____

Address: _____

Suite or building: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Please return application by fax/mail to:

Fax

(800) 569-5317

Mail

Humana Military Utilization Management

PO Box 740044

Louisville, KY 40201-7444

