Martin's Point TRICARE® US FAMILY HEALTH PLAN

Provider Guidance

When and why to submit a clear and legible report.

What is a clear and legible report?

As a provider in the network, you're required to submit a patient encounter report—known as a clear and legible report (CLR)—to a referring provider when you treat a Martin's Point US Family Health Plan or Generation Advantage member.

Why send CLRs?

As an important part of patient care, these documents are required by the federal government. A CLR typically includes specialty care consultation reports, care notes, operative reports, and discharge summaries. It should also include the reason for the encounter, relevant history, examination findings, and review of lab results, X-ray reports, and other relevant services provided.

When and how to submit a report.

» **Urgent/emergent situations.**
A preliminary report of a specialty consultation must be sent to the beneficiary's primary care manager (PCM) within 24 hours via telephone, fax, or another method. A formal written report must be submitted within 7 days of the encounter.

» **General submissions.**
Consultation or referral reports, operative reports, and discharge summaries should be sent to the PCM within 7 calendar days of the encounter date. Reports must be submitted within 30 calendar days.

All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service, as outlined in 482.24(c)(1).

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