



Trusted Care at Fairchild AFB

The Referral Management Process

Start Here!

Referral Placed for:

Date:

My Primary Care Manager is referring me to specialty care...now what?

Is your Referral over 100 miles away?

Yes

Contact Patient Travel at 509-247-5520 to receive patient travel benefits briefing. Utilization Manager will validate that the specialty requested is not available in the area. Patient Travel Liaison will work with you to file travel request in the Defense Travel System. (DTS).

No

Call the Referral Management Center (RMC) at 509-247-9487.

No

Before you can make your appointment, wait at least 3 to 5 days to obtain authorization from Health Net (TRICARE). You can check the status of your referral authorization by logging into <https://www.tricare-west.com> (Must be registered first, see instructions on back) and print your referral Authorization. You can also call Health Net at 1-844-866-9378.

If you need medical records for your referral appointment, call Release of Information at 509-247-5758 to request for medical records to be sent to referred provider.

Yes

If all records were sent, call the referred provider's office and schedule an appointment. **Bring your Authorization Letter with you to your Appointment.**

Are you able to be seen within 28 days?

No

Find another network provider who has access by checking online at <https://www.tricare-west.com> then call Health Net at 1-844-866-9378 to change the provider's name on the Authorization. If there is no network provider available, TRICARE will assign a non network provider.

Go to your appointment, then your referral is complete! Please follow up with your PCM by calling appointment line at 509-247-2361

Yes

Once your authorization is approved (see block on the left) you can book your appointment. When appointment is complete, follow up with your PCM regarding your care by calling appointment line at 509-247-2361.

Follow up with Patient Travel Liaison to complete your travel voucher no later than 5 days after your return by calling 509-247-5520.





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Referral Management FAQs



How do I get a specialty care referral?

Referrals are placed by your Primary Care Manager (PCM).

What if I received a referral from a specialty clinic in the medical group, such as Mental Health?

The information in this FAQ may not apply to you. Please contact the Appointment Line 509-247-2361 or the clinic that wrote your referral if you have any questions.

Do I need a referral for an Urgent Care Visit?

As of 01 January 2018, all **Non-Active Duty beneficiaries** may go to urgent care without a referral. However, all **Active Duty members** still need a referral from their PCM or the Nurse Advise Line (1-800-874-2273 TRICARE).

Do I need a referral for an Emergency Department Visit?

No, a referral is not required for the ER. Contact the Appointment Line within 24 hours of your visit to notify your PCM or to schedule any follow up appointments by calling 509-247-2361.

What if I see a specialist without a referral?

If you do not have a referral to see a provider, you are choosing the Point of Service option, in which **you may be liable for a portion of the bill.**

Hours of Operation

Monday - Friday
0730 - 1630

Health Net Federal Services (HNFS)

<https://www.tricare-west.com/>
1-844-866-9378

Referral Management Center (RMC)

509-247-9487

Appointment Line

509-247-2361

Patient Travel

509-247-3392

What should I do if I receive a bill for care that has been authorized?

If you receive a bill for authorized care, please call HNFS 1-844-866-9378 to find out why your claim was denied.

If you disagree with a claim denial, you may file a formal appeal in writing within 90 days. You should include any information or documents that you believe would help support your case. All requests for appeal should be sent by fax to 1-844-869-2812. If you need assistance, please call the Health Benefits Advisor at 1-509-247-4108.

What should I do if I want to see a different provider?

1. Log into Go to <https://www.tricare-west.com>, select "Network Provider Directory" under Public Tools.
2. Call Health Net with the new provider information to ensure payment.
3. Contact Medical Records at 509-247-5758 if you need records sent prior to your appointment.
4. Make an appointment using your valid authorization number.

Who should make my Specialty Care Appointment?

Stat Appointments are scheduled by your PCM. You must confirm your authorization by your second visit.

Routine Appointments are scheduled by the patient for the provider specified on the authorization.

Does having Other Health Insurance (OHI) or Medicare change the referral process?

Yes, all other insurances are primary and you will not receive an authorization for care. Please follow the rules of your Primary Insurance carrier.

When will I receive my authorization # and how do I check its status?

Authorizations are available online within 3-5 business days and can be checked at <https://www.tricare-west.com> or by calling 1-844-866-9378. It is the **patient's responsibility to ensure that a referral is approved** and to verify the number of visits and end date.

1. Go to <https://www.tricare-west.com>
2. Click on *Beneficiaries*
3. Click on *Register* (if not registered) and complete the registration process
4. Once account is created, log on and click on "Status Authorizations"
5. Click on the requested Authorization and print it. **This must be brought to the appointment with you.**

If you have opted out of receiving online authorizations, it may take up to **two weeks** to receive your Authorization Letter in the mail.