

HEALTH NET

FIRST-TIME REFERRAL RECIPIENTS

What To Do When You Get a Referral



- 1. Go to TOPA/Referral Management on the 509th Medical Group 2nd Floor for an in-person briefing.
- 2. After the briefing, go to www.tricarewest.com and create an account.
- 3. Typically, referrals are processed in 24-48 hours. If approved, go to step 4. If denied, call HNFS (844) 866 9378.

4. VERY IMPORTANT:

a. Call the provider you have been referred to and confirm the doctor's name, facility address, phone number and fax number. Also. confirm that provider is the right specialty care you need.

b. Ensure provider has received a copy of your authorization from HNFS. If they have not, call HNFS.

5. Once the authorization/referral is verified, schedule your appointment with your specialist.

SEASONED REFERRAL RECIPIENTS

What To Do When You Get a Referral

- 1. Go to TOPA/Referral Management on the 509th Medical Group 2nd Floor and ask for any changes/ in the referral process since your previous referral.
- 2. Go to the www.tricare-west.com and create an account or log in in 24-48 hours to check referral status. If approved, go to step 3. If denied, call HNFS (844) 866 9378.
- 3. VERY IMPORTANT: a. Call the provider you have been referred to and confirm the doctor's name, facility address, phone

number and fax number. Also, confirm that provider is the right specialty care you need.

b. Ensure provider has received a copy of your authorization from HNFS. If they have not, call HNFS.

4. Once the authorization/referral is verified, schedule your appointment with your specialist.



NAVIGATING THE HNFS WEBSITE

1. Go to www.tricare-west.com or use the QR code below:



- 2. Click "*Beneficiary*" at top left of the page.
- 3. Click "Log In/Register" at top right of page.
- *4.* To view your referral:
 - Click on the tab "*Authorization Status*" under Secure Tools (*left side of screen*)
 - Select drop down for "*Check Status of*" (select self or dependents by name).
 - Push Search
 - You will see all referrals, past and present, for the person that was selected
 - To the right, you will see your referral status "*Decision Description*", whether it is processing, approved or denied
 - Choose the appropriate referral by selecting *"Authorization"*; a secondary screen will open to view that referral
- 5. To request a change to the provider/group assigned to you, call HNFS for assistance or click the "*Change Provider*" hyperlink. A list will be populated of all providers in the area for the specialty that your referral is for. After submitting the request, it takes about 48 hours for the change to be made.

FREQUENTLY ASKED QUESTIONS



• How do I cancel a referral I do not intend to use? Call the Referral Management Center at 660-687-2188. Option 3, Option 1

• Should I use a network provider? Patients who utilize the PRIME Travel Benefit choice should use TRICAREauthorized network providers. If you are not sure, please contact HNFS at 844-866-9378.

- How do I get healthcare records that my civilian provider needs from the military treatment clinic? Visit the 509th Medical Group Records office located on the 1st first floor or call at 660-687-2102. You may also have civilian provider fax a request to 660-687-4351.
- What if my civilian provider wants to order exams, surgeries or other procedures which require prior approval?

It is the civilian provider's responsibility to request approval from HNFS.

YOU WILL NOT GET YOUR REFERRAL/AUTHORIZATION IN THE MAIL

REMEMBER THAT YOUR REFERRAL IS YOUR RESPONSIBILITY!

To avoid out of pocket expenses, it is your responsibility to always verify your referral has been authorized and approved before going to an appointment or procedure. The network specialist is not going to verify this for you.

If you have questions about claims/billing issues, referral processes, or benefits, call:

Referral Management Center (RMC) 1-660-687-2188 (opt 3, opt 1) OR

> Health Net Federal Services 1-844-866-9378

HEALTH NET FEDERAL SERVICES (HNFS) is the Managed Care Support Contractor for TRICARE health benefits

HNFS processes and authorizes (or denies) all referrals for care outside of the 509th Medical Group. HNFS also authorizes (or denies) all surgeries, procedures, and tests requested by network providers on your behalf.