**Referral Management Fact Sheet**

1. Referrals are initiated by the PCM/BAS, not Referral Management. Patients should be advised to contact their PCM or BAS to request a referral.
2. Tricare Prime Beneficiaries that receive a referral from a **network provider** must go through the “**Right of First Refusal**” (ROFR) process. What does this mean? Essentially the MTF has the right to review the referral, determine if care can be provided and/or space is available, and either accept the referral or defer it out to the network. Once the ROFR is declined by the MTF, Humana/Tricare will determine the network provider in which the patient will be assigned.
3. Did you know that in order to have a referral released, through the Right of First Refusal (ROFR)”, the Clinic must release the referral. Referral Management does not have authorization to release referrals.
4. If a referral is being deferred out to a network provider, please advise patients to allow for one week processing time before contacting Referral Management to inquire further. Do not have the patient call referral management to “activate a referral” – there is no such thing as activating a referral. Once the referral is in the system – it is in line to be processed.
5. Referral Management does not pick and choose where the patient is seen. Humana will choose the place of service and if the patient does not wish to be seen at that clinic, they can call Humana and get it updated as long as it is in network.
6. Did you know the clinics now have access to see where their patients are going out in the network? If the referral states “certified” under status, in the comments it will show where Humana sent the patient, the authorization number and the number the patient can call to schedule the appointment.
7. MENTAL HEALTH REFERRALS

Referrals are required for an ADSM to be seen within the MTF or supporting Mental Health clinics on base. Referral Management **DOES NOT** review Mental Health Referrals unless they are being deferred to the network. The ADSM should call the respective mental health clinic to schedule an appointment. Should the ADSM not be able to be seen within the 28 day ATC standard, the referral will be deferred out to a network provider. Once the referral is sent to Humana for review, an authorization number will be assigned. This process from start to finish typically takes 5-7 business days. Humana will contact the patient via letter of the authorization, facility/provider information, etc. within 10 business days. Patients may also track their referrals at Humanamilitary.com.

Did you know that we have more than one Mental Health Clinic? The unit in which an ADSM is assigned will determine which Mental Health Clinic they will be seen at.

1. **MEF HEADQUARTERS GROUP** (MHG)/449-9411

Supported by: MHG Aid Station

1. **MARSOC**

Supported by: Dr. Fowler/440-0011

1. **2D Marine Division**

Supported by: Division Psychiatry 450-5480

1. **Infantry Units**

Supported by: Regimental OSCAR Teams

2D Marine Regiment/450-6585

6th Marine Regiment/451-6386

1. **2D Marine Logistics Group** (MLG)

Supported by: Operational Mental Health/451-6628

1. **Marine Corps Base Camp Lejeune**

Supported by: NMCCL/450-4700

1. **MCAS New River** (Air Wing)

Supported by: NMCCL/450-4700

MENTAL HEALTH REFERRALS CONT.

Dependents and retirees no longer need a referral and/or prior authorization through Humana (Tricare) to be seen by a network mental health provider unless they are being seen for substance abuse, psychoanalysis, or inpatient care, in which these particular services will require a referral. If a dependent or retiree is seen by a non-network provider (not within the Humana network), then the Point of Service (POS) will apply.

ADSM’s must have approved authorization through Humana (Tricare) to be seen outside of the MTF unless it is an emergency in which they are to go to the nearest Emergency Department for care.

1. Did you know that a patient can track their own referrals? The patient will need to create a Patient Portal account at [www.humanamilitary.com](http://www.humanamilitary.com). Select Beneficiaries—My Access—Referral Status. You can also download the Humana Military app and following the same steps to track your referrals.
2. Patients with **Medicare A/B** do not require prior authorization from Humana/Tricare for a referral. Referral Management utilizes the internally generated referral within Genesis and faxes over the referral to an assigned facility.
3. URGENT CARE REFERRALS: Dependents and retirees no longer need prior authorization to be seen at an urgent care regardless of the type of Tricare plan they have.
4. Patients are to call the Appointment Line at (910) 450-HELP (press option #1 and option #1 again) to schedule an appointment within the MTF after 3 business days. Patients are to call to the assigned network provider to schedule an appointment in the event a referral is deferred to the network a week after the referral has been placed. **REFERRAL MANAGEMENT HAS NOTHING TO DO WITH APPOINTMENTS.**
5. If the patient or outside clinic is requesting medical records – that is the job of the PCM office or medical records.

**HELPFUL NUMBERS**

Appt Line: 910-450-HELP (OPTION 1 and 1)

Referral Mgt: 910-450-HELP (OPTION 1 and 2)

Humana Military: 1-800-444-5445