

Health Care Management and Administration

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Network Utilization

Military hospital and clinic or TRICARE civilian network providers should be the first option in TRICARE beneficiary care. In most cases, care can be arranged at a military hospital or clinic or through the civilian provider network while meeting TRICARE access standards. TRICARE network and non-network participating providers are expected to refer TRICARE Prime (TRICARE Prime, TRICARE Prime Remote [TPR], TRICARE Young Adult [TYA] Prime) beneficiaries to TRICARE network providers, **except in an emergency or where the provider has obtained a referral or pre-authorization. Failure to do so could result in the provider being held financially responsible for the costs incurred in connection with the unauthorized services and/or non-covered services, including (but not limited to) beneficiary point-of-service fees.**

If TRICARE Prime beneficiaries choose to receive TRICARE-covered services from non-network providers without referrals from their primary care managers (PCMs) or Health Net Federal Services (HNFS), these services will be covered under the beneficiary's **point-of-service option**. The **point-of-service option** does not apply to active duty service members (ADSMs). ADSMs who do not coordinate care through their PCMs may be responsible for the entire cost of care.

All TRICARE Prime requests for a pre-authorization or referral to a non-network provider must include specific medical necessity and justifying information as to why a non-network provider must be used in lieu of a TRICARE network provider. The **Network Provider Directory** is located at www.tricare-west.com.

TRICARE Select beneficiaries can realize cost savings and expanded preventive services benefits when choosing to receive care from network providers.

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Grievances

A grievance is a written complaint or concern about a medical provider, HNFS or the TRICARE program in general. Appeals and claim review issues are separate from grievances.

The HNFS grievance process allows full opportunity for any TRICARE beneficiary, beneficiary's representative, network or non-network civilian or military provider to report in writing any concern or complaint (grievance) regarding health care quality or service. Grievances are generally resolved within 60 days of receipt. Following resolution of a grievance, the grievant/aggrieved party will be notified of the review completion.

Grievance Issues

Issues may include but not be limited to:

- Quality of health care or service aspects, such as: accessibility, appropriateness, level and continuity of care, timeliness, effectiveness, and outcomes
- Demeanor or behavior of providers and their staff

- For any part of the health care delivery system (including performance of HNFS associates):
 - Poor performance
 - Low/insufficient level of courtesy
 - Lack of professional behavior
- Practices related to patient safety
- Inadequate privacy safeguards
- HIPAA violations
- Delays in processing pre-authorizations and referrals

If multiple patient grievances are received regarding an individual provider, HNFS may limit the provider from receiving future referrals or terminate the provider from the network.

Required Information for Grievances

Beneficiary-submitted grievances must include:

- Beneficiary’s name, address and telephone number (including area code)
- Sponsor’s personal identification number (sponsor’s SSN or DBN)
- Beneficiary’s date of birth
- Beneficiary’s signature

A description of the issue or concern must include:

- Date and time of the event
- Name of the provider(s) and/or person(s) involved
- Location of the event (address)
- Nature of the concern or complaint
- Details describing the event or issue
- Appropriate supporting documents

Additional information may be required when submitted by someone other than the involved beneficiary.

The involved beneficiary or representative may submit written grievances by mail or fax; however, if a representative is submitting a grievance, an [Authorization to Disclose Health Information form](#) must be included.

Submit a [TRICARE West – HNFS Grievance form](#) or a letter outlining the grievance information previously listed in one of the following ways:

Fax	1-844-802-2531
Mail	Health Net Federal Services, LLC ATTN: Grievances PO Box 8128 Virginia Beach, VA 23450-8128

Disputes Related to Network Status

Providers whose network status has been terminated have the right dispute the termination with the follow exceptions:

- Terminations due to not meeting conditions of HNFS/TRICARE participation
- Terminations without cause per the provider participation agreement

Dispute submission instructions, including deadlines, are detailed in all network termination letters.