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1 January 2014

RE: REFERRAL AUTHORIZATION REQUESTS FOR TRICARE PRIME BENEFICIARIES

Dear Tricare Prime Beneficiary:

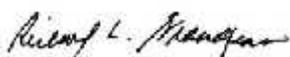
As your assigned Primary Care Manager (PCM), I am responsible for providing cost-effective, quality care for you and your family members. Having practiced family medicine in the Military Health System for fifteen years before retiring from the Air Force in 1989, my staff and I are extremely familiar with Tricare processes and requirements. My office is the primary point of contact for obtaining initial referrals to medical specialists, allied healthcare providers, imaging centers and diagnostic testing facilities. This brief letter will outline how my office handles such requests.

Please understand that referrals for conditions I have been trained to treat in the office will neither be requested nor authorized. Further, requests for back-dated referral authorizations will be reviewed on a case-by-case basis. If, after seeing me, a referral is necessary, my office staff will initiate a referral authorization request with Humana Military Healthcare Services (HMHS), the managed care contractor the Tricare South region. Many times, these referral requests are approved immediately. Occasionally, requests must be reviewed and authorized by utilization management staff at the managed care contractor. Additional information or supporting documentation might be requested before approval is granted. Routine referrals may take up to 72 hours to process through the system.

If the specialist requires further diagnostic testing or recommends surgery, his or her office assumes the responsibility for obtaining referrals specific to that condition, injury or illness. Only in extreme circumstances will my office be responsible for obtaining referrals for in-depth testing or evaluation when the specialist determines a specific need.

Recent mandates calling for the closure of Tricare Service Centers nationwide have impacted the manner in which referral authorizations are processed and delivered, effective 1 April 2014. Tricare and HMHS have asked sponsors to ensure each beneficiary has an e-mail address on file to expedite the approval and delivery of referral authorization requests and information. You may elect to receive referral information in one of two ways, by e-mail (direct communication between HMHS and the beneficiary), or you may obtain copies of the formal referral authorization by logging into the office's patient portal. Please note that my staff will not grant access to the patient portal without an in-person appearance by the beneficiary, or, in the case of a minor child, the parent or legal guardian.

Sincerely,



Richard L. Grandjean, M.D.