

Network-To-Network Provider Change Guide

Using the Check Status of a Prior Authorization/Referral Tool at www.tricarewest.com to make provider changes on your referrals or authorizations.

This tool is for beneficiaries only.

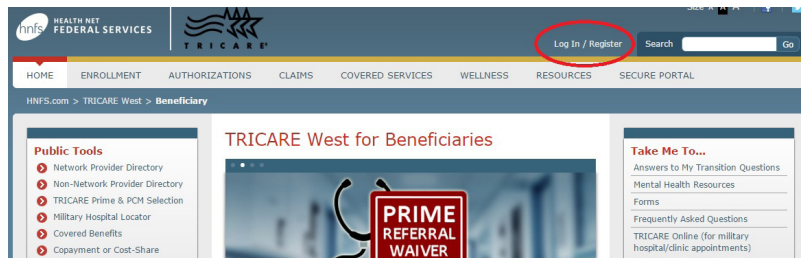
The following conditions must be met in order to make provider changes:

- The approved care is for outpatient services only.
- You have not yet been seen by the provider.
- The providers' specialty is the same (exceptions may be allowed per guidelines).
- The status of the referral/authorization shows "approved."
- The referral/authorization has not been extended.
- The original and the requested provider/facility are in network.
- The care has not been accepted by a military hospital or clinic through the **right of first refusal** process.

**For active duty service members only: The referral/authorization has not been reviewed by a Specified Authorized Staff (SAS) member. Specified Authorized Staff is the uniformed service office responsible for coordinating civilian health care for service members participating in TRICARE Prime Remote (TPR).*

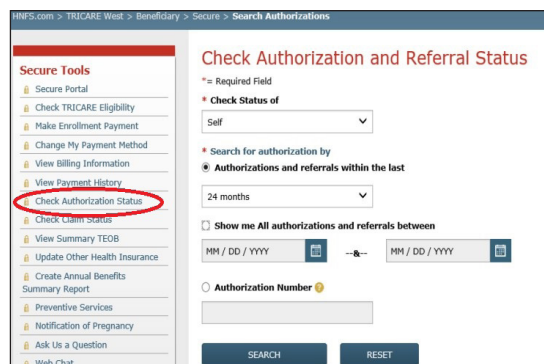
Step 1:

Log in at www.tricarewest.com > *Beneficiary*. If you do not have a DS Logon or www.tricarewest.com username/password, click the **Register** link to complete the registration process.



Step 2:

Under Secure Tools, click **Check Authorization Status**. In the **Check Status of** drop down, select "self" or, if you are making a change for another person on your account, select his/her name. You may also select the time frame for which you would like to search. Once you've completed the required information, click **Search**. *Tip: The * symbol indicates a required field.*



Step 3:

The summary page will appear with all the requests in the time frame for which you selected. *Reminder: you can only request changes to authorizations that are in “approved” status.* Click on the authorization number of the record you would like to change.

Authorization	Start of Service	Place of Service	Servicing Provider	Provider Specialty	Decision Description	Claims Link
12345678901234	04/12/2018 - 09/30/2019	Home	Doe, John	Internal Medicine - Geriatric	Approved	View claims for this authorization
12345678901234	04/12/2018 - 09/30/2019	Home	Doe, John	Internal Medicine - Geriatric	Approved	View claims for this authorization
12345678901234	04/12/2018 - 10/14/2018	Outpatient	Doe, John	Audiologist - Audiologist	Pending	View claims for this authorization

Step 4:

The detail page will display with your information and the current provider information. On the right under the provider information, click **Request New Provider**. *Note: this option will not be available if all conditions listed on page one are not met.*

Secure Tools

- Secure Portal
- Check TRICARE Eligibility
- Make Enrollment Payment
- Change My Payment Method
- View Billing Information
- View Payment History
- Check Authorization Status
- Check Claim Status
- View Summary TEOD
- Update Other Health Insurance
- Create Annual Benefits Summary Report
- Preventive Services
- Notification of Pregnancy
- Ask Us a Question
- Web Chat
- Upload a Document

Authorization: 1234567890
Authorization Status: Approved
Decision: Approved
UTN: [redacted]
View Letter: [View Letter](#)
Patient Name: [redacted]
Patient DGN: [redacted]
Patient DOB: [redacted]
Primary Diagnosis Code: A01.1
Secondary Diagnosis Code: [redacted]
VLAN: INJLARB: SELECT-Retired Reserve Sponsors and Family Members
Sponsor Name: [redacted]
Sponsor SSN: [redacted]
[View claims for this authorization](#)

Requesting Provider Name: John Doe Provider
Provider Phone: (123) 555-1234
Servicing Provider Name: John Doe Provider
Servicing Provider NPI: 1234567890
Provider Phone: [redacted]
Servicing Facility: [redacted]
Provider Address: 1234 My Street, Any Town, CA 12345
Request New Provider
Fax: (123) 555-1234
Primary Diagnosis / Description: Paratyphoid fever A
Secondary Diagnosis / Description: [redacted]
Specialty: Internal Medicine - Geriatric Medicine

Step 5:

A list of all available providers will display in the next screen. Select the one you would like to change to and click **Submit Request**.

Request New Provider

Search:

Select	Name	Address	Distance	Specialty
<input type="radio"/>	John Doe	1234 Any Street, Any Town, CA 12345	9.99	Internal Medicine - Geriatric Medicine

Showing 1 to 1 of 1 entries

<< < 1 > >>

[SUBMIT REQUEST](#) [CANCEL](#)

If there are no providers within a 60-mile radius, you will see the below message. In this case, you will need to call HNFS at 1-844-866-WEST (1-844-866-9378) for assistance.

Request New Provider

Search:

Select	Name	Address	Distance	Specialty
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There are no network provider available for the specialty within 60 miles; please contact Health Net at [redacted]

Showing 0 to 0 of 0 entries

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[SUBMIT REQUEST](#) [CANCEL](#)

Step 6:

After the request is submitted, the new provider will reflect on your referral/authorization within a few minutes. HNFS will issue an authorization letter to the new provider and post a new notification to your secure inbox at www.tricare-west.com.

End of Guide