

Network-To-Network Provider Change Guide

Using the Check Status of a Prior Authorization/Referral Tool at www.tricare-west.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:

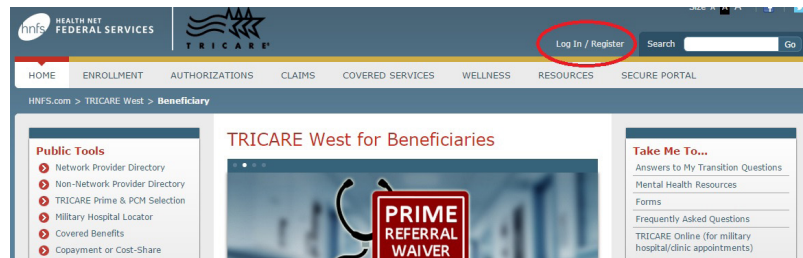
- The approved care is for outpatient services only.
- You have not yet been seen by the provider.
- The providers' specialty is the same (exceptions may be allowed per guidelines).
- The status of the referral/authorization shows "approved."

- 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).*

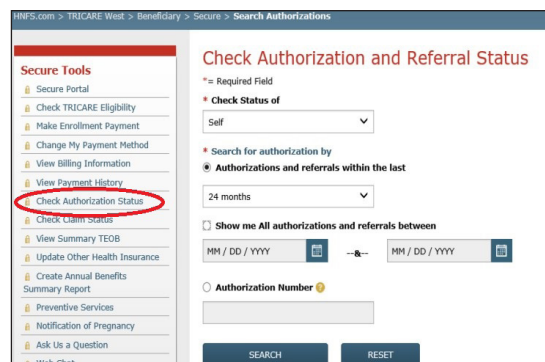
Step 1:

Log in at www.tricare-west.com > *Beneficiary*. If you do not have a DS Logon or www.tricare-west.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 Medicine	Approved	View claims for this authorization
12345678901234	04/12/2018 - 09/30/2019	Home	Doe, John	Internal Medicine - Geriatric Medicine	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
VIN: [redacted]
View Letter: [View Letter](#)
Patient Name: [redacted]
Patient DGN: [redacted]
Patient DOB: [redacted]
Primary Diagnosis Code: A01.1
Secondary Diagnosis Code: [redacted]
VIN INJLARC: 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
There are no network provider available for the specialty within 60 miles; please contact Health Net at				

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