

# Network-to-Network Provider Change Guide



Beneficiaries can use our Authorization Status tool at [www.tricare-west.com](http://www.tricare-west.com) to make network-to-network provider changes on approved, active referrals/pre-authorizations.

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

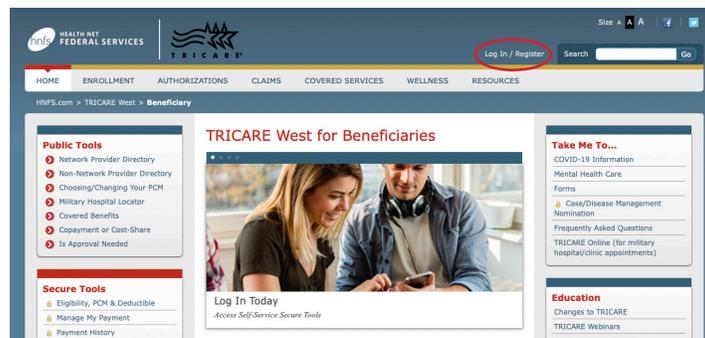
- The approved care is for outpatient services only.
- The approved care is not for Autism Care Demonstration-authorized applied behavior analysis services.
- You have not yet been seen by the provider.
- The provider's specialty is the same (exceptions may be allowed per guidelines).

- The status of the referral/pre-authorization shows “approved.”
- The referral/pre-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/pre-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).*

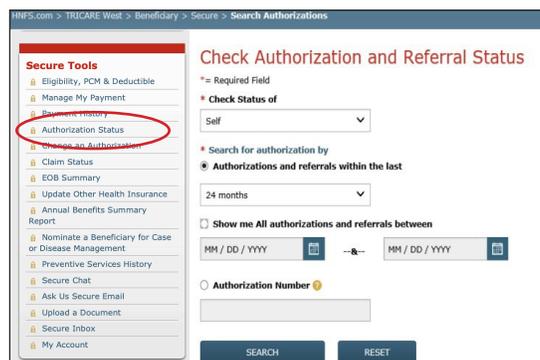
## Step 1:

Use your Department of Defense Self-Service Logon (DS Logon) to log in at [www.tricare-west.com](http://www.tricare-west.com) > *Beneficiary*. If you are not able to get a DS Logon, click the **Register** link to create a [www.tricare-west.com](http://www.tricare-west.com) username and password. *\*Note – you will not be able to set up a username/password if you have already logged in with a DS Logon.*



## Step 2:

Under Secure Tools, click **Authorization Status**. In the **Check Status of** drop down menu, select “self” or, if you are making a change for another person on your account, select their 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:

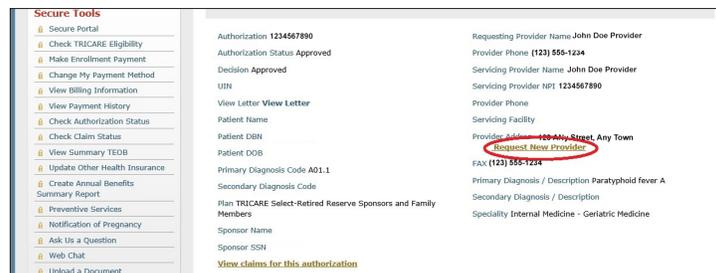
The summary page will appear with all the requests in the time frame for which you selected. *Reminder: you can only request changes to authorizations that are in “approved” status.* Click on the authorization number of the record you would like to change.



Authorization	Dates of Service	Place of Service	Servicing Provider	Provider Speciality	Decision Description	Claims Link
12345678901234	06/12/2018 - 06/28/2019	Home	Doe, John	Internal Medicine - Geriatric Medicine	Approved	<a href="#">View claims for this authorization</a>
12345678901234	06/12/2018 - 06/28/2019	Home	Doe, John	Internal Medicine - Geriatric Medicine	Approved	<a href="#">View claims for this authorization</a>
12345678901234	04/17/2018 - 10/14/2018	Outpatient	Doe, John	Audiologist - Audiologist	Pending	<a href="#">View claims for this authorization</a>

### 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 have not been 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 TEDB
- 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**  
UIN  
View Letter [View Letter](#)  
Patient Name  
Patient DBN  
Patient DOB  
Primary Diagnosis Code **A01.1**  
Secondary Diagnosis Code  
Plan **TRICARE Select-Retired Reserve Sponsors and Family Members**  
Sponsor Name  
Sponsor SSN  
[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  
Servicing Facility  
Provider Address **123 My Street, Any Town**  
**Request New Provider**  
FAX **(123) 555-1234**  
Primary Diagnosis / Description **Parathyroid fever A**  
Secondary Diagnosis / Description  
Speciality **Internal Medicine - Geriatric Medicine**

### Step 5:

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



**Request New Provider**

Search:

Select	Name	Address	Distance	Speciality
<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

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



**Request New Provider**

Search:

There are no network provider available for the speciality within 60 miles; please contact Health Net at

Showing 0 to 0 of 0 entries

### Step 6:

After the request is submitted, the new provider will reflect on your referral/pre-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](http://www.tricare-west.com).

## End of Guide



Scan this QR code to view the **Network-To-Network Provider Change Guide**.