



Delegated Credentialing

TRICARE West Region Provider Network

Health Net Federal Services, LLC (HNFS) recognizes that many provider groups have their own credentialing department to verify individual provider requirements such as licensure, education, professional liability insurance, adverse sanctions, etc. If you are a provider group with its own credentialing department, consider expediting the TRICARE West Region network credentialing process by allowing HNFS to delegate credentialing to you. This will allow HNFS to use the credentialing data you have already collected, which can be submitted to HNFS in an electronic format. As part of its due diligence, HNFS will still complete a final review (background check, committee review) before accepting providers into its TRICARE West Region network.

Why become a delegated group?

By HNFS delegating the majority of the credentialing process to the provider group, we can streamline the credentialing process. Groups are able to submit practitioner data online or via a roster (rather than individual Provider Information Forms), which allows for a quicker turnaround time to get practitioners through the network approval process and loaded into HNFS' systems.

Can all provider groups use the delegated credentialing process?

All provider groups who have a credentialing department that meets TRICARE and URAC® requirements can enter into a delegated credentialing agreement with HNFS. Prior to signing a delegated credentialing agreement, HNFS will conduct an audit of a group's entire credentialing process to ensure it meets these requirements. Please allow one business day for this pre-delegation audit. The purpose of the audit is to determine whether the group meets minimum requirements for:

- File review,
- Credentialing policies and procedures, and
- Committee minutes.

HNFS will also verify demographic data for a sample of the group's practitioners for directory accuracy purposes.

What happens after a group is approved for delegated credentialing?

HNFS offers two options for roster submissions:

1. Online using CAQH® ProView for Groups. Go to www.caqh.org/solutions/caqh-proview-groups.
2. Via email using HNFS' TRICARE Provider Group Roster template. Email completed rosters to HNFS_delegated@HNFS.com. Go to www.tricare-west.com > Provider > Forms > Provider Information Form > TRICARE Provider Group Roster.

We require delegated groups using the email option to submit rosters on our TRICARE Provider Group Roster template, as it includes all the data elements required for referral, provider directory and claims payment purposes.

If you are unable to use HNFS' group roster template, your delegation compliance auditor will work with you to make sure the rosters you submit have all the required elements.

Required data elements:

- Name (last, first, middle initial)
- Degree
- Gender
- Date of birth
- Social Security number
- Primary care manager or specialist indicator, as well as an indicator to whether the provider is hospital based, at an urgent care center/convenient care clinic only, or physical/speech/occupational therapy location only
- Languages spoken
- License number, issue date and expiration date
- State in which all licenses are held
- Drug Enforcement Administration (DEA) number
- Medicare number
- Type I (individual) and Type II (group) National Provider Identifier
- Council for Affordable Quality Healthcare (CAQH®) identification number (if applicable)
- Specialty and taxonomy code for main and secondary (if applicable) specialty
- Tax Identification Number
- Name, address, telephone and fax number for the location where the provider practices
- Name, address, telephone and fax number for the location where remittance/reimbursement should be sent
- Any practice restrictions
- Accepting new patient status
- Military reserve status
- Most recent credentialing date
- Directory display – Up to five locations per practitioner for patient appointing (see FAQ)

Delegated Credentialing *Frequently Asked Questions*

How often are delegated groups required to send HNFS a full roster?

HNFS requires delegated groups submit a full roster via email at least quarterly (every 90 days). Per the delegated credentialing agreement, groups should submit full rosters within 10 days of their credentialing committee meetings.

When should delegated groups send practitioner additions, demographic updates and/or practitioner terminations?

HNFS requires delegated groups send roster updates a minimum of once a month; however, we will accept updates weekly or even daily. If there are no changes in a given month, we ask groups still send an email indicating “no updates to report.”

What are the roster data requirements for practitioner additions, demographic updates and/or practitioner terminations?

The TRICARE Provider Group Roster template includes all required data elements (see above). Go to www.tricare-west.com > *Provider* > *Forms* > *Provider Information Form* > *TRICARE Provider Group Roster*. Even though you may only be changing one of the data elements, you must complete all fields on the group roster to ensure data accuracy.

Where do we send practitioner additions, demographic updates and/or practitioner terminations?

Email roster updates to HNFS at HNFS_delegated@HNFS.com.

Can I update my information online?

While we offer an update demographic tool at www.tricare-west.com, we ask delegated groups to use CAQH ProView for Groups or email roster updates to HNFS_delegated@HNFS.com using the group roster format. This will ensure group updates come through a single source.

Individual practitioners within a delegated group should inform their credentialing manager of any updates to ensure those updates are captured on the roster submitted to HNFS.

Can I check my provider's credentialing status online?

Yes. We offer a check credentialing status tool at www.tricare-west.com > *Provider* > *Public Tools* > *Check Credentialing Status*. You can search by facility (organization) or individual National Provider Identifier (NPI); however, it does not allow for searches by individual Tax Identification Numbers (TINs).

Keep in mind, the ultimate decision to approve providers for TRICARE West Region network participation resides with HNFS. If approved by HNFS' credentialing committee, the approval date shown in the Check Credentialing Status tool will be the date HNFS completed its required background check. The practitioner's *network effective date* with HNFS will be the date he or she was approved by the delegated group's credentialing committee.

Who do I contact if I have questions specific to HNFS' delegated credentialing process?

You may email your delegated credentialing questions to HNFS at HNFS_delegated@HNFS.com.

Who should I contact with TRICARE benefit, claims, patient eligibility, and/or any non-delegated credentialing questions?

Please use the resources and online tools available at www.tricare-west.com. If you still need assistance, please contact HNFS' TRICARE Customer Service department at 1-844-866-WEST (1-844-866-9378).

Is there a limit to how many practitioner locations can be displayed in the Network Provider Directory at www.tricare-west.com?

Yes. To help reduce the risk of beneficiaries being referred to incorrect provider offices, starting February 2020, HNFS limits the number of locations listed for individual practitioners in HNFS' online Network Provider Directory to five (5).