



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 your own credentialing department, consider expediting the TRICARE West Region network credentialing process by allowing HNFS to delegate credentialing to your credentialing department. You can submit your collected credentialing data to HNFS in electronic format. As part of our due diligence, HNFS will still complete a final review (background check, committee review) before accepting providers into our TRICARE West Region network.

Why become a delegated group?

The process is streamlined when HNFS delegates the majority of the credentialing process to the provider group. Groups are able to submit practitioner data online or via a roster rather than through individual Provider Information Forms. This allows quicker turnaround times getting practitioners approved 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 the 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 also will verify demographic data for a sample of the group's practitioners for directory accuracy.

What happens after a group is approved for delegated credentialing?

Once approved, your group must email HNFS a provider roster. We require delegated provider groups to use our [TRICARE Provider Roster](#) template, as it includes all the data elements we must have for referral, provider directory, and claims payment purposes. Find the [TRICARE Provider Roster](#) template and complete submission instructions on our [Forms](#) page under the "Network Provider" category.

Required data elements:

- Name (last, first, middle initial)
- Degree
- Gender
- Date of birth
- Social Security number
- Indicator as to whether the provider is:
 - A primary care manager or specialist
 - Hospital based
 - An urgent care center or convenient care clinic
 - A physical, speech or occupational therapist
- Telemedicine capability
- Languages spoken
- License number, including issue date and expiration date
- State(s) in which all licenses are held
- Drug Enforcement Administration (DEA) number
- Medicare number
- Type I (individual) or Type II (group) National Provider Identifier
- CAQH identification number (if applicable)
- Specialty and taxonomy code for main and secondary (if applicable) specialty
- Tax Identification Number (TIN)
- Name, address, and telephone and fax numbers for the location where the provider practices
- Name, address, and telephone and fax numbers for the location where remittance/reimbursement should be sent
- Any practice restrictions
- Accepting new patients status
- Military reserve status
- Most recent credentialing date
- Directory display – up to five locations per practitioner for patient appointing (see Delegated Credentialing Frequently Asked Questions section)

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.

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

Please review the bottom of p. 1 of this fact sheet. The [TRICARE Provider Roster](#) template includes all required data elements.

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

Email your updates to HNFS using the TRICARE Provider Roster template. Even though you may only be changing one of the data elements, complete all fields on the group roster to ensure data accuracy. (Please work with your designated Delegated Compliance Auditor if you are unable to use the [TRICARE Provider Roster](#) template.)

Who within my organization can send practitioner additions, demographic updates and/or practitioner terminations?

In order to protect the integrity of your group's provider data, it is important all demographic updates only be submitted to HNFS by your provider group's authorized delegated credentialing contact.

Can I update my information online?

While we offer an Update Demographics tool at www.tricare-west.com, we ask delegated groups to work with their Delegated Compliance Auditor to update information using the [TRICARE Provider Roster](#) template. 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. You can search by facility (organization) or individual NPI; however, it does not allow for searches by individual TIN.

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 the 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 about HNFS' delegated credentialing process?

Contact your Delegated Compliance Auditor for more information.

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, HNFS will list up to five locations per individual practitioner in our Network Provider Directory.