

# Network-To-Network Provider Change Guide

Using the Check Status of a Prior Authorization/Referral Tool at [www.tricare-west.com](http://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:

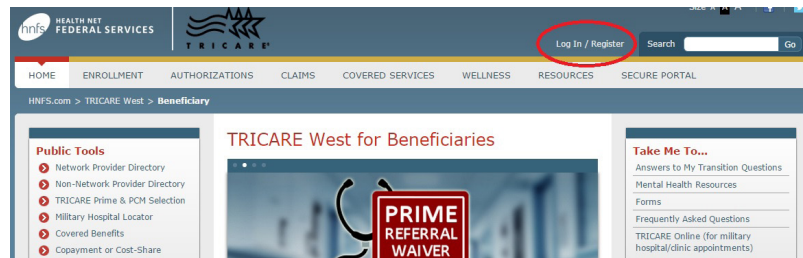
- The approved care is for outpatient services only.
- You have not yet been seen by the provider.
- The providers' specialty is the same (exceptions may be allowed per guidelines).
- The status of the referral/authorization shows "approved."

- 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).*

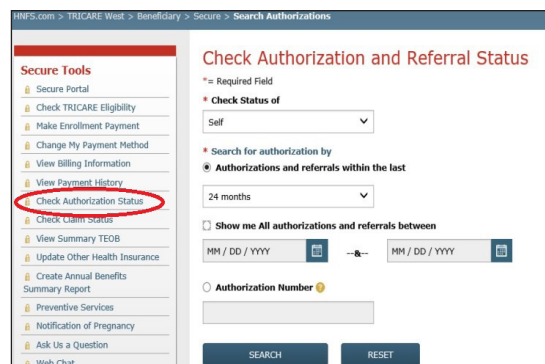
## Step 1:

Log in at [www.tricare-west.com](http://www.tricare-west.com) > *Beneficiary*. If you do not have a DS Logon or [www.tricare-west.com](http://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	<a href="#">View claims for this authorization</a>
12345678901234	04/12/2018 - 09/30/2019	Home	Doe, John	Internal Medicine - Geriatric Medicine	Approved	<a href="#">View claims for this authorization</a>
12345678901234	04/12/2018 - 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 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: 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

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](http://www.tricare-west.com).

## End of Guide