

# Update Provider Demographics Tool Guide

# Using the Update Network Provider Demographics tool at www.tricare-west.com

Health Net Federal Services, LLC (HNFS) knows directory accuracy is essential for patients to quickly and conveniently access care. Network providers are required to submit demographic updates to HNFS as they occur. You can update your address, phone number or fax number by using the **Update Network Provider Demographics tool** or our **Network TRICARE Provider Roster**.

The Update Network Provider Demographics tool may be used by credentialed network providers who do not have a delegated credentialing agreement with HNFS. You must log in at www.tricare-west.com to access the tool.

#### Use it to:

- Update addresses, telephone/fax numbers, practitioner affiliations, and Tax Identification Numbers
- Remove provider listings or specific locations from a listing
- Request termination of organization or group (groups only)



#### If you:

- Need to update your specialty: Submit an updated TRICARE Provider Roster.
- Need to add new providers to your group that require credentialing: Use the Network Provider Information Form or Network TRICARE Provider Roster.
- Have a delegated credentialing agreement with HNFS: View our Delegated Provider Groups webpage for instructions on how to submit roster updates.
- Are a non-network provider: Use the Non-Network Provider Information Request Form to request non-network directory updates.

#### Step 1: Log in.

Log in at www.tricare-west.com. If you do not yet have a username/password, click the Register link to complete the registration process.



# Step 2: Access the Update Network Provider Demographics tool

 NUTScon 5 TRICURE Week 5 Nordier 5 Secure

 Secure Tools

 Secure Tools

 Patient Eignlight & Deductible

 Preseritor Membrander Bigelight & Deductible

 New Patient City

 Secure Tools

 Submit Authorization Requests

 Submit a Chim

 Secure Tools

 Bigelight & Deductible

 Preseritor Membrander

 Submit Authorization Requests

 Submit a Chim

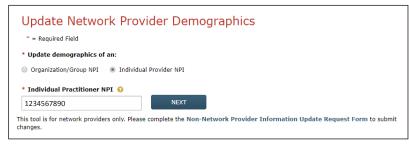
 Becker Kain Status

 Bubmit a Dournert

From the secure portal, click on **Update Demographics** in the **Secure Tools** box.

# Step 3: Enter your National Provider Identifier (NPI)

Select Organization NPI for provider groups; Select Individual Practitioner NPI for individuals.



*Tip: If non-network data is entered, you'll get a message reminding you to use the Non-Network Provider Information Update Request Form.* 

### Step 4: Select the record you need to update.

Choose from the displayed list of organizations affiliated with the provider/provider group.

- For individual providers, all affiliated organizations will appear.
- For organizations or groups, only the organization name will appear.

Click **Select** to choose the record to update.

Update Network Provid  - Required Field  Update demographics of an:  Organization NPI  Tudividual Practitioner NPI	5 .	5		Update Network Provider Demographics
NEXT Individual Practitioner/Provider Det	ails First	Last		Organization NPI   NEXT
TIN SSN NPI	Organization Name Name	Name	Location	Organization/Group Details
Select 1234567690 XXX-XX- 1234567690 1234	Organization John name Group	Doe	123 Any St. Town, CA, 12345	TIN Organization Name Location
Select 1234567890 XXX-XX- 1234567890 1234	Organization John name Group	Doe	123 Any St. Town, CA, 12345	Select 123456789 ORGANIZATION/GROUP NAME 123 ANY ST., TOWN, CA 12345
Select 1234567890 XXX-XX- 1234567890 1234	Organization John name Group	Doe	123 Any St. Town, CA, 12345	Select 123456789 ORGANIZATION/GROUP NAME 123 ANY ST., TOWN, CA 12345
Select 1234567890 XXX-XX- 1234567890 1234	Organization John name Group	Doe	123 Any St. Town, CA, 12345	<< < 1 > >>
Select 1234567890 XXX-XX- 1234567890 1234	Organization John name Group	Doe	123 Any St. Town, CA, 12345	This tool is for network providers only. Please complete the Non-Network Provider Information Update Request Form to submit changes.

# Step 5: Tax Identification Number (TIN) Change (new W-9 required)

If you are making a change to the TIN, do so here. Otherwise, skip ahead. *Note: Please upload a W-9 Form if you are making changes to the TIN, name or billing address. See step 11.* 

I Field Organization/Group NP1  TI Changing organization/group name or updeting address, shall these changes apply to all individual providers linked to this address? If changing TIN, organization/group name or updeting address? If changing TIN, organization/group name o
ATION/GROUP NAME     * If changing organization/group name or updating address, shall these changes apply to all individual providers linked to this address? If changing TIN, does it apply to all NPIs under the current TIN? ●     ● * * © No     ● * * © No     ● * * © No
* If changing organization/group name or updating address, shall these changes apply to all individual providers linked to this address? If changing TIN, does it apply to all NPIs under the current TIN? ● ● Y SE ● No ust submit a W-9 Form when requesting updates layour TIN, name or billing address. You will have the opportunity to
89 changes apply to all individual providers linked to this address? If changing TIN, does It apply to all NPIs under the current TIN? ● Yes ● No ust submit a W-9 Form when requesting updates t_your TIN, name or billing address. You will have the opportunity to
does it apply to all NPIs under the current TINP ●
ust submit a W-9 Form when requesting updates tyour TIN, name or billing address. You will have the opportunity to
Name Address Over(Crasse Describes Delate Community
JC Name Address Org/Group Provider Delete Summary Updates Updates Termination Termination Location Request Request
· · · · · · · · · · · · · · · · · · ·
cation Number 📀 TIN to be Terminated 😡
89
Date 🥹 Reason for Termination 😣
WY 🛄
be Added 💡 Effective Date 😣
MM / DD / YYYY
14 7 1

#### Step 6: Name Change

If you need to make a name change, do so here. Click Save and Continue to proceed. Otherwise, skip ahead.

Update Network Pr	ovider Dem	nographic	S		Update N	Vetwork	Provide	r Demogr	aphics		
*- Required Field					*= Required Field	4					
First Name 🤫	Last Name 🔞						0		•		
John	Doe				Organization/Gr			zation/Group NPI	V		
Individual Practitioner NPI 💡						GROOP MAIVIE					
1234567890					TIN 😣			anging organizations apply to all individual			ss, shall these ress? If changing TIN,
Note : Please upload 'W9 Form' in case you	are making updates to "	TIN', 'Name' or 'Billing	g Address'.		123456789		does it	apply to all NPIs on No	inder the current	TIN? 😡	
TIN Change Name Change	Address Change	Practitioner Termination Request	Delete Location	Summar				updates to your TIN mmary page of this t Org/Group		Iress. You will hav Delete	e the opportunity to Summary
* First Name 🥹	Middle Name 🔞					Updates	Updates	Termination Request	Termination Request	Location	
					•	•					
* Last Name	New Organization N	lame 🥝	]		* New Organizat	ion/Group Name	0				
BACK SAVE AND CON	TINUE SK	ΊΡ			ВАСК	SAVE AN	ID CONTINUE	SKIP			

# Step 7: Address Change

If you need to make an address change, do so here. Groups also may add additional practice locations by clicking on the plus sign in the upper right. Click Save and Continue to proceed. Otherwise, skip ahead.

		ics	*= Required Field			Demograph		
irst Name 🔞	Last Name 🧿		Organization/Group N	ama O	Organization/Group	NPLO		
John	Doe		ORGANIZATION/GF		1234567890			
ndividual Practitioner NPI 🔞			TIN O		* If changing organ	ization/group name or u	pdating address	s, shall these
1234567890	]		123456789		changes apply to all does it apply to all I	Individual providers lin IPIs under the current T	ked to this addre	iss? If changing TIN,
ote : Please upload 'W9 Form' in case vo	u are making updates to 'TIN', 'Name' or 'Bi	ling Address'.			Yes ONO			
			Note : You must submit upload the required W-9	a W-9 Form when r Form when you rea	equesting updates to you which the Summary page of	r TIN, name or billing addr this tool.	ess. You will have	the opportunity to
TIN Change Name Change	e Address Practitioner Change Termination Request	Delete Locat	TIN Change N Up	ame Ad dates Up	dress Org/Gro dates Terminat Reques	ion Termination	Delete Location	Summary
RACTICE ADDRESS UPDATE	S @		•	•	•			
Update Address/Suite/Fax/Telephone/	Email		PRACTICE /PHYS DAYS) 0	SICAL ADDRE	SS UPDATES (CH	ANGES WILL DISE	PLAY AFTER	3 BUSINESS
	Eman		_					
Address Line 🥹		- II	Update Address/Suit	e/Fax/Telephone/E	mail			
23 Any St.			* Address Line 😣					
City 🔞 * State 🥝	* Zip Code 🕜 Suite Number (	2	123 Any St.					
Any Town CA 🗸	12345			State 📀	* ZIP Code 😡 12345	Suite Number 😣		
	Address 😢	_				516.12		
1/01/2001 🗐 Unkno	wn		* Effective Date 😣	* Email	Address 🚯			
elephone 😥	Ext 🔞		* Telephone 📀		Telephone Ext. 😣			
23) 555-1234			relephone 🥪		relephone Ext. 🥹			
< 0	Referral Fax 🔞		General Fax 😣		Referral Fax 😣			
			General Pax 😈		Referrar Fax			
				state 0 CA	* ZIP Code 📀 12345	Suite Number 📀 STE. 12		
			MM / DD / YYYY	<b>E</b>				
			* Telephone 😡	_	Telephone Ext. 📀			
			* Telephone 👴 (123) 555-1234		Telephone Ext. 😣			
				_	Telephone Ext. 😣			
			(123) 555-1234 Fax 📀	_				
			(123) 555-1234 Fax O	ACTICE LOCA				Add More Location (+
			(123) 555-1234 Fax 📀	ACTICE LOCA			(	Add More Location 🕀
			(123) 555-1234 Fax O ADDITIONAL PRA Address Line O		TION 1		(	Add More Location (+
			(123) 555-1234 Fax © ADDITIONAL PRI Address Line ©	tate 📀		Sulte Number Q	(	Add More Location 🕀
			(123) 555-1234 Fax © ADDITIONAL PR. Address Line © City © S		TION 1	Suite Number 9	(	Add More Location 🕀
			(123) 555-1234 Fax © ADDITIONAL PRI Address Line © City © S Effective Date ©	tate ♀ Please Select ▼	TION 1	Suite Number 🖓		Add More Location 🕀
			(123) 555-1234 Fax • ADDITIONAL PR/ Address Line • City • 5 Effective Date • HH/DD/YYYY	tate 📀	TION 1	Suite Number O	(	Add More Location 🕀
			(123) 555-1234 Fax © ADDITIONAL PRI Address Line © City © S Effective Date ©	tate ♀ Please Select ▼	TION 1	Sulte Number 0	(	Add More Location 🕀
			(123) 555-1234 Fax • ADDITIONAL PRJ Address line • City • 5 Effective Date • MM / DD / YYY Telephone •	tate ♀ Please Select ▼	TION 1	Suite Number •	(	Add More Location 🕀
			(123) 555-1234 Fax • ADDITIONAL PR/ Address Line • City • 5 Effective Date • HH/DD/YYYY	tate ♀ Please Select ▼	TION 1	Suite Number 📀	(	Add More Location 🧃
			(123) 555-1234 Fax • ADDITIONAL PRJ Address line • City • 5 Effective Date • MM / DD / YYY Telephone •	tate ♀ Please Select ▼	TION 1	Sulte Number 0	(	Add More Location 🥣

# Step 8: Organization/Group Termination Request (for Organization/Group updates only)

If you need to terminate an organization/group, please enter in the appropriate information and click **Save and Continue**. Otherwise, skip ahead. *Tip: The* \* *symbol indicates a required field.* 

123456789 Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportuni upload the required W-9 Form when you reach the Summary page of this tool.	Organization/G	oup Name 😣	Organi	zation/Group NPI	0		
Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportuni upload the required W-9 Form when you reach the Summary page of this tool.	ORGANIZATION/	GROUP NAME	12345	67890			
Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportuni pipood the required W-9 Form when you reach the Summary page of this tool.	TIN 😧						
upload the required W-9 Form when you reach the Summary page of this tool. FIN Change Name Address Org/Group Provider Delete Summary Updates Updates Termination Termination Location	123456789						
Request Request							
	TIN Change			Termination	Termination		Summary
	•	Updates	Updates	Termination Request	Termination Request		Summary
	• Organization/	Updates Group Name ()	Updates • Orga	Termination Request anization/Group Nf	Termination Request	Location	Summary
Organization/Group Name     Organization/Group NPI     Organization/Group NPI     I234567890	• Organization/	Updates Group Name ()	Updates • Orga	Termination Request anization/Group Nf	Termination Request	Location	Summary
	ORGANIZATION/	Updates Group Name @ GROUP NAME	Updates • Orga 12345	Termination Request	Termination Request	Location	Summary

#### **Step 9: Practitioner/Provider Termination Request**

If you need to terminate or reassign a practitioner/provider, please enter in the appropriate information and click **Save and Continue**. Otherwise, skip ahead. *Tip: The* \* *symbol indicates a required field.* 

Update Network Provid *= Required Field	der Demographics		Update Network Provider Demographics	
First Name 🔞	Last Name 😣		Organization/Group Name 📀 Organization/Group NPI 📀	
John	Doe		ORGANIZATION/GROUP NAME 1234567890	
Individual Practitioner NPI 🔞			TIN O	
1234567890			123456789	
Note : Please upload 'W9 Form' in case you	are making updates to 'TIN', 'Name' or 'Billin	g Address'.	Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the oppugload the required W-9 Form when you reach the Summary bage of this tool.	artunity to
TIN Change Name Change	Address Practitioner Change Termination Request	Delete Location Summary	TIN Change Name Address Org/Group Provider Delete Sum Updates Updates Request Request	mary
* Practitioner Name 🥹	* Individual Practitioner NPI 🥹	1	* Individual Provider Name 📀 * Individual Provider NPI 👴	
* Effective Date of Termination 📀	* Reason for Termination 🥹		Elfective Date of Termination     Reason for Termination	
MM - DD - YYYY			MM / DD / YYYY	
Practitioner to Reassign To 🧿			Provider To Reassign To      Add More I     Add More I	Practitioner (+
Please Select 🗸 🗸			Mease Delect	0
BACK SAVE AND CONT	TINTUE SKIP		BACK SAVE AND CONTINUE SKIP	

#### **Step 10: Delete Location**

If you need to delete a location, indicate an effective date and click **Save and Continue**. Otherwise, skip ahead.

Update Network Provi	der Demographics		Update N	etwork P	rovider [	Demograp	hics		
*- Required Field First Name 📀	Last Name 🥝		Organization/Gro	-		zation/Group NPI 567890	0		
John	Doe			I/GROOP NAME	1254	307890			
Individual Practitioner NPI 📀			TIN 😣						
1234567890			123456789						
Note : Please upload 'W9 Form' in case you	are making updates to 'TIN', 'Name' or 'Billing	Address'.				updates to your TIN mmary page of this	, name or billing add tool.	dress. You will have	e the opportunity to
TIN Change Name Change	Address Practitioner Change Termination Request	Delete Location	TIN Change	Name Updates	Address U∰dates	Org/Group Termination Request	Provider Termination Request	Delete Location	Summary
			•	•	•	•	•	•	
* Effective Date 🔞			* Effective Date	-					
04/06/2018			12/02/2019						
Address Line 🔞			Address Line 😣						
123 Any St.			123 Any St.						
City 🔞 State 🔞	Zip Code 🧿 Suite Number 💡		City 😣	State 🔞	ZIP co	de 🔞 Sui	te Number 📀		
Any Town CA 🗸	12345		Any Town	CA	• 1234	5			
Email Address 😮			Email Address 😡						
Unknown									
Telephone 🥝	Ext 😢		Telephone 😣		Ext. 😣				
(123) 555-1234			(123) 555-1234	1					
Fax 🕜	Referral Fax 🔞		Fax 😧		Referr	al Fax 😡			
(123) 555-1234									

#### Step 11: Summary

Preview the changes made. You may print a copy for your records by clicking **Print**. If you need to upload a W9 form, please make sure to upload that on this screen. If everything looks correct, click **Save and Continue** to submit your changes.

	Last Name 😣			
John	Doe			
ndividual Practitioner NPI 👩				
1234567890				
ote : Please upload 'W9 Form' in case you	u are making updates to	'TIN', 'Name' or 'Billing /	Address'.	
TIN Change Name Change	Address Change	Practitioner Termination Request	Delete Location	Summary
UMMARY ADDRESS CHANGES				
	/Email Old Val	lue		
ADDRESS CHANGES Practice Address Updates: Update Address/Suite/Fax/Telephone New Value	old val	lue Line: 123 Any St		
ADDRESS CHANGES Practice Address Updates: Update Address/Suite/Fax/Telephone New Value Address Line: 123 Any St.	old val	Line: 123 Any St.		
ADDRESS CHANGES Practice Address Updates: Update Address/Suite/Fax/Telephone New Value	old val	Line: 123 Any St.		
ADDRESS CHANGES Practice Address Updates: Update Address/Suite/Tax/Telephone New Value Address Line: 123 Any SL O(J): Any Town	Old Val Address City:An State:	Line: 123 Any St.		
ADDRESS CHANGES Practice Address Updates: Update Address Sute/Fax/Telephone New Value Address Line: 123 Any St. City: Any Town State: CA	Old Val Address City: An State: ZIP Cod	Line: 123 Any St. Iy Town CA		
ADDRESS CHANGES Practice Address/Suite/Fax/Telephone New Value Address Line: 123 Any St City: Any Town State: CA 21P code: 1232A5 Effective Date: 02/02/2001 Email Address	Old Val Address City:An State: ZIP Cod Effective	: Line: 123 Any St. Iy Town CA Ie: 12345	nc	
ADDRESS CHANGES Practice Address Updates: Update Address/Suite/Fax/Telephone New Value Address Line: 122 Arry St. City: Any Town State: CA 21P Cole: 12345 Effective Date: 0,0/0/2001 Email Address: 123456gemail.com	Old Val Address City: An State: ZIP Cod Effective Email A	: Line: 123 Any St. ny Town CA le: 12345 e Date: 01/01/2000		
Practice Address Updates: Update Address/Suite/Fax/Telephone Address Line: 123 Any St. Coly: Any Town State: CA 210 Code: 12345 Effective Date: 02/02/0201 Email Address:	Old Val Address City: An State: ZIP Cod Effective Email A	: Line: 123 Any St. y Town CA le: 12345 to bate: 01/01/2000 ddress: 12345@email.cc me:(123) 555-1234	m	

#### Step 12:

HNFS will receive the requested changes and process accordingly. Please allow 30 business days for processing.

# End of Guide