

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

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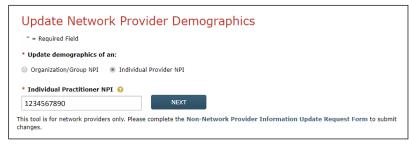
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From the secure portal, click on **Update Demographics** in the **Secure Tools** box.

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
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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.*

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Step 6: Name Change

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

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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.

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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		
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	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.*

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Step 10: Delete Location

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

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(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 👩				
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Step 12:

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

End of Guide