

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)

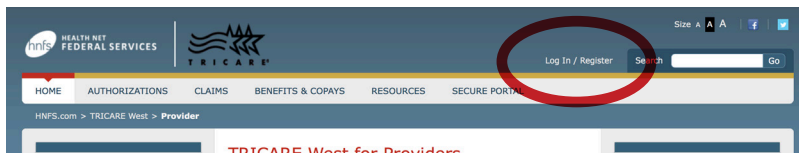


If you:

- **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

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.

Update Network Provider Demographics

* = Required Field

* **Update demographics of an:**

Organization/Group NPI Individual Provider NPI

* **Individual Practitioner NPI** ⓘ

This tool is for network providers only. Please complete the [Non-Network Provider Information Update Request Form](#) to submit changes.

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 Provider Demographics

* = Required Field

* Update demographics of an:

Organization NPI Individual Practitioner NPI

* Individual Practitioner NPI

NEXT

Individual Practitioner/Provider Details

	TIN	SSN	Organization NPI	Organization Name	First Name	Last Name	Location
Select	1234567890	XXXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345
Select	1234567890	XXXX-XX-1234	1234567890	Organization name Group	John	Doe	123 Any St. Town, CA, 12345

Update Network Provider Demographics

* = Required Field

* Update demographics of an:

Organization/Group NPI Individual Provider NPI

* Organization NPI

NEXT

Organization/Group Details

	TIN	Organization Name	Location
Select	123456789	ORGANIZATION/GROUP NAME	123 ANY ST., TOWN, CA 12345
Select	123456789	ORGANIZATION/GROUP NAME	123 ANY ST., TOWN, CA 12345

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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.

Update Network Provider Demographics

* = Required Field

First Name Last Name

Individual Practitioner NPI

Note: Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change | Name Change | Address Change | Practitioner Termination Request | Delete Location | Summary

Tax Identification Number TIN to be Terminated

Termination Date Reason for Termination

TIN to be Added Effective Date

Additional New TIN to be Added Effective Date of Association

SAVE AND CONTINUE **SKIP**

Update Network Provider Demographics

* = Required Field

Organization/Group Name Organization/Group NPI

TIN * 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? Yes No

Note: You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportunity to upload the required W-9 Form when you reach the Summary page of this tool.

TIN Change | Name Updates | Address Updates | Org/Group Termination Request | Provider Termination Request | Delete Location | Summary

Tax Identification Number TIN to be Terminated

Termination Date Reason for Termination

New TIN to be Added Effective Date

SAVE AND CONTINUE **SKIP**

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 Provider Demographics

* = Required Field

First Name Last Name

Individual Practitioner NPI

Note: Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change | **Name Change** | Address Change | Practitioner Termination Request | Delete Location | Summary

* First Name Middle Name

* Last Name New Organization Name

BACK **SAVE AND CONTINUE** **SKIP**

Update Network Provider Demographics

* = Required Field

Organization/Group Name Organization/Group NPI

TIN * 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? Yes No

Note: You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportunity to upload the required W-9 Form when you reach the Summary page of this tool.

TIN Change | **Name Updates** | Address Updates | Org/Group Termination Request | Provider Termination Request | Delete Location | Summary

* New Organization/Group Name

BACK **SAVE AND 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.

Update Network Provider Demographics

* = Required Field

First Name Last Name

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change Name Change **Address Change** Practitioner Termination Request Delete Location

PRACTICE ADDRESS UPDATES

Update Address/Suite/Fax/Telephone/Email

* Address Line

* City * State * ZIP Code Suite Number

* Effective Date * Email Address

* Telephone Ext

Fax Referral Fax

Update Network Provider Demographics

* = Required Field

Organization/Group Name Organization/Group NPI

TIN

Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportunity to upload the required W-9 Form when you reach the Summary page of this tool.

TIN Change Name Updates **Address Updates** Org/Group Termination Request Provider Termination Request Delete Location Summary

PRACTICE /PHYSICAL ADDRESS UPDATES (CHANGES WILL DISPLAY AFTER 3 BUSINESS DAYS)

Update Address/Suite/Fax/Telephone/Email

* Address Line

* City * State * ZIP Code Suite Number

* Effective Date * Email Address

* Telephone Telephone Ext.

General Fax Referral Fax

BILLING/ PAY-TO ADDRESS UPDATES

Update Address/Suite/Fax/Telephone/Email
 New Address/Suite/Fax/Telephone/Email

* Address Line

* City * State * ZIP Code Suite Number

* Effective Date

* Telephone Telephone Ext.

Fax

ADDITIONAL PRACTICE LOCATION 1


Address Line

City State ZIP Code Suite Number

Effective Date

Telephone Ext.

Fax

ADD MORE LOCATION 

BACK SAVE AND CONTINUE SKIP

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.

Update Network Provider Demographics

* = Required Field

Organization/Group Name Organization/Group NPI

TIN

Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportunity to upload the required W-9 Form when you reach the Summary page of this tool.

TIN Change Name Updates Address Updates **Org/Group Termination Request** Provider Termination Request Delete Location Summary

* Organization/Group Name * Organization/Group NPI

* Effective Date of Termination * Reason for Termination

BACK SAVE AND CONTINUE SKIP

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 Provider Demographics

* = Required Field

First Name Last Name

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change | Name Change | Address Change | **Practitioner Termination Request** | Delete Location | Summary

* Practitioner Name

* Individual Practitioner NPI

* Effective Date of Termination

* Reason for Termination

Practitioner to Reassign To

BACK | **SAVE AND CONTINUE** | SKIP

Update Network Provider Demographics

* = Required Field

Organization/Group Name Organization/Group NPI

TIN

Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportunity to upload the required W-9 Form when you reach the Summary page of this tool.

TIN Change | Name Updates | Address Updates | Org/Group Termination Request | **Provider Termination Request** | Delete Location | Summary

* Individual Provider Name

* Individual Provider NPI

* Effective Date of Termination

* Reason for Termination

Provider to Reassign To

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 Provider Demographics

* = Required Field

First Name Last Name

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change | Name Change | Address Change | Practitioner Termination Request | **Delete Location** | Summary

* Effective Date

Address Line

City State Zip Code Suite Number

Email Address

Telephone Ext.

Fax Referral Fax

Update Network Provider Demographics

Organization/Group Name Organization/Group NPI

TIN

Note : You must submit a W-9 Form when requesting updates to your TIN, name or billing address. You will have the opportunity to upload the required W-9 Form when you reach the Summary page of this tool.

TIN Change | Name Updates | Address Updates | Org/Group Termination Request | Provider Termination Request | **Delete Location** | Summary

* Effective Date

Address Line

City State ZIP code Suite Number

Email Address

Telephone Ext.

Fax Referral Fax

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.

First Name Last Name

Individual Practitioner NPI

Note : Please upload 'W9 Form' in case you are making updates to 'TIN', 'Name' or 'Billing Address'.

TIN Change | Name Change | Address Change | Practitioner Termination Request | Delete Location | **Summary**

SUMMARY

ADDRESS CHANGES

Practice Address Updates:

Update Address/Suite/Fax/Telephone/Email	New Value	Old Value
Address Line:	123 Any St	123 Any St
City:	Any Town	Any Town
State:	CA	CA
ZIP Code:	12345	12345
Effective Date:	01/01/2001	01/01/2000
Email Address:	12345@email.com	Email Address: 12345@email.com
Telephone:	(123) 555-1234	Telephone: (123) 555-1234
General Fax:		General Fax:

BACK | **SAVE AND CONTINUE** | PRINT

Step 12:

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

End of Guide