Online Referral Management Tool
Frequently Asked Questions

Key Points

- Accessing and Using the Online Referral Management Tool
- Submitting Referrals and Authorizations through the Online Referral Management Tool
- Active Referrals and Authorizations
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Accessing and Using the Online Referral Management Tool

1. **What is the online referral management tool, and how do I access it?**

   - The online referral management tool is an online referral and authorization submission tool for TRICARE. You can access via a Single Sign On (SSO) on the TRICARE West Region Payer Space on Availity. Under Applications, select the "Submit Referral/Auth" tile.

2. **Can I log into the online referral management tool outside of Availity?**

   - No, not at this time. You can access via SSO on the TRICARE West Region Payer Space on Availity. Under Applications, select the "Submit Referral/Auth" tile.

3. **How do I obtain authorization? Does this need to come directly from the Primary Care Manager (PCM)?**

   - You submit and view received authorizations within the application, which you can access through the TRICARE West Region Payer Space. Under Applications, select the "Submit Referral/Auth" tile.

4. **How do new employees (both providers and non-providers) access the online referral management tool?**

   - Provider groups must assign and manage their organization's access on Availity. They can do so with the "Manage My Organization" hyperlink, available from the main dashboard.

5. **Where can I access additional training on the online referral management tool?**

   - Please refer to the TriWest Learning Center for additional online referral management tool training. You can access it by selecting the "Access TriWest Learning Center" on the TRICARE West Region Payer Space's Applications tab.

6. **Where are referrals that are being submitted to our clinic from a Military Treatment Facility (MTF) being sent? Where can we locate this information?**

   - That information will be available within the online referral management tool. You should be able to see the servicing provider within the request and in the attached letter.

7. **How can I get additional support?**

   - We will be hosting Authorization and Referral training sessions once a day, Monday through Friday, for the foreseeable future. You may join these training sessions as we continue to update the material. You can rewatch past webinar recordings in the TriWest Learning Center on Availity. Additionally, you can now also access short educational videos based on the webinars from the TRICARE West Region Payer Space.

8. **Are there other trainings available on other key topics like claims?**

- Yes. You can find available trainings on the TriWest Learning Center on the TRICARE West Region Payer Space. Additionally, we continue to host live webinars on the Provider Portal Essentials and Claims. If you are interested, you can still sign up for those webinars or view them on the Learning Center.

9. **Are there other trainings available on authorizations and referrals?**

   - We will be hosting Authorization and Referral training sessions once a day, Monday through Friday, for the foreseeable future. We will continue to update the training based on the types of questions people have. Please continue to check back on our TRICARE West Region Payer Space for announcements on training updates.

10. **I've logged into the TRICARE West Region Payer Space and selected the tile to get to the online referral management system. Why don't I see my organization in the drop-down under "Select an Organization" after I enter the system?**

    - This likely means you do not have the appropriate access in Availity. Please consult your organization's Availity administrator to adjust your settings.

11. **I am receiving an error message saying, "You don't have the right access." Why is that?**

    - When you are using SSO to access the online referral management tool, ensure you select the right organization. For instance, if you're part of Organization A and Organization B, and you select Organization A, you will not be able to populate any information for Organization B. To populate information for Organization B, you would need to return to the "Select an Organization" page and select the correct organization. Please determine which organization should best be used to log in.

12. **What is the survey and assessment function?**

    - Certain types of services may require you to complete a survey or an assessment before proceeding. Not every request will require one.

    - The survey or assessment will provide you with a list of required and optional questions. You must answer all the required questions. For optional questions, answer when appropriate.

13. **What do I do if a required survey asks a question that doesn't apply to my specialty or request?**

    - Not all surveys are required. Follow the on-screen prompts to provide the appropriate information. Enter "N/A" into the field if the question doesn't apply to your situation.

Finding a Provider

1. **How do I find a provider on the online referral management tool?**

   - When submitting a new authorization, select the lookup / search icon for the Requesting Provider/Facility or Requesting Group fields. Enter the last name first, or the group name, into the "Name" field. You can use the asterisk (*) at the beginning and end of a search object as a wildcard character to help your search. A wildcard character (*) helps you search for multiple key terms that may start or end with the same letters. For example, entering "Wil*" as the surname will return beneficiaries named Williams, Wilis, and more as search results. You can refine your search by specialty or address. You can also search by NPI in the "Type 1 — NPI" field.

2. **What do I do if the provider is not on the online referral management tool?**

   - If you are in a group practice, you can submit using the group name and enter the provider's name in the notes.

   - You can also try the following search criteria:
     - Use a wildcard indicator (*) when searching by name
     - Remove the checkmark from the "Contract Only" box to include out-of-network providers in your search
     - Ensure you are using the correct ID number when searching for providers by NPI number
     - Ensure you are using the "Type 1 — NPI" field to search by NPI, not the "Provider ID" box. *Note: When searching by NPI, be sure you are entering the Provider NPI and not the Group NPI.*

3. **What if I want to authorize a facility but a provider or requesting group within that facility is not available? Is that possible?**

   - You can submit the facility name if known. The name of the provider or group name is not needed.

4. **The webinar states that all network providers should be listed on the online referral management tool, but an in-network provider does not show up on the tool, even though they're still contracted. How can I find them?**

   - Please search by group number within the medical group if you cannot find the provider. If the provider's information is not at all present in the tool, contact TriWest Contracting and Credentialing to add their information into the system.

5. **When conducting a search for in-network speech offices none come up. When other search options such as city/state/zip code were utilized a list of specific therapists were returned by name, however, the patient is not seeing that specific provider, will there be an issue?**

   - Please note you do not need to select a provider. TriWest will match the appropriate provider for you.

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6. **What should I do if the NPI or TIN is not showing up in the online referral management tool when I'm submitting an authorization or referral?**

   - Currently, you can't search or input TINs into the online referral management tool directly. Upcoming updates will make this function available to all providers in the future, so please search with NPIs until then.

   - If an NPI doesn't show up in the tool. your network or non-network data may not be loaded into our system. Please contact Customer Service for clarification.

7. **What do I do if an authorization I need or receive is for a provider who is no longer a part of our group?**

   - If the Tax ID associated with the authorization is still the same as your group's, you can proceed with care with another provider contracted at your location.

8. **How do I view a beneficiary's assigned PCM in the online referral management tool? How can I tell if I'm someone's assigned PCM, and that I can initiate an authorization?**

   - You can now view your assigned beneficiaries from the Member ribbon in the online referral management tool

9. **What is the difference between "Provider ID" and "Other ID?"**

   - Previous versions of the online referral management tool let you perform a Provider Location Search with two fields: "Provider ID," which was for internal TriWest use only; and "Other ID," where you can search for providers using specific ID types, such as provider or group NPIs.

     The current version of the tool has replaced the "Other ID" field with "Type 1 NPI."

10. **What "Provider Type" should I select for the PCM when requesting a referral?**

   - In the Provider Location Search, it's best to search for providers by their NPI instead of populating all search fields, such as the "Provider Type" field.

Locating Your Patient

1. **What should I do if the system does not recognize the beneficiary ID?**

   - You can search by name (Last, First, Middle Initial) with a wildcard character (*) and Date of Birth (DOB) in addition to their Member ID. For TriWest beneficiaries, that number is their Department of Defense (DoD) ID, which is located on the back of their ID card.

   - If you still can't locate your beneficiary, contact TriWest for help adding the beneficiary into the system.

2. **What are some tips for searching for patients?**

   - Enter both last name and first name (such as "Smith, Jill")

   - Use the wildcard character feature (*) to locate a patient by name

   - Use DOB in addition to Member ID. For Member ID, enter the TRICARE beneficiary's DoD ID number, which is located on the back of their ID card.

3. **If I search for a dependent beneficiary by their Defense Benefit Number (DBN) and DoD ID number and I get a "Patient not found" error, how else can I search to find the beneficiary?**

   - Dependents have a unique DoD ID. Search for dependents by name and DOB. If you still can't locate the dependent, contact TriWest for help adding them into the system.

4. **I received the "You don't have the necessary access rights to view 1 restricted record" error when searching for my patient. What should I do now?**

   - This error is typically issued when the incorrect organization in TRICARE West Region Payer Space in the Provider Portal has been selected. Please return to the TRICARE West Region Payer Space, open the "Select an Organization" page, then select the correct organization.

   - This error may also occur if the authorization is for a specialty or provider you have no recorded association with.

5. **Can I use a social security number (SSN) to search for patients?**

   - No, you cannot. Please use a DoD ID or DBN to search for patients.

6. **How do I determine which plan the patient is using for TRICARE?**

   - Navigate to the Provider Portal. Under "Patient Registration," select "Eligibility and Benefits." You'll then be able to search for the patient and find their plan type. Then you can use the Referral and Authorization Decision Tool to determine whether services will require a referral or authorization.

7. **Do we need the Member ID to search for the member?**

   - No, you can search by patient name as well.

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8. When we search for members, it appears as though military patients have been assigned new member IDs instead of it going by their socials. Is this correct?

- Service Members and dependent beneficiaries have a DoD, DBN, or a patient's ID identifier which can be found on the back of their DoD ID cards. You should use these IDs when searching for patients in our online referral management tool.

Submitting Your Referral/Authorization

1. **How should I submit a referral or authorization request?**

   - All referral and authorization requests should be submitted electronically via the online referral management tool. Submitting electronic requests allows for more rapid processing.

2. **Can we initiate authorization requests by calling TriWest?**

   - You do have the option to call TriWest to request authorizations, but for an expedited process, we strongly recommend and encourage you to use our online referral management tool.

3. **How do I know which referrals TRICARE requires for the different plans (such as Prime, Select, and others)?**

   - Use the Referral and Authorization Decision Support (RADS) Tool located in the TRICARE West Region Payer Space to determine if the plan and service requires a referral. Access the RADS Tool by selecting the "Is a Referral/Auth Required?" tile under Applications in the TRICARE West Region Payer Space.
   - Navigate to "TRICARE Prior Authorization List" under Resources in the TRICARE West Region Payer Space.

4. **How do I know which codes require an authorization?**

   - Please refer to the RADS tool located in the TRICARE West Region Payer Space.

5. **What is the low and high range of a Current Procedural Terminology (CPT) code mean in the Add Procedure box?**

   - This refers to the low and high end of procedure code range, based on the services needed, as provided by the clinician or available within your electronic health record (EHR). If you don't need to enter a range, you can add just one code here.

6. **Will all our provider locations appear automatically in the system when our organization requests an authorization?**

   - The Provider Portal Administrator in your organization is responsible for adding provider information in Manage My Organization.

7. **Can I view referrals or authorizations in the online referral management tool for my organization, even if I am not on the designated team?**

   - Yes, you can view active referrals and authorizations if you operate under the same Tax ID they are loaded under.

8. **What do I do if the Request Type (Episode of Care profile) has more service codes, CPT or HCPC, than I need?**

   - TriWest has created both standard and generic profiles to ensure expedited processing. If a Request Type includes more codes than needed (such as office visits codes but you only want a sleep study) do not adjust the default code(s). You are not required to bill the codes on the referral/authorization; send a claim for only those services rendered.

   - TriWest is currently developing a reference guide for all the different Request Types available when selecting the type of service needed. When it is available, access it in the "Resources" tab under the TRICARE West Region Payer Space.

9. **Why does a random provider appear for my authorization request and not the servicing provider I requested?**

   - If a beneficiary or referring provider did not select a specific servicing provider for their service, or if that provider is not available, TriWest will select a provider for the request.

10. **For Pediatric OT, PT, or ST, there is not a description type for "Pediatric Occupational therapy." Should I use occupational therapy as the description type in this case?**

    - The online referral management tool does not have any options to specify that a service is pediatric. In this case, select "occupational therapy" as the type.

11. **What is the service type for home health?**

    - The service type is Home Health PPS.

12. **How do I submit requests for Durable Medical Equipment (DME) since they do not offer a service or have a servicing provider?**

    - If they have a facility, they can go to the provider or facility section if they know what DME it goes to. You can leave the servicing provider information fields blank and the system will automatically select a provider, but you will need to identify a specialty that the DME falls under. If you need to rent and purchase DME at the same time, create separate service lines for each (one for rental, one for purchase).

13. **What is the maximum number of service lines?**

    - The maximum number of service lines allowed is 10. Profiles are set up to include CPT codes. Pay special attention to the codes included in profiles, because the code for the service you're looking for could be in the procedure low/high range. Reviewing the default codes will help prevent you from submitting unnecessary duplicate referrals.

14. How do I do a directed referral?

- Submit directed referrals through the online referral management tool. You can search for a provider using wildcard characters and unchecking the "Contract Only" box. If you are unable to find the provider, check if they are in the network by using the provider directory. If you're still unable to find the provider, please make the referral by specialty if appropriate.

15. Do I always need a referral or authorization to render service? How do I tell if I need one?

- TriWest has tools which can help you determine whether an authorization or referral is required. Use the Prior Authorization List and the Referral and Authorizations Decision tool to identify if you need one. Please navigate to these resources on the "Application" or "Resources" tab on the TRICARE West Region Payer Space and use them as needed.

16. On the survey, it asks for an appointment date. What if the patient is not scheduled yet for a referral to a specialist? What date would we put in the date field?

- Enter the current date.

17. What if I am unsure what Request Type I should use for a specialty visit?

- There are many specialty referrals Request Types already identified within the tool. If you cannot locate the exact Request Type you need, you can use the Eval and Treat-nonspecific request type.

18. I'm having a system issue with the online referral management tool that prevents me from submitting requests. Is there an alternative method for submitting referrals and authorizations?

- If the online referral management tool is unavailable, or if you cannot complete a referral or authorization using the tool, you can use the Alternative Referral/Authorization Form, available on Availity. Note that you should only use the Alternative Referral/Authorization Form when normal submission methods are unavailable. Always use the online referral management tool when possible.

19. What do I do if the Request Type has more service codes, CPT or HCPCS, than I need?

- TriWest has created both standard and generic profiles to ensure expedited processing. If a Request Type includes more codes than needed (e.g. office visits, but I want to do a sleep study) do not adjust the code(s). You are not required to bill the codes on the referral or authorization. Send a claim for only services you rendered.

20. Are letters of attestation required? Do they need to be faxed?

- We do not require letters of attestation. You will need to supply the medical documentation through medical necessity review.

21. **I heard that there is an authorization letter that I need. What is it and what do I need to do on the online referral management tool for it?**

    • You do not need to do anything! However, if you receive approval for an authorization, you will receive a letter in the "Attachment" tab in the online referral management tool. This determination letter will have the authorization's information—such as the sponsor information, referring and servicing providers information, service information, and more—as well as instructions for how to receive the approved care.

22. **The online referral management tool is not recognizing a Tax ID Number (TIN)/NPI in the system, and our organization has initiated an authorization on behalf of a member, what do we do?**

    • The tool doesn't allow you to enter Tax IDs to search for providers. If you can't find a provider or group's NPI, try searching by the provider's name. If you think your listed NPI in the system is incorrect, contact Contracting and Credentialing to have the data updated.

23. **Can a specialist office request an authorization?**

    • Specialist Authorizations are dependent on beneficiary plan type. Please confirm the beneficiary's plan type to determine if a specialist can request an authorization for the service.

24. **How can I find out of network providers?**

    • You can uncheck the "Contract Only" box in the online referral management tool to find non-network providers.

25. **The RADS Tool gave me a notice that the service I entered is a limited TRICARE benefit. When I submit a prior authorization request, will the system notify us that the prior authorization is not needed once submitted, or is there a wait time?**

    • You will be notified by fax or via the Message Center on the online referral management tool

26. **Do PCMs have to include procedure codes that the specialist might need, besides the evaluation codes?**

    • Yes, PCMs should enter as many procedure codes as necessary to support the authorization/referral.

27. **When entering procedures, what if I can't find one that fits the specific code I'm looking for?**

    • Select the lookup icon next to the "Contains Procedure" field. This will open a box that will let you search for procedures that contain matching codes. If you still can't find a procedure matching the code, you can select "Add Procedure" on any "Service" tab to add a CPT code directly.

28. **What do beneficiary plan types mean?**

    - TRICARE has multiple plan types, such as TRICARE Prime and TRICARE Select. Each plan has different requirements for referral/authorization submission. Please use the tool on tricare.mil/plans to understand the different plan types. You can also refer to the Provider Handbook for more information on TRICARE plans.

29. **How can we make the Place of Service an Ambulatory Service Center?**

    - You would need to either add a group or facility as the servicing provider.

30. **Does TriWest accept retroactive authorizations?**

    - Currently, no, TriWest is not accepting retroactive authorizations.

31. **In the online referral management tool, do I select the Authorizations tab even if I'm submitting a referral?**

    - Yes. Once you are in the online referral management tool, you will select the "Authorizations" tab to complete any type of authorization or referral.

32. **If I am submitting a request for the providing physician and the facility, do I need to request two separate authorizations for the provider and the facility?**

    - No, you do not need two separate authorizations. In this case, you would need a service line for each provider and facility on the request.

33. **Am I required to complete a survey or assessment if it appears with my request?**

    - If a survey or assessment displays within the navigation menu of your request, it must be completed for the referral or authorization to be approved.

34. **Where is the best place to provide additional information to a request and how do I attach documentation? I previously received an issue.**

    - Thank you for your patience as we worked through that error in the system. This has been fixed, so we ask that you try again. You can do that by:
      A. Find your previously submitted authorization.
      B. Navigate to the "Attachment section."
      C. Select "Attach File" in the page and upload the documents you would like onto the authorization.
    - You can add any additional information and documentation to the "Attachments" tab on a request.

35. **What types of documents should I provide to support a request?**

    - Examples include clinical documentation, imaging, lab work, previous provider and current office notes related to the referral request.

Active Referrals and Authorizations

1. **Will TriWest maintain existing authorizations from HealthNet Federal Services (HNFS) and Humana?**

   • TriWest will honor existing authorizations from HNFS and Humana through their expiration date on or before June 30, 2025, whichever comes first.

2. **How do I view the status of a referral/authorization request?**

   • You can check your referrals and authorizations on the online referral management tool. Access the tool from the TRICARE Payer Space by selecting the "Submit A Referral/Auth" tile. Additionally, you'll receive message notifications within the application to inform you if your referral or authorization has received any updates.

   • To check the status of an authorization before 1/1/25:

     • Check authorizations issued by HNFS or Humana on their respective provider portals, after 1/1/25. Past submission records will transfer to the TriWest portal. Note that you can only check existing referral and authorization requests if your name is listed on that specific request.

   • To check the status of an authorization post 1/1/25:

     • Check authorizations on the online referral management tool. Select "Authorizations" from the site ribbon, then search the existing records using the search fields.

     • There are different status types:

       • Certified = Your request received approval

       • Not Certified = Your request did not receive approval

       • Modified = Your request received approval, but TriWest made changes to some fields (such as phone number, servicing provider, code, etc.)

       • Pended = Your request is still in-process

3. **How do I check authorizations and referrals assigned to me as the servicing provider?**

   • Select "Authorizations" from the site ribbon. Enter your NPI or your group's NPI into the Servicing Provider ID or Servicing Group ID fields. Authorizations and referrals assigned to you as the servicing provider should appear in the search results. You can also search by the request's reference number with the "Reference #" field. Ensure your provider information is up to date in the Provider Portal to prevent any issues regarding access permissions.

4. **Will I be able to view authorization information in the TRICARE West Region Payer Space that originated with TRICARE East/Humana Military?**

   • You can find this information in the Submit Referral/Auth application in the TRICARE West Region Payer Space.

5. **Will I be able to request changes to the authorization though the online referral management tool**

   • No, the "request changes" feature is not something we will allow; a new submission will need to be entered instead.

6. **How do we correct an authorization where TriWest has changed the approved/authorized provider and clinic site?**

   • If you are the requesting provider and have selected a servicing provider, then you cannot change the added servicing provider or facility.

7. **How long does it take for an authorization to get approval?**

   • Most referral requests process within minutes. If a request requires medical necessity review, it could take up to five days. Note that not all requests will receive approval (Modified or Certified). Confirm status in the online referral management tool.

8. **How long is the investigation process?**

   • Some can be instant, and some can take up to five days.

9. **Can I request for expedited processing for an authorization?**

   • Yes.

10. **What do I do if I think the determination on my request is incorrect?**

    • If you submitted an authorization or referral request and you believe it was rejected due to incorrect information, you will need to resubmit the request.

11. **What type of care qualifies for an urgent authorization?**

   • You should only submit urgent authorizations for care that needs to be completed within three days.

12. **How do we add more Current Procedural Terminology (CPT) codes to an authorization?**

   • To add more CPT codes, add a service line with the additional CPTs to your request under the request details screen or you can add procedure codes to an existing service line within your request in the request details screen.

13. **How do we change the quantity, amount, or services in an authorization?**

   • The quantity amount or services in authorization cannot be changed. If it refers to visits, visits are not counted. A beneficiary can have as many visits as they need as long as it's within the date range of the valid authorization.

14. **For Speech Therapy (ST), Occupational Therapy (OT), and Physical Therapy (PT) referrals, I do not see an option to select long term conditions. Is it correct to select evaluation and treatment for all specialty referrals, even therapies?**

   • No, you can select ST, OT, or PT, but please align it with the specialty that you are requesting. For example, you're requesting a referral for speech therapy, then select speech therapy. You will need to edit the code and indicate the amount of time the service requires.

15. **Once a patient is referred to a specialty for evaluation and treatment, is the PCM responsible for requesting authorization for the recommended treatment, even if they don't know information like the procedure or diagnosis codes?**

   • The PCM does not have to write orders for the specialist. Once referred to the specialist, that specialist will need to use the online referral management tool to request authorizations that require a prior authorization.

16. **Can I update a referral in the online referral management tool originally submitted to HealthNet or Humana?**

   • While TriWest does receive and process existing referrals and authorizations from the previous contractors, you will need to re-submit your request if you need to update your authorization or referral. Please follow regular authorization or referral submission processes in the online referral management tool.

17. **Can I modify a referral or authorization that I submitted after 1/1/25?**

   • Yes, you can modify new authorizations and referrals. This training will cover how to do that. If you missed that overview at a high-level, review the following steps.

   A. Open the authorization.

   B. Select the "Edit" button from the top of the page. This will allow you to edit certain fields.

18. **Why haven't I received a response regarding my faxed referral or authorization?**

    • TriWest accepted more faxed referrals and authorizations as an interim solution. Going forward, we highly encourage providers to resubmit their referral and authorization requests through the online referral management tool. Submitting through the online tool speeds up the determination process as opposed to submitting via fax.

19. **Can I view referrals or authorizations in the online referral management tool for my organization, even if I am not on the designated team?**

    • Yes, you can view active referrals and authorizations if you operate under the same Tax ID listed on the referral or authorization.

20. **How do I know my authorization was denied and what should I do?**

    • You can check an authorization's status by searching for it on the online referral management tool. Select "Authorizations" from the site ribbon, enter your search terms into the search fields, then select "Search Existing Records." You can open your authorization record from the results. Authorizations that received a denial will display the "Not Certified" status on their record. You will know that the authorization was denied because the status shows as "Not Certified".

    • Refer to the TRICARE Provider Handbook for more information on how to appeal denied authorizations. Your authorization's determination letter will also provide more information on how to proceed.

    • Learn more about how TRICARE beneficiaries can file for medical necessity appeals.

21. **Can referred providers change, add, or remove procedure codes to existing referrals added by the PCM?**

    • No, they cannot.

22. **What if I have questions regarding co-pay for an active referral?**

    • To learn more about co-pays, visit tricare.mil's page on copayments.

23. **What happens when the Place of Service doesn't align with our clinic?**

    • For now, please submit with the profile's loaded Place of Service. We are updating profiles to allow for that change in the future.

24. **What is the difference between a requesting provider and a servicing provider?**

    • A requesting provider is the provider putting the request in. A servicing provider is the provider who will render the care.

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25. **When and what can the referring provider or servicing provider modify on a referral or authorization request?**

    - After submitting a request, the referring and servicing providers can only change the request by:
      - A. Adding a note
      - B. Adding an attachment
      - C. Editing in-patient data fields

26. **Are there Standardized Episodes of Care (SEOC) associated with the online referral management tool?**

    - Yes, SEOCs are referred to as Request Types in the tool.

27. **How long are PCM referrals valid for?**

    - PCM referrals are valid for 180–365 days.

28. **How are providers, PCMs, and beneficiaries notified when TriWest makes a decision about a request?**

    - Beneficiaries can look at the beneficiary portal and will receive something in the mail.
    - Servicing and requesting providers can check the message center on the online referral management tool and will get a fax. Each service section will show the status reason.

29. **What do I do if my authorization or referral expires and my patient still needs the care covered under that request?**

    - You'll need to submit a new authorization or referral request.

30. **How do I view PCM referrals?**

    - Search for the referral in the existing authorization records like any other authorization or referral. If your name is listed on the referral, you can freely view the PCM referral. If you search for the referral and receive a message that you don't have permission to access it, it means your name is not listed on the referral. Contact the PCM so that they can update the referral.

31. **What if a provider left my organization? Can I still view the referrals and authorizations that list that provider?**

    - As long as they are still registered in the Provider Portal as part of your organization, yes, you can still view those referrals and authorizations. Do not remove the provider's information from your organization's profile on Availity if you don't want to lose access to their referrals and authorizations.

Technology Issues

1. **Why am I receiving "Error 403 – This web app is stopped. The web application you have attempted to reach is currently stopped and does not accept any requests. Please try to reload the page or visit it again soon." on the Payer Space?**

   - You may need to adjust your setting/restart your webpage.

2. **Why am I getting a "504" time out error?**

   - Check that your organization has a Tax ID listed in Availity. If no Tax ID is listed, the tool won't be able to search for any providers listed on that organization and return an error.

Still Have Questions?

Contact our Customer Service team at 888-TRIWEST (874-9378) Monday through Friday from 8 a.m. to 6 p.m. in your time zone, excluding federal holidays.

Helpful Links

- TRICARE Provider Handbook
- TRICARE.mil
- Submit/View Referrals and Authorizations Quick Reference Guide
- Provider Portal

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