



Network Notification

Notice Date: February 3, 2026
To: TRICARE Prime Demo® by CareSource Military & Veterans™ Providers
From: CareSource Military & Veterans (CSMV)
Subject: Prior Authorizations and Referrals
Effective Date: January 1, 2026

Summary

As a valued provider in the TRICARE Prime Demo by CareSource Military & Veterans plan, which launched on January 1, 2026, we want to share some important updates regarding our processes and support for you and our beneficiaries.

Prior Authorizations

If you are treating a new beneficiary with a valid prior authorization from Humana or TriWest, please forward the authorization to our Utilization Management department at CSMVBeneficiaries_UM@CareSource.com. We will ensure that an authorization number is generated for both the beneficiary and your practice.

No Referrals Needed

Through TRICARE Prime Demo, beneficiaries do not need referrals to see in-network specialists. CSMV will pay claims even without a referral, as none is required. Please communicate this policy to your patients, reassuring them that they can access care without delay, and the no-referral policy is designed to streamline their access to care. Our goal is to support you in providing timely and effective treatment. We are here to assist you with any billing or beneficiary inquiries.

Out-of-Network Providers

Beneficiaries are permitted to see providers outside of the CSMV network. We will reimburse claims for the first 90 days while we work to integrate these providers into our network. After 90 days, the out-of-network option still exists, but will process as a point-of-service (POS) option. If you encounter any issues with beneficiaries needing to pay upfront or being denied service, please reach out for assistance.

Support Available

Our Provider Services team is always available to assist. Please contact us at **1-833-230-2170**, available Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET).

Thank you for your partnership and commitment to providing quality care to our beneficiaries.

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