

Provider certification FAQs

What is certification?

Certification ensures providers meet the licensing and certification requirements of TRICARE regulations and practice for that area of healthcare. Once the certification process is complete, a provider is considered TRICARE-authorized. All providers who render services to TRICARE beneficiaries MUST be TRICARE-authorized in each state where they provide services to file claims and receive payment for services.

How do I certify a provider?

Providers should complete a [certification application](#) and include all applicable attachments. Clinic/Group information is collected within each practitioner certification application.

Can I submit my application online?

Certification applications are transitioning to digital submission. Providers must use the online digital application when available on the website.

Is supporting documentation required with an application?

Documentation requirements are noted on the application. A copy of licensure is always required. If you are a Medicare-certified facility, you must include a copy of the Centers for Medicare and Medicaid Services (CMS) letter. If you are a nationally accredited (i.e. The Joint Commission (TJC)) facility, you must include a copy of the accreditation, and the address of the location being certified. Failure to include required attachments will delay your approval as a TRICARE-authorized provider.

If I am TRICARE-certified, do I need to be recertified at any time?

Recertification is required for all providers who do not submit claims within a two-year period, or if practicing in a new state, or if your certification requirements have expired. For facilities, TRICARE policy also has certain recertification timelines included in participation agreements for certain provider classifications. For both facilities and Corporate Service Providers (CSP), change of ownership may require a recertification. [See attached document](#) for varying circumstances.

How will I know the provider is certified after submitting the application?

The status of provider applications submitted online may be checked via the [certification status tracker](#).

Processing of paper certification applications takes approximately 90 days to complete. Once complete, a notice will be sent to the email provided with the application. You can also retrieve the certification letters under the correspondence tab in provider self-service at [HumanaMilitary.com](#).

What if it has been over 90 days since I submitted the application and my provider is not certified?

First, review [provider self-service](#) at [HumanaMilitary.com](#) to see if the provider appears as practicing at the location submitted on the application. If the provider does not appear, contact the TRICARE Community Liaison (TCL) for your area by sending a secure message from provider self-service or contacting us at (800) 444-5445.

Once providers are certified, are they considered a network provider?

No, certification is required for all TRICARE providers. To become a network provider, you must have a contract with Humana Military.

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Once providers are certified, can they treat any TRICARE beneficiary?

Once certified, a provider is classified as TRICARE-authorized non-network. This status allows providers to treat TRICARE Select, Reserve Select, and TRICARE for Life beneficiaries. To render services to TRICARE Prime/Prime Remote beneficiaries, the provider must be a network provider or beneficiary must have an authorization or elect to use the Point of Service (POS) option under their plan.

Are credentialing and certification the same thing?

No, credentialing is only required for network providers who are contracted with Humana Military. You can submit credentialing documentation to the TRICARE Community Liaison (TCL) for your area by sending a secure message from provider self-service.

All providers who render services to TRICARE beneficiaries MUST be TRICARE-authorized in each state where they practice to file claims and receive payment for services. Certification ensures providers meet the licensing and certification requirements of TRICARE regulations and practice for that healthcare specialization. Once the certification process is complete, a provider is considered TRICARE-authorized.

Which certification application should I complete if my specialty is not listed?

TRICARE policy establishes the types of providers eligible for claims reimbursement; see [TRICARE Policy Manual, Chapter 11, Section 1.1 Providers-General](#) for more information. You may also contact the TRICARE Community Liaison (TCL) for your area by sending a secure message from provider self-service or contacting us at (800) 444-5445.

Is a separate application required for each separate location a practitioner uses under the same TIN?

Practitioners must meet certification requirements in each practicing state. If the practitioner wishes to render care at TIN locations in different states, the certification application allows for multiple state locations.

Are there special rules for ABA clinics/Autism Care Corporate Service Provider (ACSP) providers?

All ABA clinics are considered ACSP, and require an [ACSP application](#) (including participation agreement) per TRICARE requirements. It is not necessary to submit an application for each location. Only one ACSP application per TIN is required. You may [check the status of your ACSP application here](#).

Where can I find certification applications/forms?

- Certification applications may be found [here](#).
- Other provider forms may be accessed [here](#).

Are Physical Therapy Assistants (PTA) and/or Occupational Therapy Assistants (OTA) required to complete certification?

No, only PTA/OTA supervisors are eligible for reimbursement; therefore, a certification application would not be required.