Provider self-service: Frequently Asked Questions (FAQ)

What is provider self-service?

Provider self-service is an online option that offers many features that will save you time, ensure patient privacy and help manage your office more efficiently. It is simple, secure and available 24 hours a day, seven days a week for registered providers.

What services are available in self-service?

Self-service allows users to quickly and easily:

- Submit claims
- Verify patient eligibility/ benefits/claims
- Check claim status
- View remittances
- Create and update referral and authorization requests
- Manage your profile
- Look up codes

Is there training available?

Yes, find on-demand and live training webinars here:

- Provider webinars | Humana Military

How can I access provider self-service?

Register here and click on "Create account." Then, follow the prompts to complete your registration.

Which approval option should I choose?

There are four approval options:

- **Activation code:** Providers may use an activation code generated by a Humana Military associate to gain immediate access.
- **Fax key code:** Providers may enter the authorization/ order number and the four-digit key code shown on a received TRICARE referral/auth fax.
- **On-site Humana Military provider representative:** The representative must be on-site and will enter an express code to grant a provider immediate access.
- **Manual approval:** If the previous options are unavailable, providers may submit an approval request to a local site administrator (usually a person who works for the provider) for the Tax ID they want to access. If a local site administrator does not exist, a Humana Military associate will review the request and confirm or deny the right to obtain access.

How can I reset my user ID or password?

From the log in page, choose forgot **user ID** or **password** and follow the prompts to reset. You will need to remember your password reset questions you answered when you registered.

Is the chat and secure message feature in self-service? How does it work?

Yes, the chat and secure message features are available. Click on **Ask a question** near the top of the home-page and choose a category. Secure messaging is available anytime.

How do I make changes to my practice demographics?

You can make updates on group information and practitioners within your group. Choose **View/Update** located under your group information and then **Edit Information** on the following page. For practitioners, click on **View** to open the roster. Choose **View/Update Details** located on the same line as the practitioner, then **Edit Information** to see the change form menu.

How can I add a practitioner to one my locations?

You can do that in one of two ways. From the group information change menu, you will see **Add active practitioner to group location**. From the practitioner change menu, you will see **Affiliate practitioner to existing location**.

Note: the practitioner must be TRICARE-certified.

How do I add a new practice location?

You may add a new location for a group practice through the **View/Update** feature location under the group information. You will not be allowed to add a new **facility** location, as this requires a separate TRICARE certification application.

What information displays when I review a patient's eligibility?

- TRICARE program information
- Sponsor status
- Cost-share/copay information
- Eligibility history
- Other Health Insurance (OHI) information

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Can I determine if a patient has a copay or cost-share from the eligibility page?

Yes. On the eligibility page under **Catastrophic Cap & Deductible** is a link to **View Plan Costs**. Choose this, and enter the TRICARE program, sponsor status and group information, found on the eligibility page. This will show all out-of-pocket information for the information you entered.

Is the effective date of the patient's TRICARE program available on the eligibility page?

Yes, the effective date can be found at the bottom of the page under the **Coverage History**.

Can I submit a referral online?

Yes. Enter the **referral and authorization center** from the homepage and then choose to **Submit a new request**.

How long will it take Humana Military to process my referral request?

That will depend on the type of referral and if you are located near a military hospital or clinic. Most referrals will auto-approve and generate the auth/order number for you. Some might require review by our clinical staff and others may be routed through the military hospital or clinic as part of their Right of First Refusal (ROFR) process.

How do I make changes to an existing referral or authorization?

Open the referral or authorization and choose **Request update** in the top right corner.

- Add visits
- Extend the coverage period
- Add procedure codes
- Select a different provider
- Enter clinical information
- Attach documents

Note: there may be some restrictions based on the type of referral or authorization.

I received a notification from your clinical staff requesting additional information for an authorization request. Can I attach a document to an existing authorization?

Yes. Open the authorization details and click **Request update** in the top right. This will open another page which will allow edits. Choose to indicate if you are the Primary Care Manager (PCM), specialist or facility. Near the bottom, enter a free text note and **Submit**. The following page will show instructions to attach a document.

If I have a procedure code, can I check to see if it requires a referral or authorization?

Yes. From the **Code Lookup** tool located on the homepage, you may enter your procedure code to determine if a referral or authorization is required.

Can I look up ICD-10 codes?

Yes, ICD-10 codes can be searched by code and by text. The code lookup tool will indicate if the code is considered an emergency diagnosis.

How can I access my remittances?

Enter the **Provider Access Claims Center** from the homepage. You will see a tab for **Claims Summary, Remittance and Correspondence**. Choose **Remittance**, filter your search and view your remittance.

Can I submit a claim via provider self-service?

Yes. You must first register the location with the claims processor. From the **Provider Access Claims Center,** choose **Submit an XPressClaim** to begin the registration process.

Can I submit a secondary claim in self-service?

Yes. You will need to enter the OHI allowed amount and paid amount in the claim submission process.

Can I submit a corrected claims in self-service?

Yes, you can submit a corrected claim in provider self-service through XpressClaims in self-service.

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How can I determine if my patient is enrolled in a care management or case management program within Humana Military?

The **Care Management dashboard** is located on the self-service landing page. Click on **View dashboard**, enter the TRICARE ID and DOB of your patient and **Search**. If the beneficiary is enrolled in a care management or case management program, the program name, case manager name and contact phone number as well as the begin and/or end date of the case will be shown.

Note: For beneficiaries enrolled in the Autism Care Demonstration (ACD) with an Autism Services Navigator (ASN) assigned, you have access to the comprehensive care plan and medical team conference notes. You may also send a secure message directly to the ASN.

Can I refer a beneficiary to case management from provider self-service?

Yes. Under the **Care Management dashboard**, you will see the option to **Refer a beneficiary to a care management program**. It should take less than ten minutes for you to fill out the electronic form.