Patient eligibility verification in provider self-service

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This guide will help you navigate the Provider Self-Service tool to verify basic patient/beneficiary eligibility details, like the ones listed below:

- Accessing provider self-service tool
- Home dashboard
- TRICARE Patient Profile
- TRICARE Sponsor and PCM Information
- Catastrophic Cap & Deductible
- Referrals & Authorizations
- Claims and Coverage History

Click the icon below to view the Provider Eligibility + OOP on-demand webinar in an easy-to-follow video format



Accessing the provider self-service tool

- To access provider selfservice, begin by logging in at <u>HumanaMilitary.com/log-in</u>
- Click on the fuchsia colored, "Log in" icon at the top right hand corner of the page
- If you have not yet registered for a PSS account, you can do so by selecting the, "Create your account" from the log in page

Create account
You will be asked to provide the TIN / EIM and correlating NPI for providers you are adding to your account. Most tools and features will be upgygilable uptil a provi
is verified and added to your account.
Create your account $ ightarrow$

Home dashboard

- You can search up to five (5) TRICARE Patient Profiles at once by clicking "Show Extra Profile Fields" to open more search lines
- Retrieve a patient profile by using either:
 - The TRICARE ID (sponsor SSN or the 11-digit DoD benefits number found on the back of the patient's military ID card), **and** patient's DOB, or
 - The authorization or order number





TRICARE Patient Profile

- The Patient Profile displays the beneficiary information that matches the ID and DOB entered in the search fields on the previous home dashboard
- The TRICARE Eligibility Information section (top left) displays:
 - Patient name
 - Gender
 - DOB
 - Status for Date of Service (DOS)
 - Note: This date reflects the date the patient's eligibility information is being retrieved
 - TRICARE program in which beneficiary is currently enrolled
 - Other Health Insurance (OHI) (if any)
 - Other government programs



TRICARE Sponsor and PCM Information

- The TRICARE Sponsor Information section (top right) displays:
 - Sponsor name
 - Branch of service rank
 - Region of enrollment
- If the name of the sponsor and the patient differ, this is an indicator that the patient is a family member
- If the patient is enrolled in TRICARE Prime, you will see Primary Care Manager (PCM) information listed below this section
- If the patient is enrolled in the Select program, a PCM will not display



Catastrophic Cap & Deductible

- Beneath the PCM Information section you will find information on the beneficiary's Catastrophic Cap and Deductible
- Effective dates for Catastrophic Cap and Deductible are listed just beneath the section heading title. This helps determine when they will renew
 - For example, this beneficiary's Catastrophic Cap and Deductible will renew January 1 of the following year
- Individual and Family Catastrophic Cap and Deductible information (limits and applied amounts) will be listed below



Referrals and Authorizations

- Any recent referrals for the patient will be listed here. Note: If you are a specialist, you may want to review this section to ensure you have a referral on file for your office
- You can build a new referral and check or update existing referrals in this section
- The code lookup tool is also available from this page. Note: Both the Referral/Authorization and Code Lookup features can also be found on the home dashboard of your provider selfservice account

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Referrals	And Authoriz	ations		Catastroph	e Cap C Deductible			
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08/04/2020	Residential		In Process	Individual	\$0.00	\$3,500.00		
06/18/2020	Infusion Equipment & Supplies		Approved	Family \$0.00 \$3,500.0				
03/19/2020	Acute Inpatient Med/Surg, Oth		Approved	Deductible	Applied	Limit		
				Individual	\$0.00	\$150.00		
			View More	Family	\$0.00	\$300.00		
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Claims								

Claims and Coverage History

- Scrolling down, you can access the Claims Center for this beneficiary to view remittances and submit any new claims they may have
- Coverage history is also found toward the bottom of this page. From this section, you can determine if there have been changes in eligibility and/or coverage
 - Begin and end dates of those changes are noted in the columns on the right
- This section may be important if you need to verify what coverage type a beneficiary had on a prior Date of Service (DOS)

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