

Provider eligibility FAQs

What is provider self-service?

Provider self-service allows TRICARE providers to quickly and easily:

- Submit claims
- Verify patient eligibility/benefits/claims
- Check claims status
- View remittances and correspondence
- Create and update referral and authorization requests
- Manage user profile and update provider demographics
- Look up codes
- Send and receive chats and secure messages

[Register for self-service now](#)

Is it OK to photocopy military ID cards?

Yes. To verify eligibility, TRICARE beneficiaries should present either a Common Access Card (CAC), military ID card or eligibility letter, at the time of service. Check the expiration date before providing care, and make a copy of both sides of the ID card for office patient file.

Note: A DoD ID number is **not acceptable** for claims submissions.

What does the patient profile feature in self-service do?

Humana Military provider self-service allows you to perform eligibility checks (up to five checks) in real time. The TRICARE patient profile populates:

- Cost-share/copay information
- Program information
- Beneficiary eligibility history
- Other Health Insurance (OHI) information
- Referral by patient status
- Claims by patient status

[View a how-to-video](#) on creating an account, or call us at (800) 444-5445. [Review the Phone Menu Shortcut Guide](#) to improve your call experience.

Why might a beneficiary lose TRICARE eligibility?

Eligibility for TRICARE may end for several reasons. This list is not intended to be all inclusive:

- Sponsor separates from active duty
- Beneficiary has Medicare Part A, but did not purchase Part B
- Dependent child reached age limit
- Divorce
- Surviving spouse, widow or former spouse remarries
- Defense Enrollment Eligibility Reporting System (DEERS) information not kept up-to-date

What is Direct Care Only (DCO) eligibility?

If a beneficiary is not enrolled in a plan, they will have DCO, or care received at a military hospital/clinic on a space-available basis only. Until they are enrolled in a plan, they are not eligible to receive civilian care, such as using a Retail Network Pharmacy or Express Scripts Home Delivery.

How does TRICARE work with Medicare?

Beneficiaries eligible for Medicare must follow Medicare guidelines for enrollment. For additional assistance, contact Wisconsin Physicians Services (WPS) at (866) 773-0404.

Who can I contact to verify TRICARE for Life (TFL) eligibility?

To verify TFL eligibility, call the TRICARE Dual-Eligible Fiscal Intermediary Contract (TDEFIC), at (866) 773-0404. Call the Social Security Administration (SSA) at (800) 772-1213 to confirm a patient's Medicare status.

What does dual-eligible beneficiary mean?

This term refers to TRICARE and Medicare dual-eligibility and should not be confused with Medicare-Medicaid dual-eligibility.