Click on this link: <u>https://www.humanamilitary.com/</u>

Hoover over Log In then select Provider self-service



- Claims status by patient
- Provider location addresses, specialties by location, types of service
- by location, and more

To preview the provider self-service click here Create Account

CREATE ACCOUNT

Step One: Click Continue on the bottom

	Create Account
	1 2 3 4 5 Getting Create User ID General User Agreement Confirmation
This page will guide you through the warning! This site is for the exclu	he process of creating an account for access to Provider Self-Service . Creating an account only takes a few minutes. sive use of Humana Military Providers, their employees or those rendering services for those providers.
Unauthorized access to this site m	ay result in criminal or civil prosecution. Create Account Example
Consent Notification You can access Humana Military / Privacy Act Statement	Automated Information System. By using this system you consent to the terms of the Privacy Act Statement.
This statement serves to inform yo Military) and how it will be used.	ou of the purpose for collecting personal information required by Humana Military Automated Information System (Hum
AUTHORITY: 10 U.S.C. 1079 and (CHAMPUS); and E.O. 9397 (SSN	1086; 38 U.S.C. Chapter 17; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services I), as amended.
and provide provider services ava payment, assignment of beneficial	from individuals to validate their eligibility as nearth care providers and starr, grant access to the Humana Military webs ilable through Humana Military to validated individuals, including physician referrals, healthcare authorizations, claims ries to physicians, and informational contact with validated beneficiaries.
ROUTINE USES: Information co and Accountability Act (HIPAA) Pr may also be used and disclosed in	lected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portabili ivacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. Informa accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD "Blanket Rou
Uses" published at: http://dpcld.de Departments of Health and Humai entities under contract with the De	fense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/ Information collected from you may also be shared with the n Services and Homeland Security, and other Federal, State, local, and foreign government agencies, private business partment of Defense, and individual providers of care, on matters relating to eligibility, claims pricing and payment, frau
program abuse, utilization review, litigation.	quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal
DISCLOSURE: Voluntary; howeve	er, failure to furnish all requested information will result in an individual not being able to access provider services available

<u>Step Two</u>: Fill out the Create User ID and Password information, type in the security code, then click Submit.

Create Account							
	1 2 3 4 5 Getting Started Create User ID and Password General Information User Agreement Confirmation						
*User ID	ksmith1976 Must contain 8 - 16 letters and numbers.						
*Password	Passwords must be 8 - 16 characters long and contain at least one						
*Confirm Password	letter, one number and one of these special characters ! @ # \$ = +						
*AKAName	AKAName is used when communicating with Humana Military and will Pasmunsonkari not be used to log in. Must contain 6 - 16 characters and does not require numbers or special characters.						
*Password Question 1	"Name of your street where you first grew up"						
*Password Answer 1	Boone characters in your response because during a password reset, you must match your answer exactly.						
*Password Question 2	"Name of your first grade teacher"						
*Password Answer 2	Mr Heller characters in your response because during a password reset, you must match your answer exactly.						
*Indicates a required fie	Id. Please enter the below letters in the image to continue.						
	ZRPCN						
	Type the code from the image						
	(zrpcn)						
	→ Submit						

	Create Account
	1 2 3 4 5 Getting Create User ID General User Confirmation Started and Password Information Agreement
Full Name	Kari
Job Title	Regional Educator
Email	ksmith5@mhc.net
Confirm Email	ksmith5@mhc.net
Work Phone	231 - 935 - 2296 Extension:
Supervisor Name	Amy Mamo X
Indicates a required field.	

Step 3:	Fill in the	General	Information	section	the	click or	Continue.
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<u>Step 4</u>: Click on I accept this agreement then click on **Continue**.

	(Creat	e Ac	cour	nt
	1 Getting Started	2 Create User ID and Password	3 General Information	4 User Agreement	5 Confirmation
Humana Military Security and I hereby acknowledge that the inform the unauthorized disclosure of which such information. I further agree that in strict confidence and shall not be I accept this agreement.	d Information F mation I will access in is prohibited by s t all passwords I s disclosed to any th	Protection Ag s through the My tate and federal elect or that are a hird parties. Do y	reement HMHS for Pro law. I agree no assigned to mo ou accept this	viders Interne ot to make any e by Humana Humana Milit	t applications is confidentia / unauthorized disclosure a Military for access to this i ary Security and Information
			→ Continu	e 🔶 🔶	

SIGNING UP FOR HUMANA MILITARY

<u>Step Five:</u> Click on Add a Provider to Account.

	Create Account							
	1 Getting Started	2 Create User ID and Password	3 General Information	4 User Agreement	5 Confirmation			
Congratulations!								
You have successfully completed th receive an email confirmation of you	e account creation ir access to the sit	n process. You ha ie.	ave been sign	ed into the site	e with your new User ID and Password			
Next you will want to request access	s to provider inform	nation. The Add a	a Provider pag	je will guide ye	ou through this process.			
			_					
\rightarrow \downarrow	Add a Provide	r to Account	→ Coi	ntinue to F	Provider Self-Service			
Home Contact La Drivoau Internet	Drivany Tormo of L	loo Dortoor Loo	in Nourseen	- Uumana t	filitary Uumana Vatarana Caraara			

ADD PROVIDER

Step One: Click Continue

	Add Provider							
	1	2	3	3 4		6		
	Review Information	Enter Provider ID	User Agreement	Approval Options	Validation	Confirmation		
A Provider ID is a nine digit numb Number. An (EIN) is an Employee and SSN.	er. (TIN) is the dentification	nine digit Ta: Number, whic	x Identification N ch could be the	Number. (SSN) nine digit TIN () is the nine dig or SSN. For the	jit individual physician/prov e purposes of this process		
Step 2 of adding a provider will as appropriate. You will be able to re	k you to enter quest access t	the Provider to more than (ID for the provid one Provider ID	ler which you a , but you must	are requesting process them	access. Enter either the Pr one at a time.		
If you would like to see an example	le, <mark>click</mark> the linl	ks below.						
When you are ready to proceed, or Example for Validation with Provide	lick the Contin	ue button bel	low.					
Example for Validation from Existi	ing Referral Inf	formation						
Example for Manual Approval Pro	cess							
			→ Co	ontinue				

		Add Provider										
		2 3 4 5 6										
	Review Information	Enter Provider ID	User Agreement	Approval Options	Validation	Confirmation						
Please select the identi	fication option for the	Provider ID.										
SSN	's TIN or SSN and a c	orrelating N	Pl (National Pro	ovider Identifi	er).							
* Provider ID	381362	830										
* NPI	195230	7852	× -									
			→ Co	ontinue								

<u>Step 2</u>: Click on TIN then enter your facility tax ID then NPI, click **Continue**.

<u>Step 3</u>: Click on I accept this agreement then click **Continue**.

	Add Provider							
			-3	4	5	6		
	Review Information	Enter Provider ID	User Agreement	Approval Options	Validation	Confirmation		
I hereby acknowledge that the i unauthorized disclosure of whic such information. I further agree confidence and shall not be disc	nformation I will h is prohibited by e that all passwo closed to any thir	access throug y state and fe rds I select or rd parties. Do	gh the Secure P deral law. I agre that are assign you accept this	rovider Portal a e not to make ed by Humana Humana Milita	applications is any unauthoriz Military for act ary Security and	confidential patient and physi zed disclosure and will treat a cess to this information shall d Information Protection Agre		
I accept this agreement.	nent.)						
			→ Co	ontinue				

Step 4: When you get to this screen you have to CALL: **1-800-444-5445**, Pick option 2 then the option for obtaining Access Code. When you do that they will give you an access code to get immediate access. Click on **Activation Code**. Then click **Continue**.

		А	dd P	rovic	ler	
		.	-0	-4	5	6
	Review Information	Enter Provider ID	User Agreement	Approval Options	Validation	Confirmation
Activation Code			Approva	al Options		
Immediate Access						
Enter the Activation code of	btained from a	i Humana Mil	itary Representa	ative.		
 Activation code is only vali 	d for the Provid	der ID Authen	ticated during yo	our call with H	umana Military.	
Referral Fax Key Code						
Immediate Access						
Enter the Key Code from a	i Humana Milita	ary TRICARE	Referral/Author	ization fax.		
 Key Code is only valid for 	the Provider ID	shown on the	e fax.			
See an example fax						
Humana Military Provider	Representativ	e On Site				
Immediate Access						
Humana Military Provider	Representative	grants acces	s by entering ke	ey information.		
Manual Approval Process						
 Access requests processe 	d either by you	r local site ad	ministrator (if or	ne exists) or by	y Humana Milita	ary security personnel
 Requests routed to Human 	na Military are p	processed wit	hin three busine	ess days, often	within one bus	siness day.
 Requests for which a local 	site administra	ator exists are	routed to that s	ite administrat	tor. Humana Mi	ilitary has no control o
site administrators process	access reque	sts.				
			→ Co	ontinue	←	_

<u>Step Five:</u> Type in the activation code then click **Continue** to proceed to the confirmation.

	Add Provider							
		0	.	-0	5	6		
	Review Information	Enter Provider ID	user Agreement	Approval Options	validation	Confirmation		
Please enter the Activation	n Code.							
*Activation Code								
			← Back	→ Contin	ue			