

GENERAL

1.0. PROVIDER CERTIFICATION CRITERIA

Refer to the [32 CFR 199.6](#) and the TRICARE Policy Manual, [Chapters 1](#) and [11](#). All providers shall be TRICARE certified in accordance with the Policy Manual. Network providers shall be credentialed in accordance with nationally accepted credentialing standards adopted by a national accrediting body. "Authorized Provider" is any provider who meets the requirements set forth in [32 CFR 199.6](#) and in the TRICARE Policy Manual, [Chapter 11](#). If a beneficiary submits a claim for services provided by a non-participating individual professional provider who is known to be legally practicing and is eligible for TRICARE-authorization, the provider shall be certified and payment shall be made to the beneficiary. In no case shall a provider who refuses to provide proper SSN/EIN identification be paid directly.

2.0. PROVIDER APPROVALS

2.1. The contractor shall accurately certify all providers of care (except for the providers certified by the National Quality Monitoring Contractor) using a single, centralized certification process. The contractors shall ensure that all providers of care for whom a billing is made or claim submitted under TRICARE meet all conditions, limitations or exclusions specified or enumerated in 32 CFR 199, the Policy Manual and the TRICARE Operations Manual. The contractor shall maintain separate institutional and non-institutional provider files. Modifications, such as adds and changes, shall be reported to TMA as specified in the TSM.

2.2. Upon receipt of a claim or request for provider certification information involving a provider practicing in the contractor's jurisdiction but not on the TEPRV file, the contractor shall contact the provider, the state licensing board, the appropriate national or professional association, or other sources to determine that the provider meets certification requirements. The contractor may establish certification by any of these means. Documentation may be a copy of the page from the most recent state licenser listings; screen print from on-line access to state board licensing files, or other methods that show proof that the provider meets the certification requirements.

2.3. If certification cannot be established, all pending and subsequent claims for services from that provider shall be denied. Claims denied for this reason are to be reopened and processed if the provider is determined to be authorized upon receipt of the required documentation.

2.4. Services delivered by any provider must be within the scope of the license or other legal authorization. The contractor shall maintain a current computer listing of all certified providers, including at a minimum the data required by the TRICARE Systems Manual,

[Chapter 2, Section 2.10](#). If the provider was initially certified by the contractor, the certification of each provider shall be supported by a documented and readily accessible hardcopy or microcopy file documenting each provider's qualifications. A hardcopy or electronic file documenting the provider's existence on the TEPRV shall be maintained for all other providers.

2.5. Inactive providers shall be moved from the provider files by archiving the files every two years during October. Any provider who has not submitted a claim or whose services have not been submitted on a claim within the past two years may be removed from the active file to the inactive file. Providers who have been terminated or suspended shall not be deleted. Suspended or terminated, or excluded providers shall remain on the file as flagged providers indefinitely or until the flag is dropped because the suspended provider has been reinstated. The contractor shall review all provider flags and ensure they are working at a minimum of once each year. To do this, the contractor shall maintain records of all suspended and terminated providers and audit the provider file flags and, as necessary, test to ensure they are operational.

3.0. CRITERIA FOR THE SELECTION OF RESOURCE SHARING PERSONNEL

The contractor shall ensure that all resource sharing personnel meet the below stated criteria and agree to comply with the below stated provisions:

3.1. Documented evidence of licensure and current clinical competence in assigned patient care responsibilities reviewed and approved by the MTF commander or designee before nursing personnel from an outside source(s) engage in patient care activities.

3.2. The individual possesses a currently valid license or certificate to practice nursing or to perform nursing care activities, as required by applicable law or regulation; and,

3.3. The performance of these nursing personnel in the hospital is evaluated as defined by hospital policy.

3.4. The responsibility for documenting licensure and current clinical competence is defined in a written contract, written agreement, letter, or memorandum of understanding that has been approved by the hospital.

3.5. Nursing care responsibilities are assigned to a nursing staff member in accordance with:

- The degree of supervision needed by the individual and its availability; and
- The complexity and dynamics of the condition of each patient to whom the individual is to provide services and the complexity of the assessment required for each patient, including the factors that must be considered to make appropriate decisions regarding the provision of nursing care, and the technology employed in providing nursing care. It is the responsibility of the contractor to provide personnel who can meet the above standards.

4.0. PART-TIME PHYSICIAN EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS

4.1. The Director, TMA, has authorized an exception, on a case-by-case basis, to the TRICARE policy which excludes any civilian employee of the Department of Veterans Affairs (VA) from certification as a TRICARE provider. This exception is for part-time physician (M.D.) employees only who file claims for service furnished in their private, non-VA employment practice.

4.2. In order to be considered as a certified provider, the VA facility administrator must send a request for an exception to the appropriate contractor ([Figure 4-A-1](#)) along with a signed Part-Time Physician Employee Provider Certification Form ([Figure 4-A-2](#)) signed by the physician. Upon receipt of these two documents, the contractor shall approve the physician as a TRICARE provider for services furnished by this provider in his private practice effective with the date the contractor approves the waiver. The contractor shall notify the physician and requesting VA facility by letter of the approval and the effective date. No retroactive approval dates shall be allowed. All claims from these providers shall be annotated on the signature block of the claim form, "additional certification on file".

5.0. VENDORS OF MEDICAL EQUIPMENT, MEDICAL SUPPLIES, OR DURABLE MEDICAL EQUIPMENT

Medical equipment, medical supplies, or durable medical equipment otherwise allowable as a Basic or *authorized Extended Care Health Option (ECHO)* benefit purchased from an approved vendor (TRICARE Policy Manual, [Chapter 11, Section 9.1](#)) (currently or retroactively), may be cost-shared when payment is made directly to the beneficiary.

6.0. PROVIDERS APPROVED BY THE NATIONAL QUALITY MONITORING CONTRACT (NQMC)

The NQMC is the TRICARE certifying authority for Psychiatric Residential Treatment Centers (RTCs) serving children and adolescents; Substance Use Disorder Rehabilitation Facilities (SUDRFs); and Psychiatric Partial Hospitalization Programs (PHPs). The NQMC will notify the MCS contractor by letter of approvals and changes in status (withdrawals, closure, terminations, etc.) for the above facilities. In addition, the NQMC will provide a listing of all TRICARE approved RTCs, SUDRFs, and PHPs to the MCS contractors on a monthly basis.

7.0. TMA PROVIDER FILE

7.1. The TMA provider file is created from contractor submissions of TEPRVs as required in the TRICARE Systems Manual, [Chapter 2, Section 1.3](#) and is a singular database which is added to or changed through contractors' reporting activity. This file provides critical provider data which supplements that reported on the TEPRVs. The concept of the TMA centralized provider file is based on the agency's commitment to a singular database which operates on the premise of accountability. The contractor having contractual authority for provider certification in a given region has accountability for the TEPRVs for providers in that region and is responsible for ensuring these TEPRVs pass the TMA edits and for

performing all maintenance transactions. This responsibility extends to those TEPRVs submitted in support of the claims processing by another contractor, except Pharmacy.

7.2. Due to the various methods in use for defining contractor claims processing jurisdictions, a contractor having claims processing responsibility may not be the contractor having accountability for the TED (i.e., having provider certification responsibility) for the provider rendering the service(s) on a claim. In this case, the servicing contractor (i.e., the claims processor) may have to obtain provider data from the certifying contractor. See [Chapter 8, Section 2, paragraph 3.0.](#) for instructions regarding development of out-of-jurisdiction provider certification information.

8.0. PROVIDER FILE AUDITS

Each year, the contractor shall conduct an audit, which must include either five percent or 50 of all prime contractors' and subcontractors' individual network provider credentialing and privileging files, whichever is less, to ensure that information is appropriately verified. The audit shall be completed prior to the start of each option period. Thirty calendar days prior to each audit, the contractor shall invite the Regional Director, or for the TRICARE Dual Eligible FI Contract (TDEFIC) the Contracting Officer Representative (COR), to monitor and/or participate in the audit. Not less than 85% of the audited files shall be in full compliance with all provider file requirements. Within five business days of the completion of the audit's provider file review, the contractor shall submit to the administrative contracting officer and the Regional Director, or for the TDEFIC the COR, a written corrective action plan which addresses all credentialing and privileging files not in full compliance. Within 30 calendar days after completion of the audit's provider file review, the incomplete or incorrect files shall be corrected to full compliance.

9.0. CRIMINAL HISTORY BACKGROUND CHECKS

9.1. Contractors shall perform criminal history background checks in accordance with [Chapter 4, Addendum B](#), DoDI 1402.5, "Criminal History Background Checks on Individuals in Child Care Services," for resource sharing and clinical support agreement personnel working in an MTF involved on a frequent and regular basis in the provision of care and services to children under the age 18. The background checks are required by Criminal Control Act, P.L. 101-647, Section 231 (CC Act 1990, 42 U.S.C. Section 13041). The contractor shall assemble all necessary documentation required by [Chapter 4, Addendum B](#) for the background checks and forward the documentation to the office designated by the administrative contracting officer (ACO) or to the office designated in the Memorandum of Understanding (see [Chapter 16, Addendum A](#)).

9.2. For health care practitioners requiring MTF clinical privileges, the contractor shall furnish completed background check documentation to the MTF commander prior to the award of privileges.

9.3. For individuals who require background checks but not clinical privileges, the contractor shall furnish the completed documentation to the MTF commander prior to employment at, or assignment to, the MTF.

9.4. While waiting the 30 day minimum period for a background check to be completed, the contractor shall follow the Criminal History Background Check Procedures outlined in [Chapter 4, Addendum B](#).

NOTE: A criminal history background check is not required during the recredentialing process. The contractor shall complete the criminal history background check at the time of initial credentialing and shall continue to follow the DoDI 1402.5 ([Chapter 4, Addendum B](#)) which calls for a re-check after 5 years.

10.0. CRIMINAL HISTORY REVIEWS

10.1. Contractors shall perform criminal history reviews on certain physician (see [paragraph 10.2.](#), below) and non-physician (see [paragraph 10.3.](#), below) network providers. Contractors may search federal, state, and county public records in performing criminal history checks. Contractors may subcontract for these services; for example, MEDI-NET, Inc., provides physician screening services, and ADREM Profiles, Inc., performs criminal history checks. The contractor shall document, in a form of the contractors' choosing, the AMA screen and the results of all criminal history checks.

10.2. Contractors shall screen their TRICARE network physicians' licensure and discipline histories using the American Medical Association's (AMA's) master file. Contractors shall check the criminal histories of physicians with anomalies in their licensure history [i.e., who have four or more active and/or expired licenses] or who have been disciplined.

10.3. Contractors also shall perform criminal history reviews on all non-physician providers who practice independently and who are not supervised by a physician (refer to [32 CFR 199.6\(c\)\(3\)](#), for types of providers).

10.4. The contractor shall maintain a copy of all background check documentation with the provider certification files.

10.5. The contractor is financially responsible for all credentialing requirements, including background reviews.

NOTE: A criminal history review is not required during the recredentialing process. A criminal history review shall be completed by the contractor at the time of initial credentialing for those providers for whom criminal history reviews are required.

