



TRICARE Provider Certification Application

Autism Care Demonstration (ACD)

Autism Corporate Services Provider (ACSP) & Sole Provider

This application should be completed by autism centers, autism clinics, and sole providers (individual ABA Supervisors without a tiered delivery model). If you are a sole provider who is also a Behavior Analyst, you will also need to complete the Behavior Analyst Certification Application.

NOTE: Autism schools are not authorized providers under the Autism Care Demonstration per the TRICARE Operations Manual, Chapter 18.

Please submit the completed application package to provcerts@triwest.com.

Autism Corporate Services Provider Information

**Required*

Provider Name*:

Tax ID Number (TIN)*:

National Provider Identifier (NPI)*:

Point of Contact Name*:

Phone Number (XXX-XXX-XXXX)*:

Email Address*:

Sole Provider Information

Sole Provider
Last Name*:

Sole Provider
First Name*:

Sole Provider
MI:

Suffix: Individual NPI*:

Sex*:

SSN (XXX-XX-XXXX)*:

Date of Birth (MM/DD/YYYY)*:

Phone Number (XXX-XXX-XXXX)*:

Tax ID Number (TIN)*:

Group NPI (if applicable):

Email Address*:

Point of Contact Name (if different):

Are you employed by the U.S. government?* Yes No

Certification Information

To certify you as an **ACSP** or **Sole Provider**, please provide the following information to confirm you meet TRICARE requirements. Failure to provide complete and accurate information will delay the certification process and may negatively impact claims processing.

1. Attach a copy of your certificate of professional liability insurance and complete the following fields.*

NOTE: Per the TRICARE Operations Manual, Chapter 18, Section 8.3.1, ACSPs and Sole Providers must have professional liability insurance in the amounts of one million dollars per claim and three million dollars in aggregate (unless state requirements specify greater amounts) that is maintained in the ACSP's/Sole Provider's name.



Do you have professional liability insurance that meets the above TRICARE requirements? Yes No

Issue Date (MM/DD/YYYY):

Expiration Date (MM/DD/YYYY):

Insurance Policy #:

- 2. Per the TRICARE Operations Manual, Chapter 18, Section 8.3.3, ACSPs and Sole Providers are required to sign and submit the Participation Agreement for Comprehensive Autism Care Demonstration (ACD) Corporate Services Provider (ACSP)/Sole Provider Practices.*

Have you signed and submitted the Participation Agreement? Yes No

- 3. Complete and submit the TriWest Provider Roster Template with your contracted or employed qualified authorized ABA Supervisors, Assistant Behavior Analysts, and/or Behavior Technicians (if applicable) and complete the following fields.*

Do you contract with or employ ABA Supervisors, Assistant Behavior Analysts, and/or Behavior Technicians?

Yes No

Has a complete certification application been submitted for each of your contracted or employed ABA Supervisors, Assistant Behavior Analysts, and/or Behavior Technicians?

Yes No

- 4. Per the TRICARE Operations Manual, Chapter 18, Section 3, all ACD providers shall complete the ACD Provider Education annually and retain evidence of attendance/completion of the latest published version. If the ABA provider fails to complete the ACD Provider Education by the final day of the calendar year, a 10% claims penalty for all ABA rendered services during the non-compliant period will be imposed.*

NOTE: The ACD Provider Education is offered as an on-demand, web-based module that can be accessed at any time for your convenience. To access the training:

- a. Log in to Availity.com.
i. For questions or concerns accessing Availity, please call 800-282-4548 available Monday - Friday, 8am - 8pm EST.
ii. For questions or concerns about accessing specific trainings within Availity, please contact training@triwest.com.
b. Go to the TRICARE West Payer Space.
c. Click on the Access TriWest Learning Center tile.
d. Search "Annual Provider Training."
e. You can either enroll for a later training date or begin the training by clicking "Start Now."

I understand the requirements for the annual provider training. Yes No

- 5. Please confirm that you have read the ACSP and Sole Provider requirements listed in the TRICARE Operations Manual, Chapter 18, Section 8.3.*

Yes No