Step by Step Guide to Electronic Registration

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Introduction

The TennCare Electronic Registration Portal has been designed to allow all providers, Individuals, Groups (Single and Multi-Specialty) and Entities (Hospitals, DME, Transportation, Hospice, etc.) the ability to register / re-verify their provider data electronically.

This process is designed to alleviate some of the administrative burden on provider and reduce the amount of time required to assign / update provider data.

All new and existing individual, groups and entities must register / re-verify their data through the TennCare Electronic Registration system. Existing provider data has been converted and loaded into the portal database. For existing providers, once you have created and activated your account(s), you will be able to verify existing data and update / enter any data that needs to be changed or missing. Converted data is based on the provider's tax ID and NPI (if the NPI is applicable). These fields cannot be changed. Once the provider is registered / re-verified any updates must then be completed using the electronic registration portal. Paper applications and updates are no longer accepted and will be returned with instructions to register electronically.

Individual Provider Person Information

Individual Medical service provider data is received from CAQH. Groups and/or entities billing individual medical service provider(s) as ordering, prescribing or rendering providers on a claim must ensure the individual is associated with their group or entity.

In many cases this is a two step registration process. The individual must be registered on the portal at: https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx. The individual provider only completes this process one time. The information entered here is sent to CAQH to add the provider to the TennCare / Medicaid roster. After the information is entered on the portal the individual does not need to enter any data on the portal again. Any updates needed must be done in the provider CAQH Proview profile. CAQH will send the data to TennCare to be updated in the system. If the provider attempts to enter their registration data after it has been entered, a message similar to: **"The NPI and SSN you have entered appear to have already been registered …".** If this message is received, the provider was previously registered and only needs to update the CAQH profile. For example:

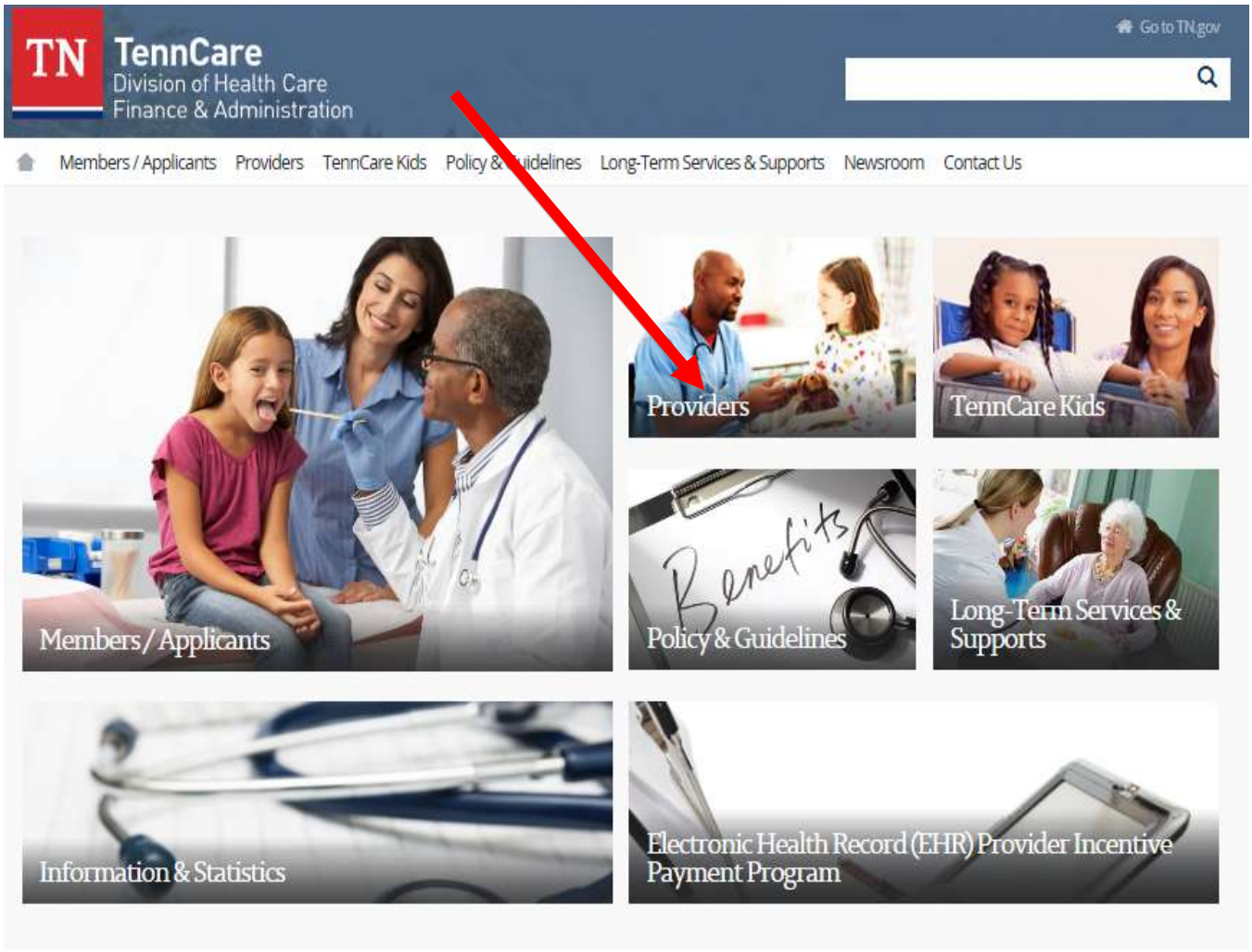
- **Group "A"** is registering the group and individual **provider "A"** is a member of the group. **Group "A"** registers individual **provider "A"** on the portal and then registers the group. Individual provider is sent to CAQH to be added to the roster. Six months later **Group "B"** attempts to register individual **provider "A"** as the provider has now joined **Group "B"**. **Group "B"** attempts to register individual **provider "A"**. **Group "B"** receives the error message: **"The NPI and SSN you have entered appears to have already be registered …"**
  Since Individual **provider "A"** was registered previously, **Group "B"** only needs to ensure Individual **provider "A"** has added **Group "B"** as a practice location in the CAQH profile.

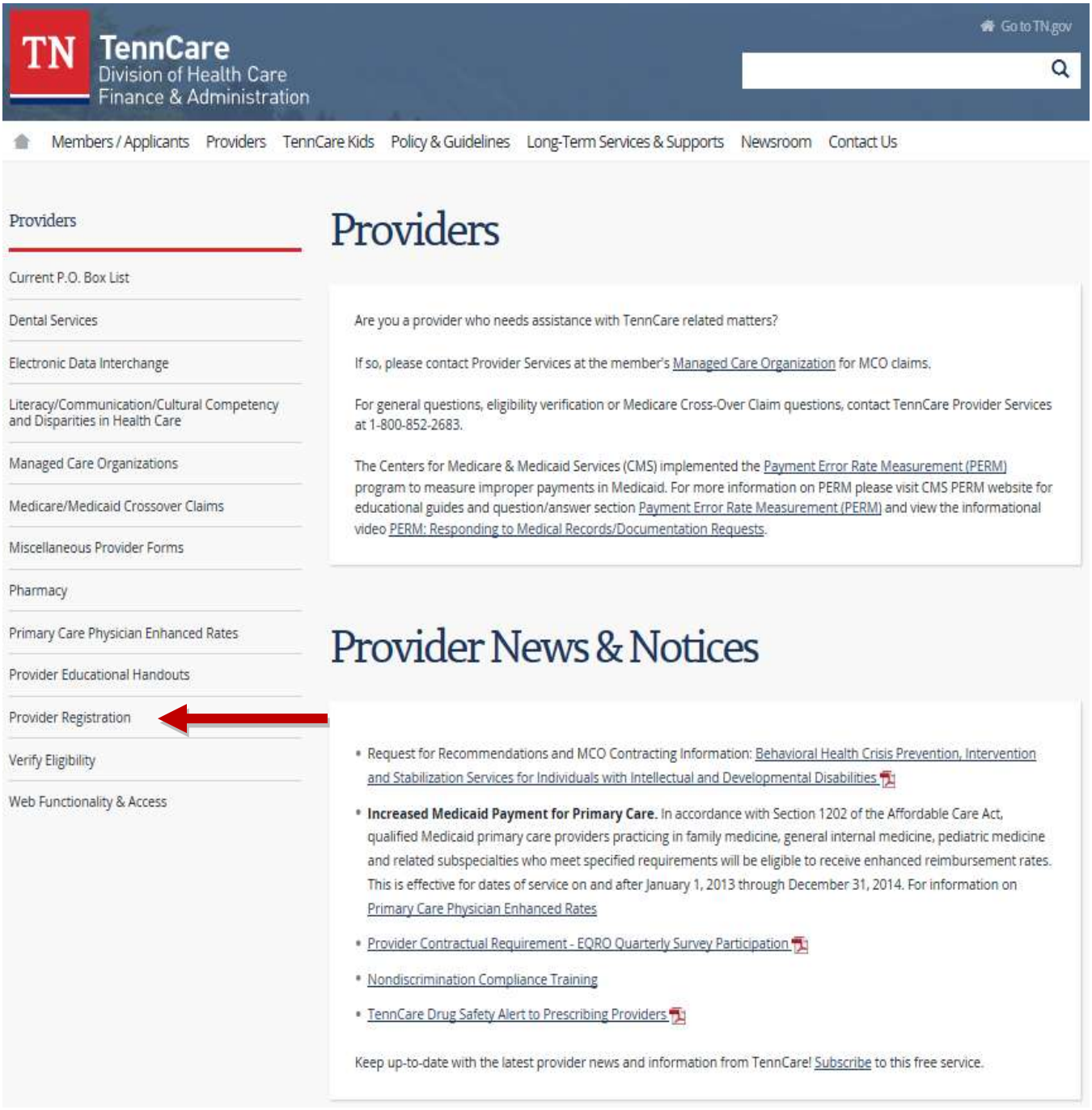
Group "B" would complete the electronic registration process for the group and ensure Individual Provider **"A"** is added in the "Individual Providers" section when registering. When the record is processed and the individual provider data is received, the provider will be linked / affiliated with the group / entity.

The following guide is to provide an overview of the registration process for groups and entities. This electronic system is used for all provider types. There are some sections that may not apply to you or some screens that will not be visible during the registration process as they do not pertain to your specific provider type.

To access the registration system:

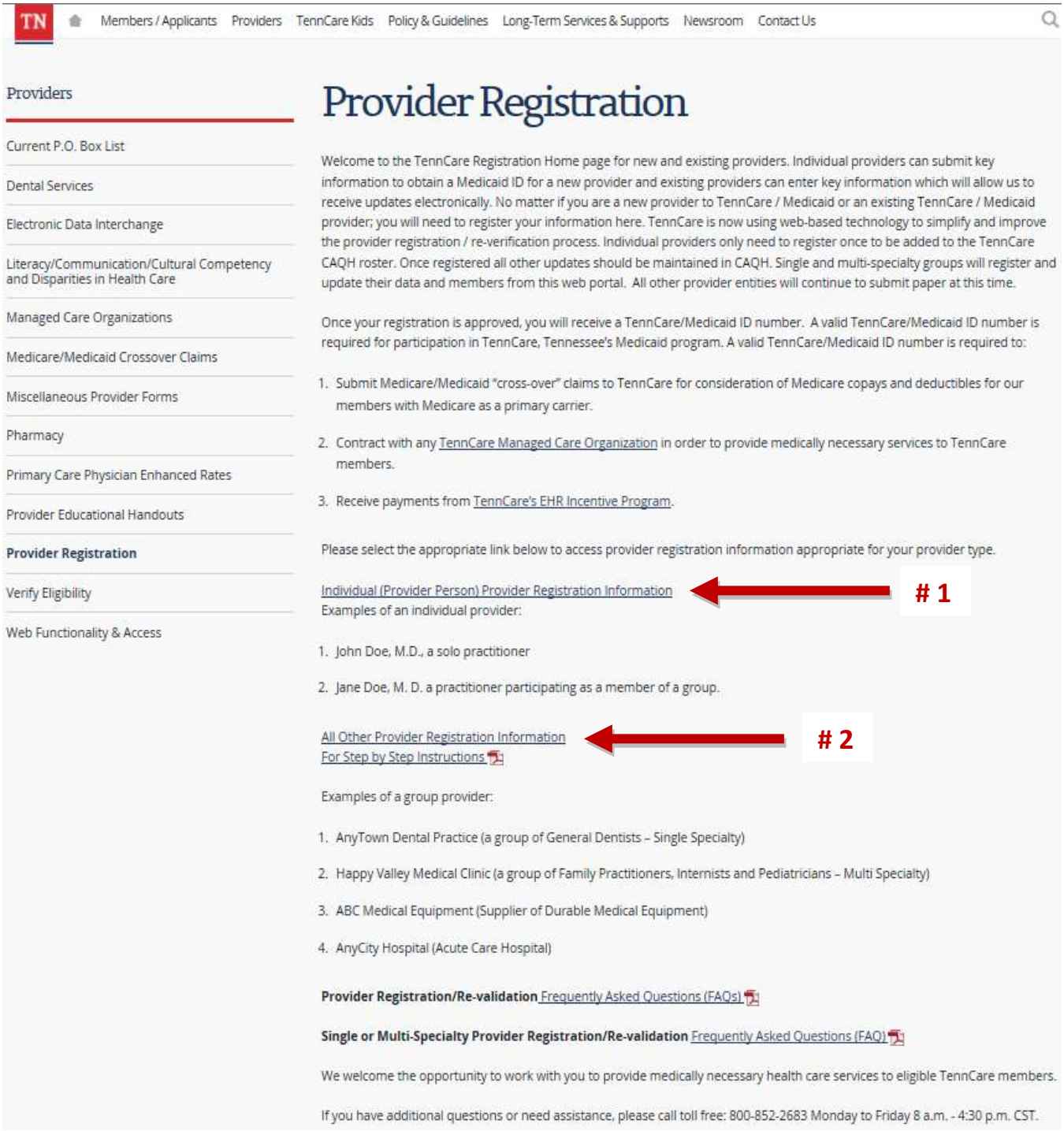
- Access the web portal from www.tn.gov\tenncare.
- Click on "For Providers" on the left of the screen





Under the list of "Provider Links", on the left click "Provider Registration"

The "New and Existing Registration" page is displayed. This page describes why you need a Medicaid ID, has links to the Managed Care Organizations and the EHR Incentive Program. Below these links are the links to the registration portal for **Individuals** (**#1**), **All Other Provider Registration Information** (**#2).**



Section One

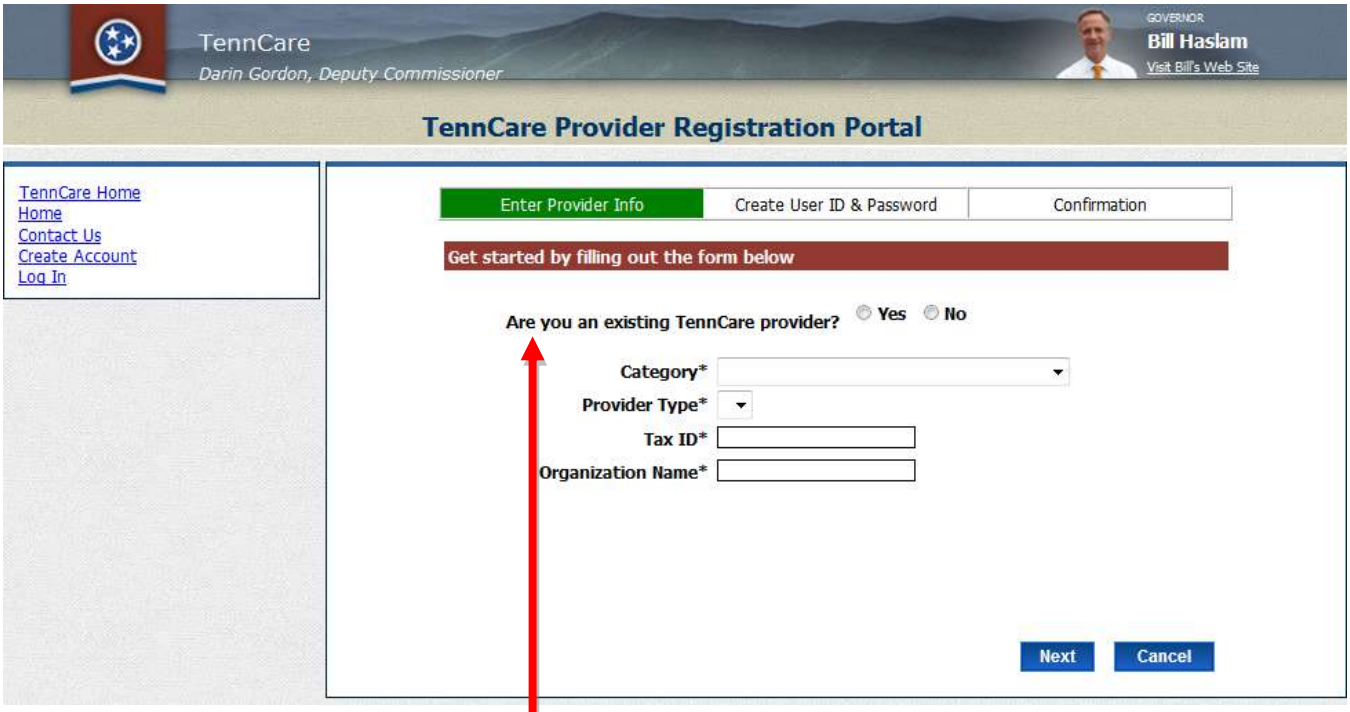
Creating User Accounts

This section describes how to create a user account. It is critical to ensure the correct category and provider type is chosen when creating an account. Choosing an incorrect provider type can have significant delays in the registration process as well as affect payments. If billing is done with your NPI and the NPI is used to bill for multiple provider types, it is imperative the registration is completed as the provider type that needs the highest level of data input. For instance, if a hospital has a professional component within the hospital and bills both the hospital and professional component with the same NPI, the provider should register the hospital and add the individual providers who bill the professional component during the registration. Hospitals that do not bill the professional component with the same NPI do not have to list individual providers when registering.

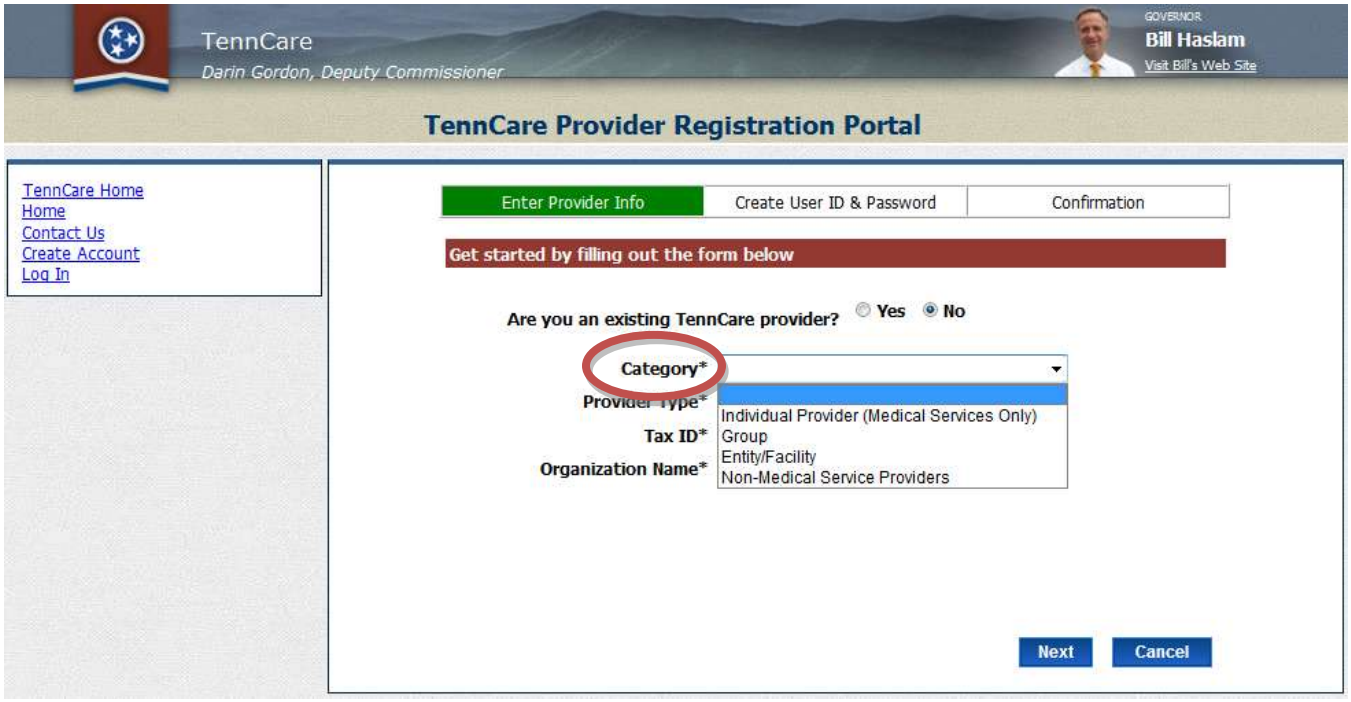
Clicking on "**All Other Provider Registration Information"** from the home page will load the login page.

The first step will be to:

- Click "Create Account



- Choose a response to "Are you an existing TennCare provider"?



From the "Category" drop-down menu, choose the provider category for which the registration is requested. If you are an "Individual Provider (Medical Services Only)", you will need to ***first*** register and receive your Medicaid ID as outlined in the "Individual Provider" description in the beginning of this document. Individual Providers only register on this site when directed by the Department if Intellectual and Developmental Disabilities (DIDD). Individual providers can only add DIDD services through this portal after a Medicaid ID is assigned based on the CAQH DATA.

All other providers should choose the "Category" for their provider type.

The next pages and screens show the various categories, provider types and specialties. **(Figures 1 – 4B)**

Figure 1, Figure 1A & Figure 1B: show the Provider types and Specialties available if the category chosen is an "Individual Provider (Medical Services Only)". Only individual providers, who have registered on this individual provider registration site, completed their CAQH profile, receive their Medicaid and have a DIDD referral should register here. Figure **1B** error message is received when an attempt is made to register prior to obtaining a Medicaid ID.

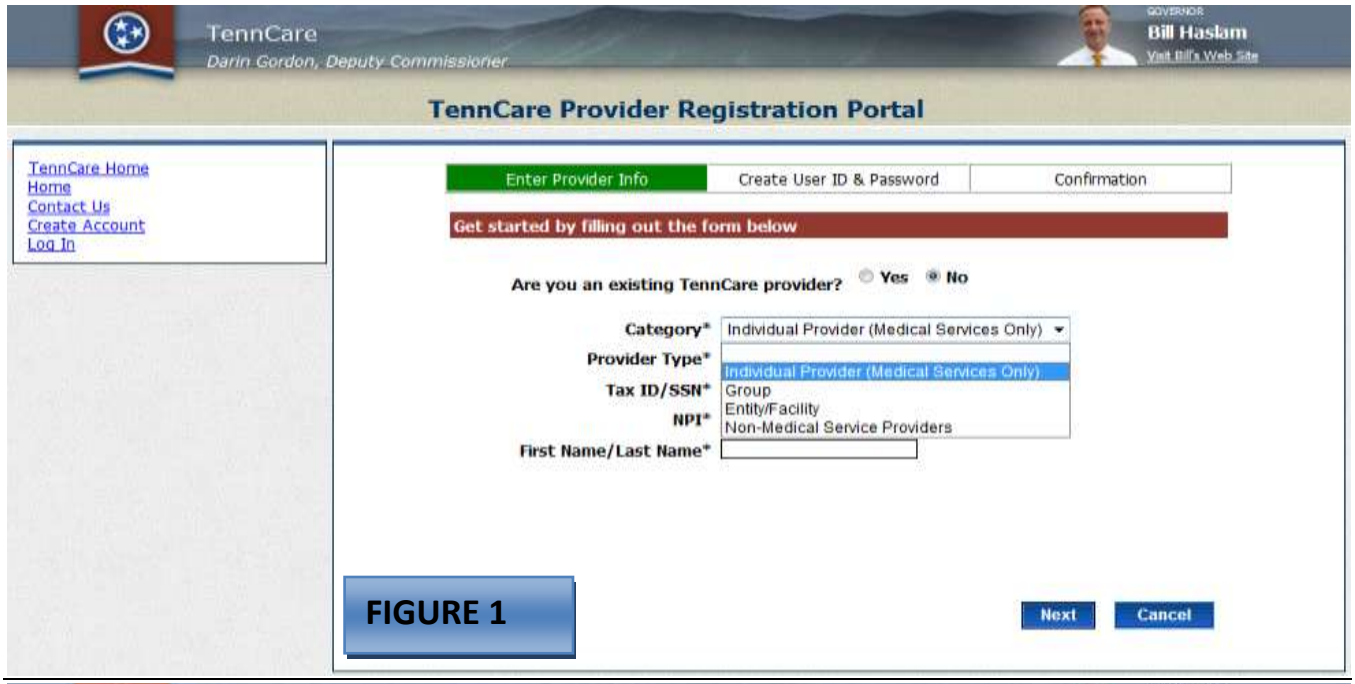


FIGURE 1

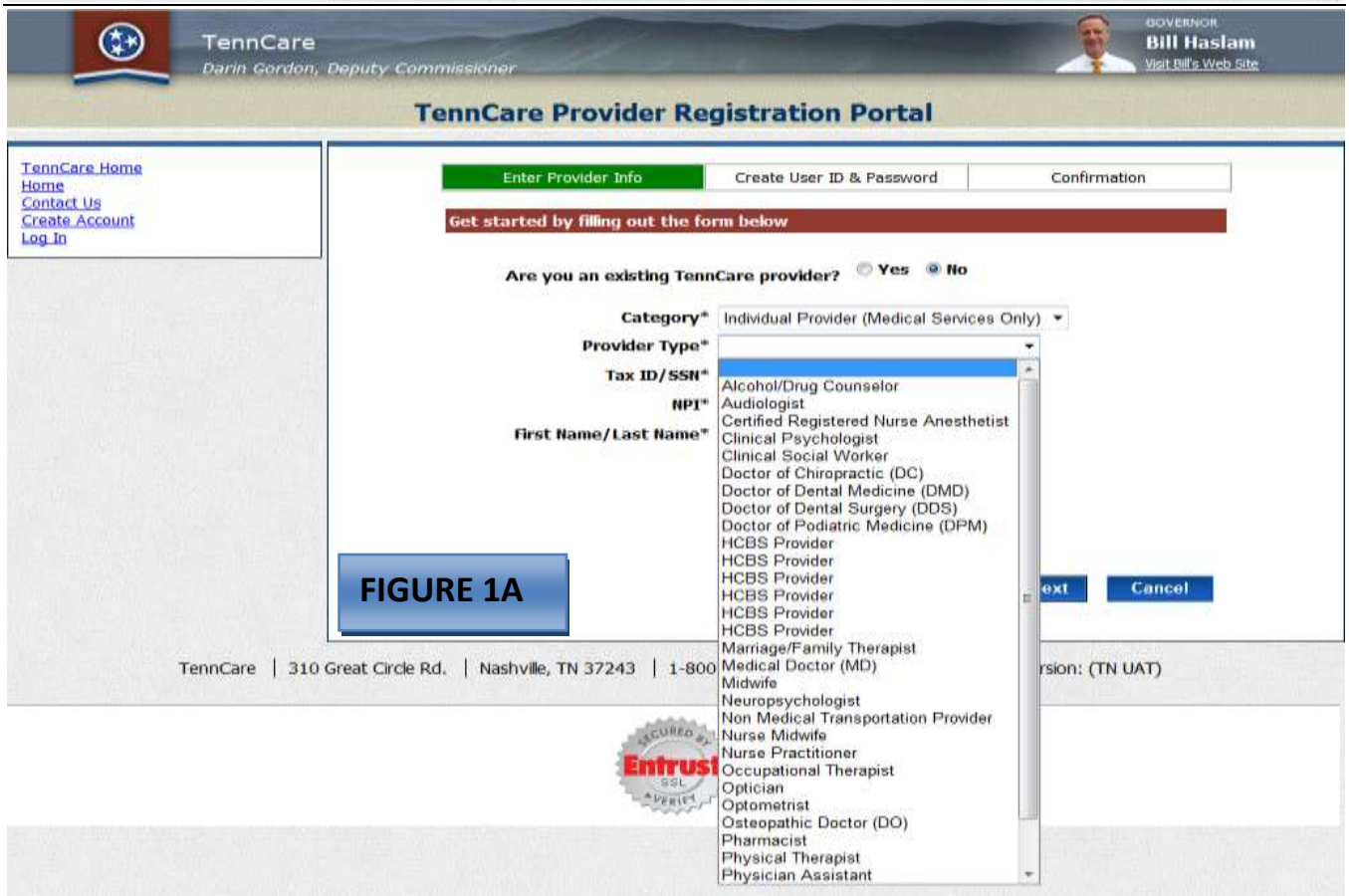
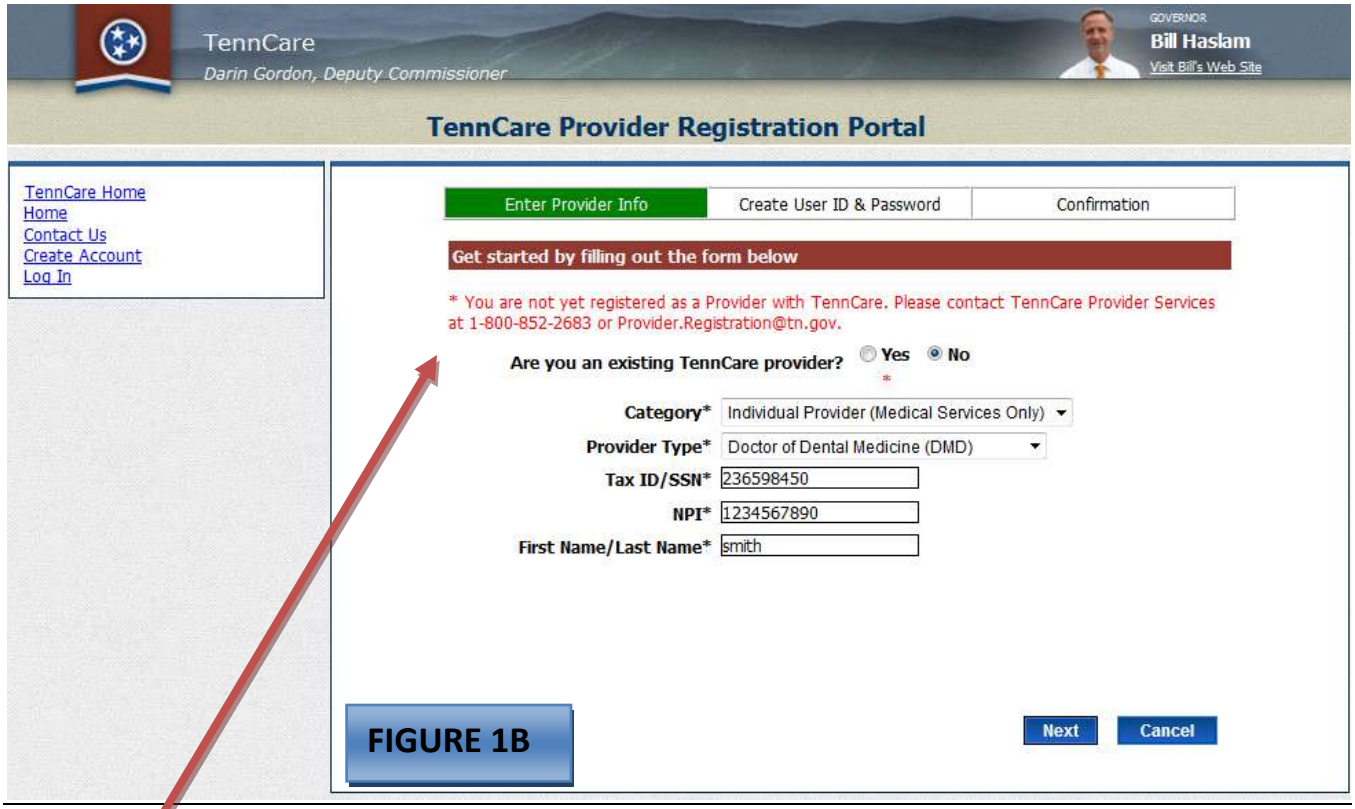


FIGURE 1A



Individual providers who have not registered at: https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx will receive this message. They must be registered as individual providers, complete their CAQH / Proview profile and receive their Medicaid ID before they can register on this site for additional services.

Figure 2, Figure 2A & Figure 2B: show the Provider types and Specialties available if the category chosen is a "Group".

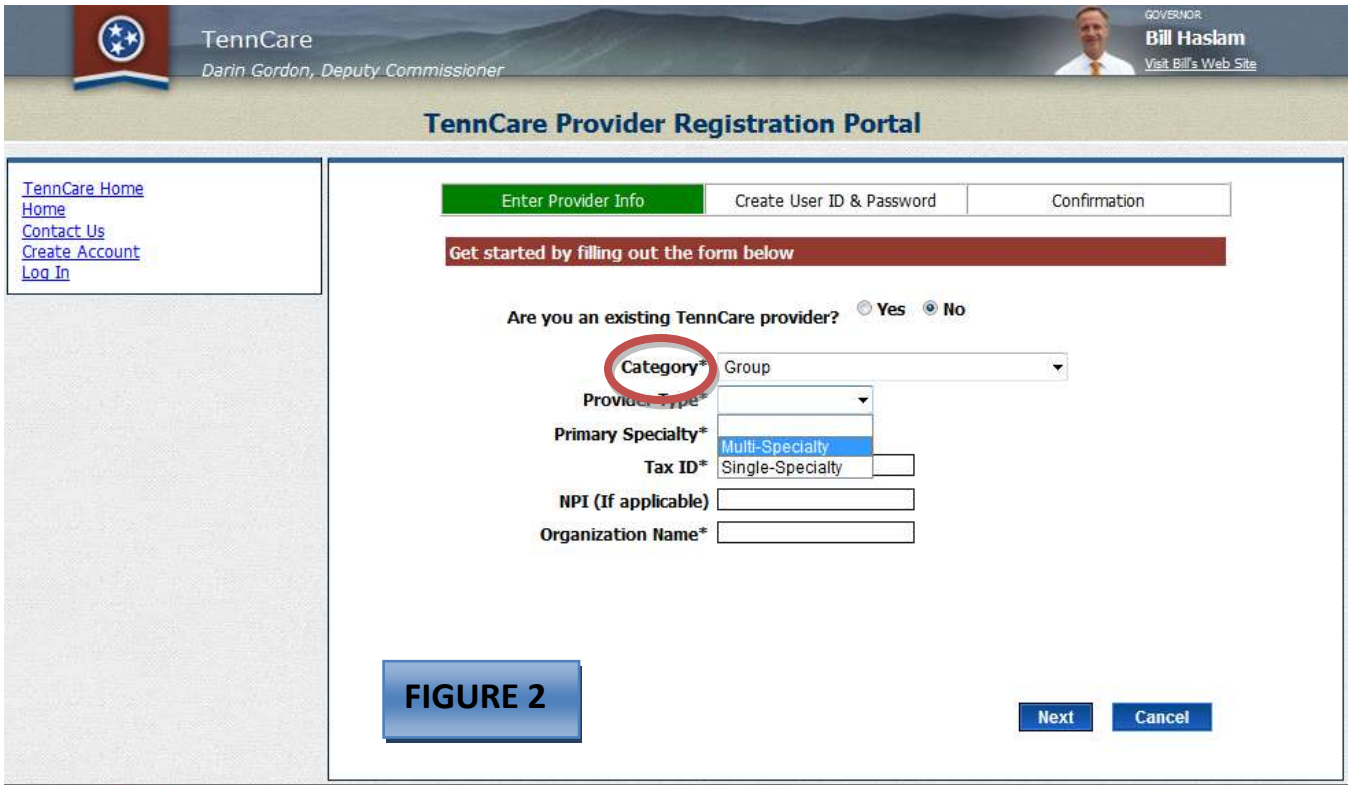


FIGURE 2

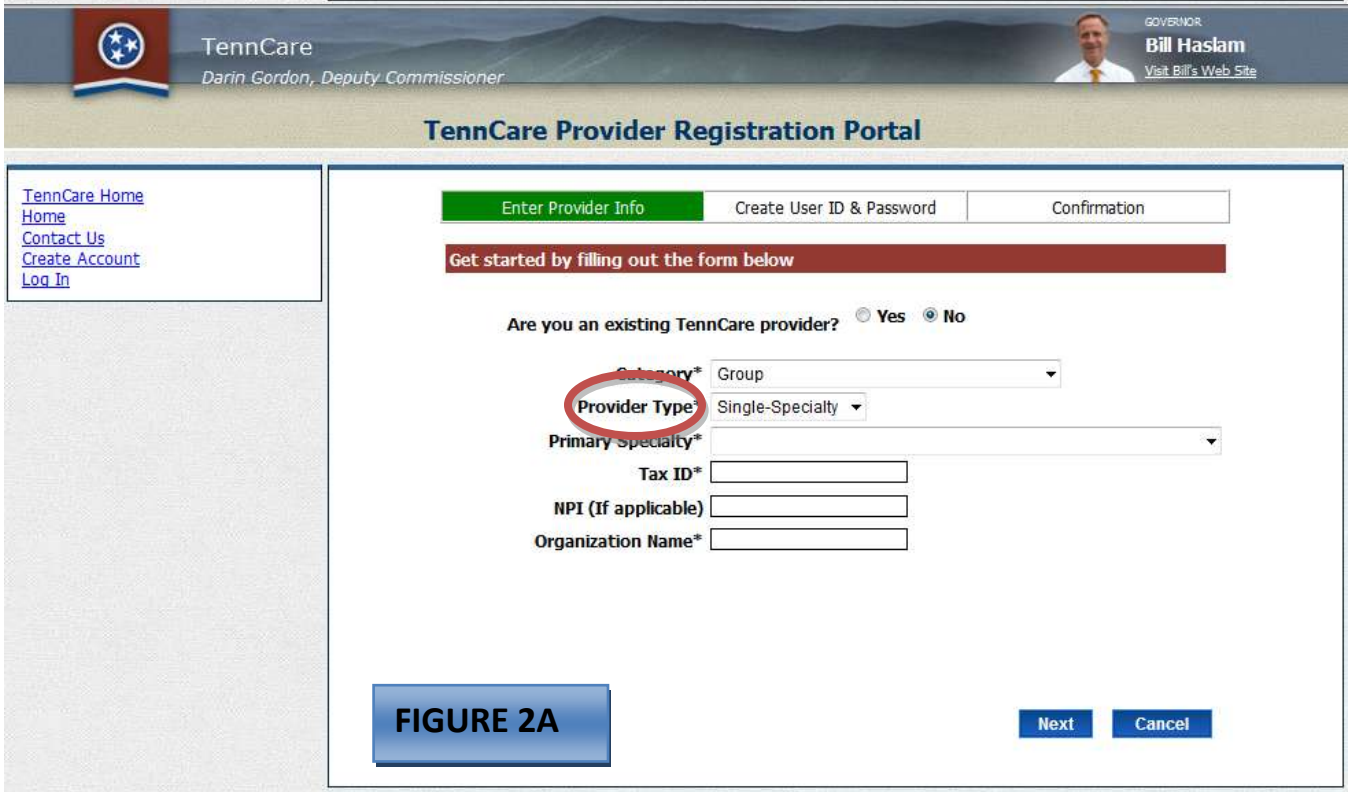
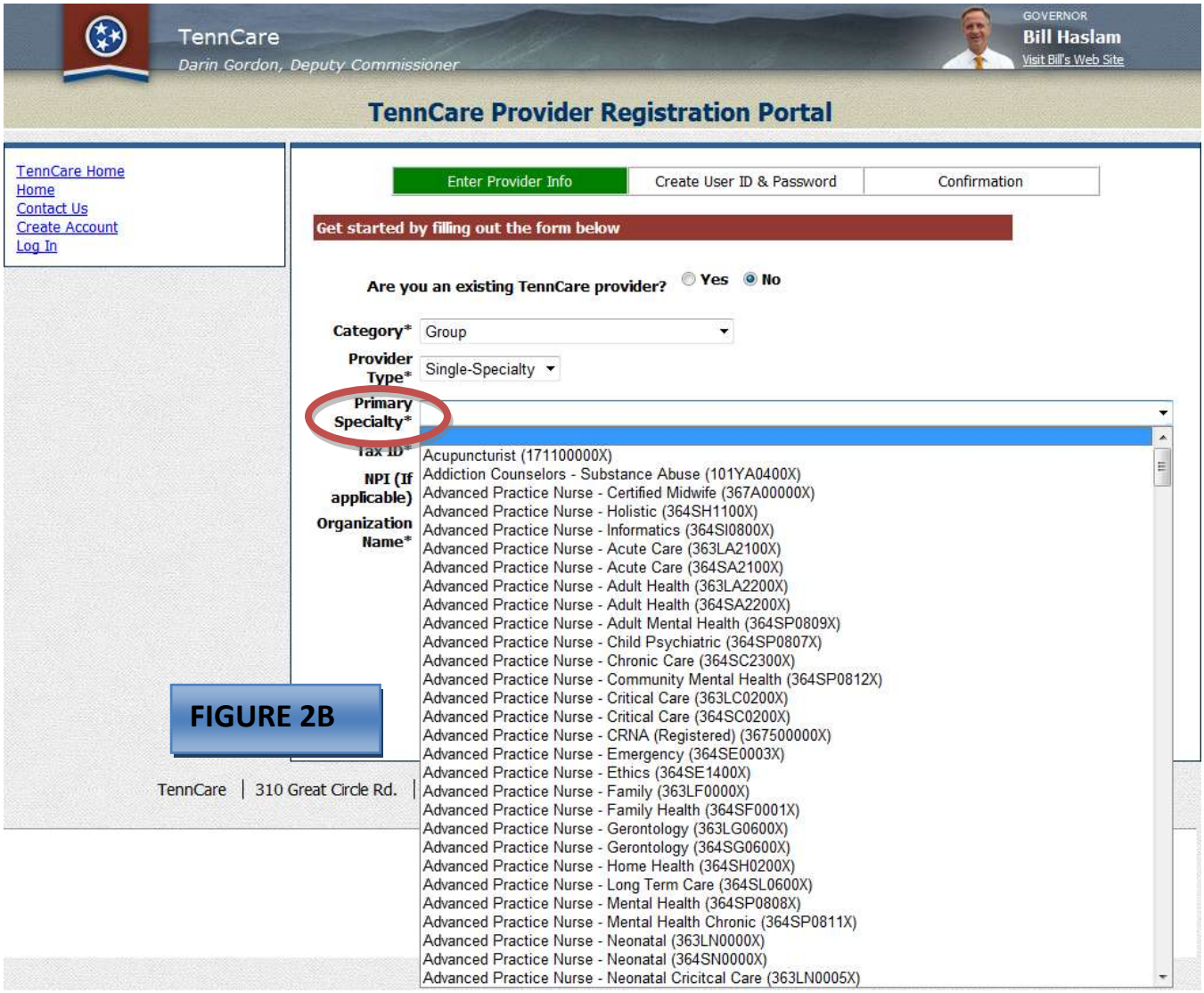


FIGURE 2A



Once you choose the provider type choose the provider specialty. Multi-Specialty Groups will only have one option. In the example above "Single-Specialty was chosen. In the drop-down for "Provider Specialty", choose the specialty for the group. If unable to locate your specialty choose a specialty which most closely matches the group or contact the TennCare Call Center at 800-852-2683 for guidance.

Figure 3, Figure 3A & Figure3B: show the Provider types and Specialties available if the category chosen is an "Entity / Facility".

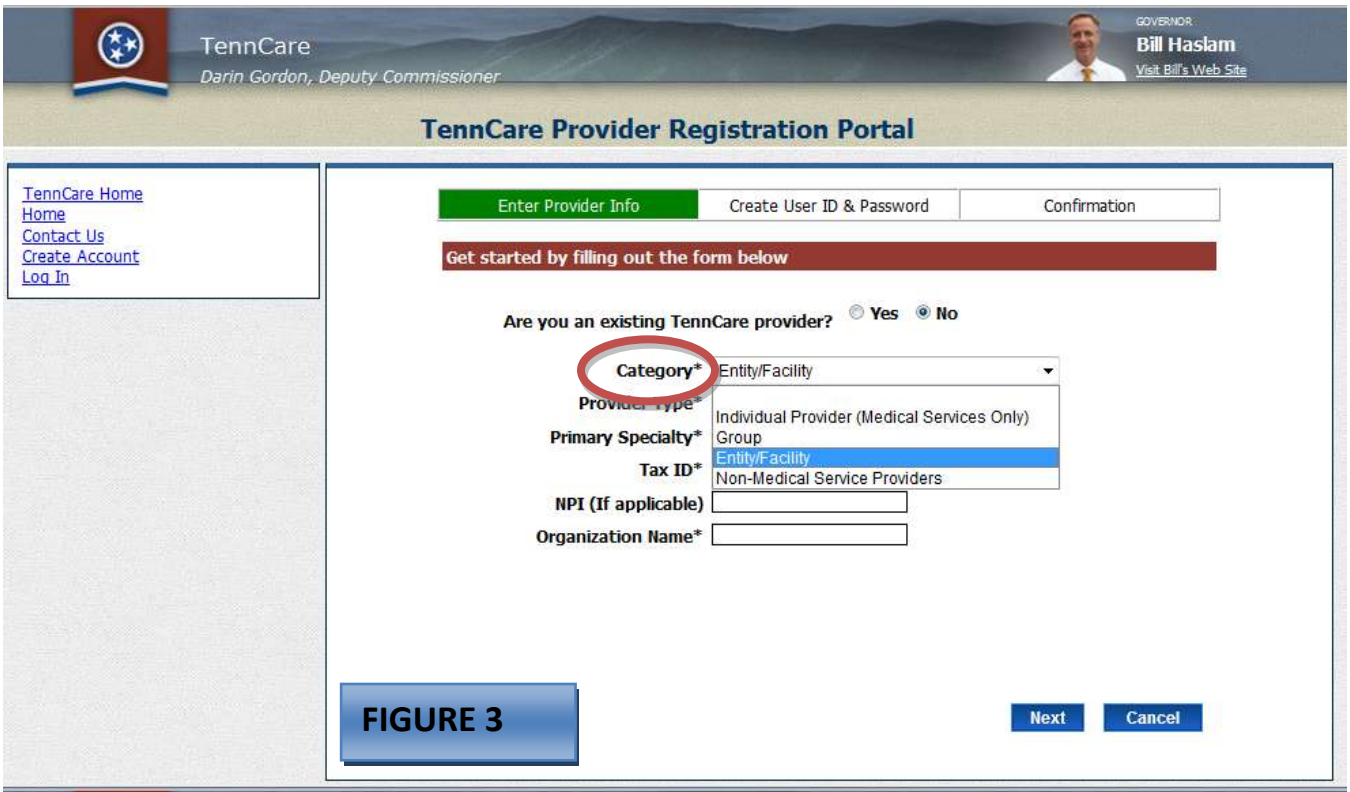


FIGURE 3

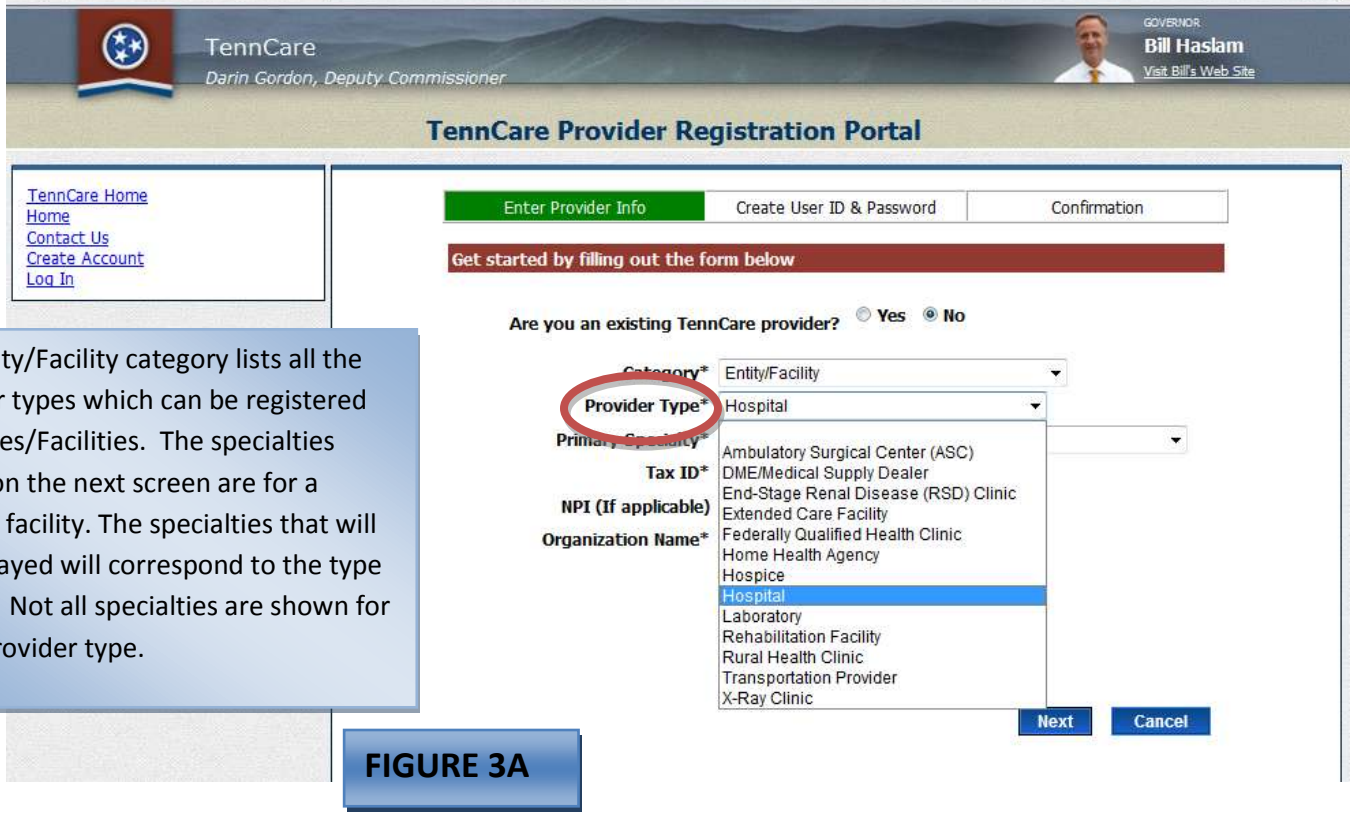
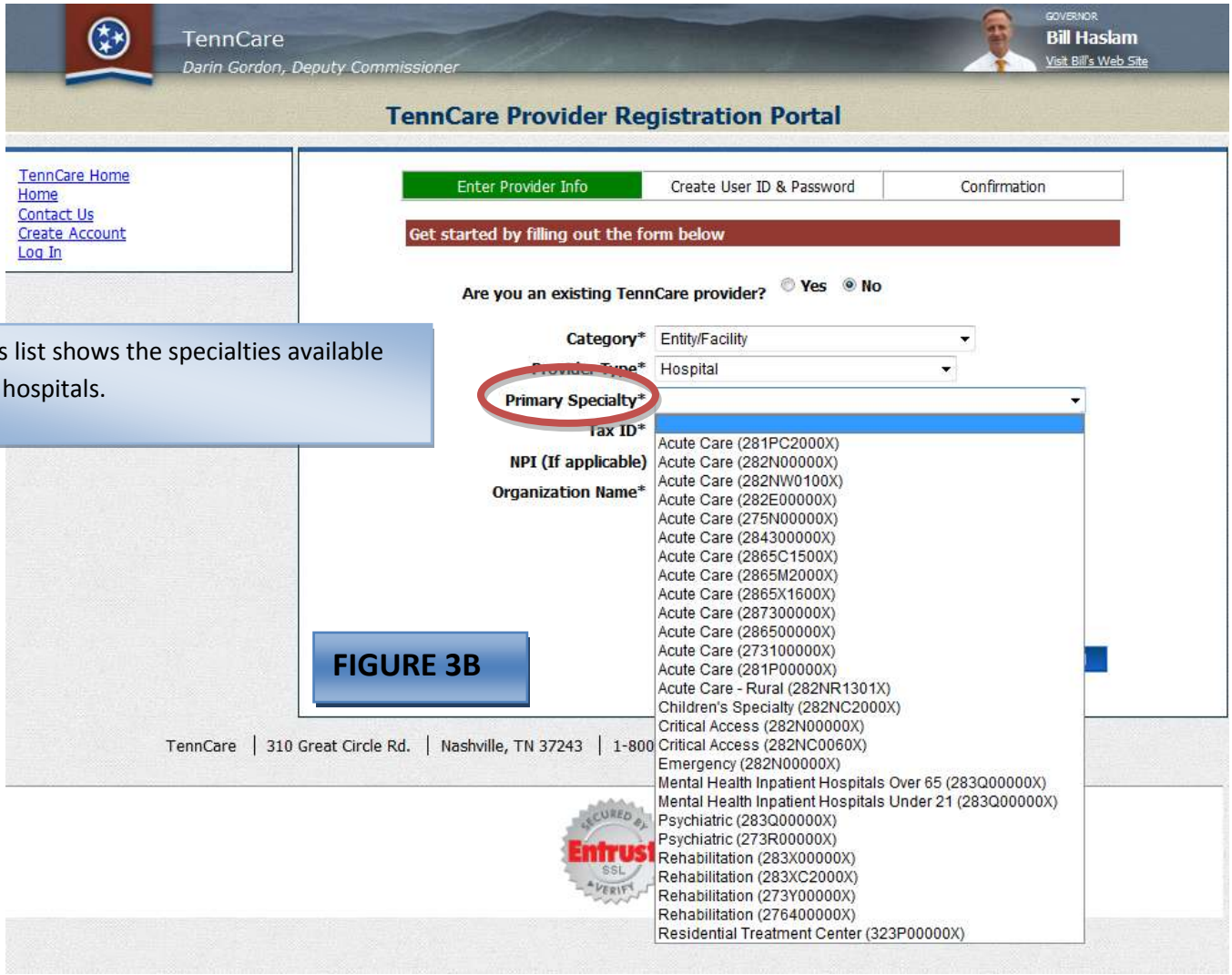


FIGURE 3A

The Entity/Facility category lists all the provider types which can be registered as Entities/Facilities. The specialties shown on the next screen are for a hospital facility. The specialties that will be displayed will correspond to the type chosen. Not all specialties are shown for every provider type.



This list shows the specialties available for hospitals.

FIGURE 3B

Figure 4, Figure 4A & Figure 4B: show the Provider types and Specialties available if the category chosen is a "Non-Medical Service Providers".

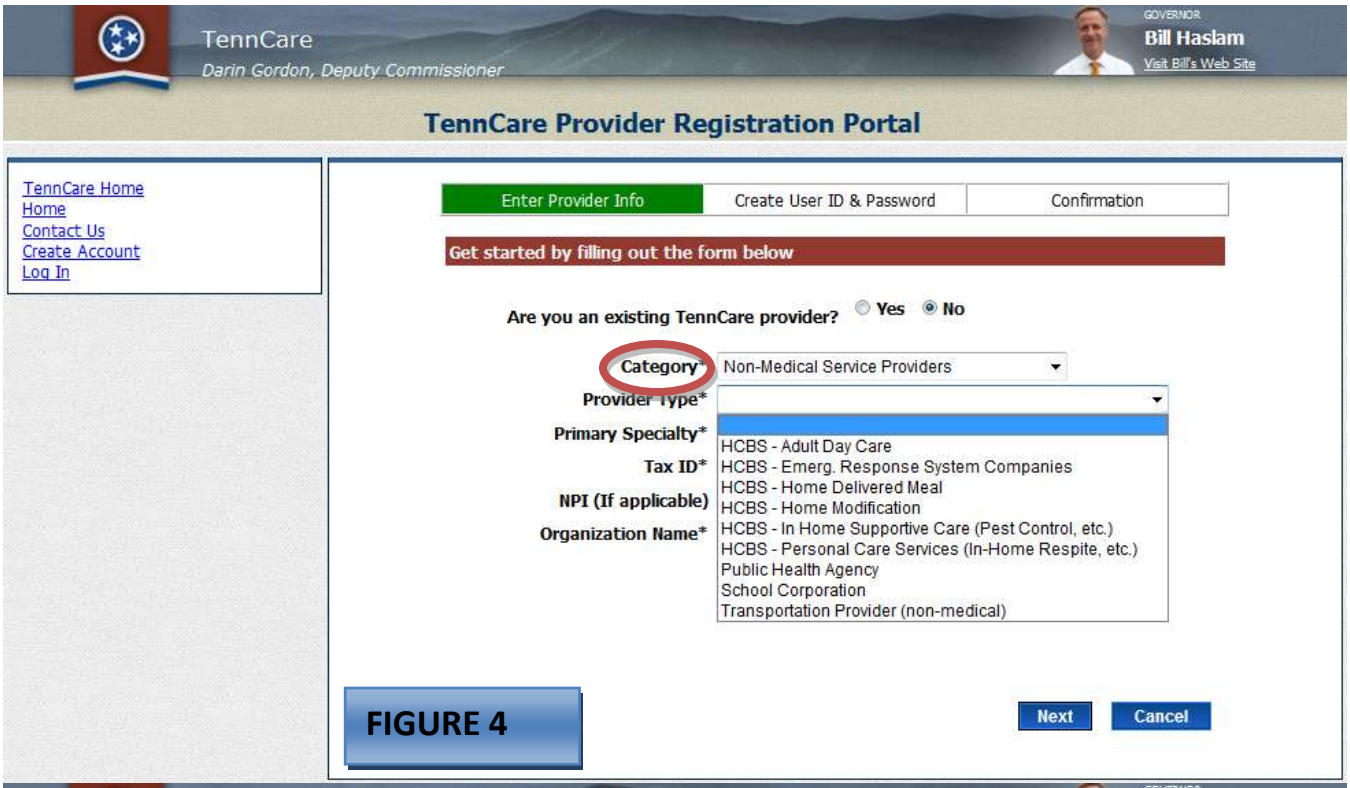


FIGURE 4

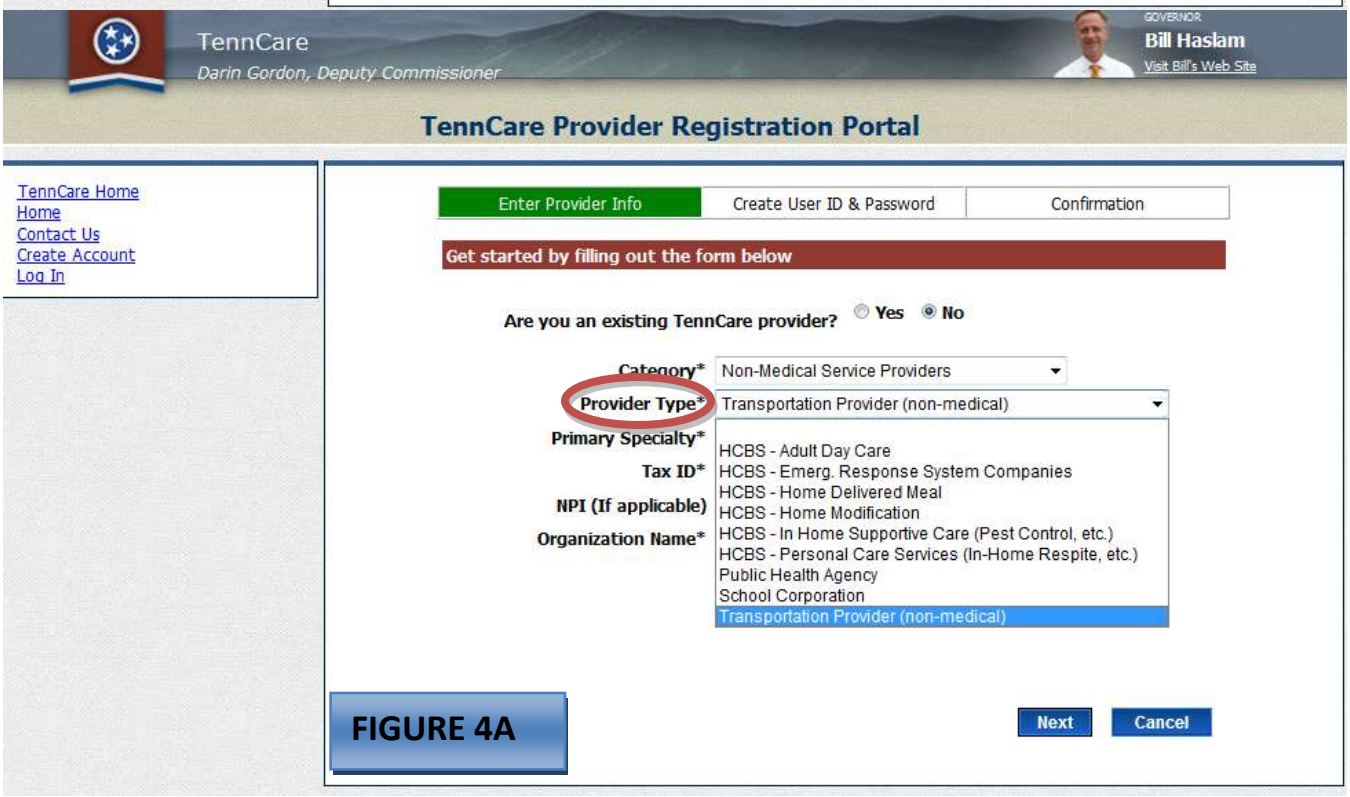


FIGURE 4A

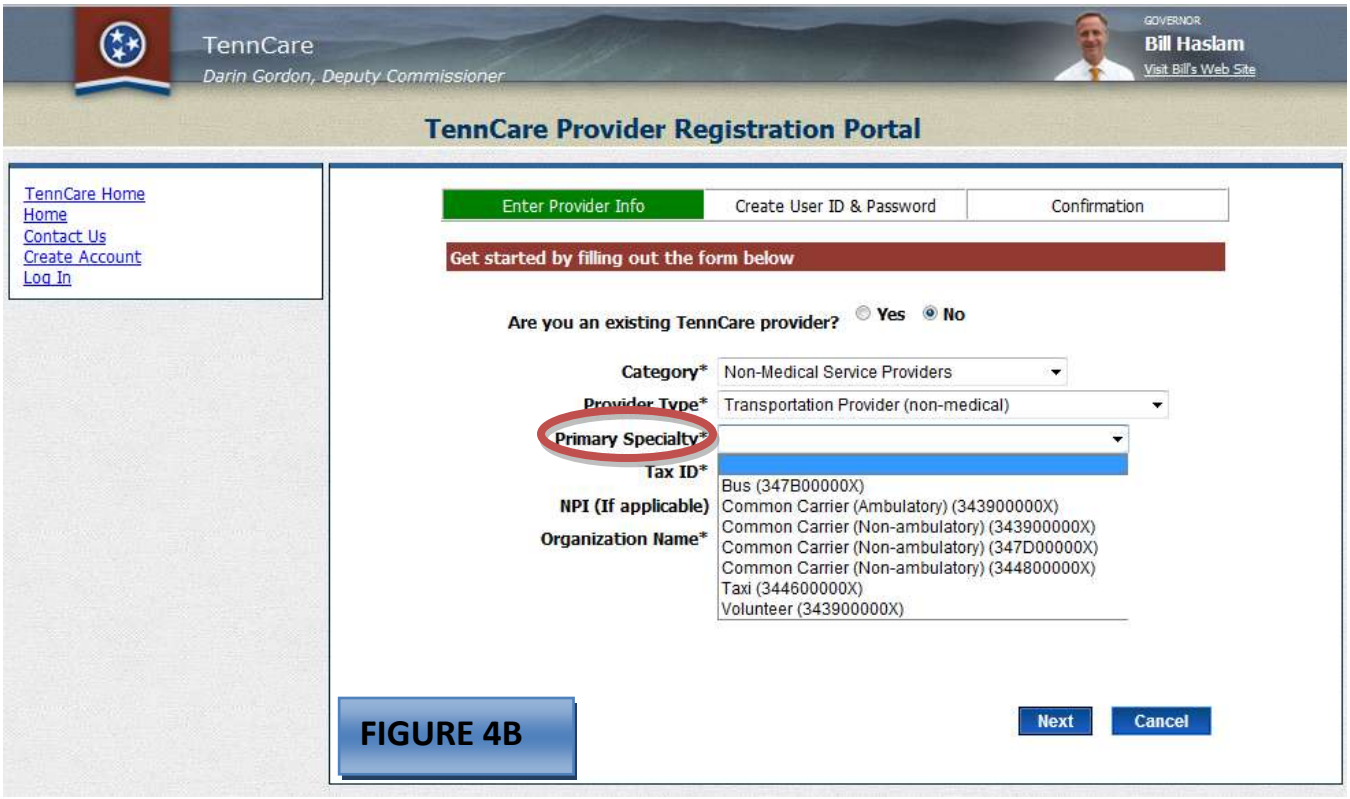
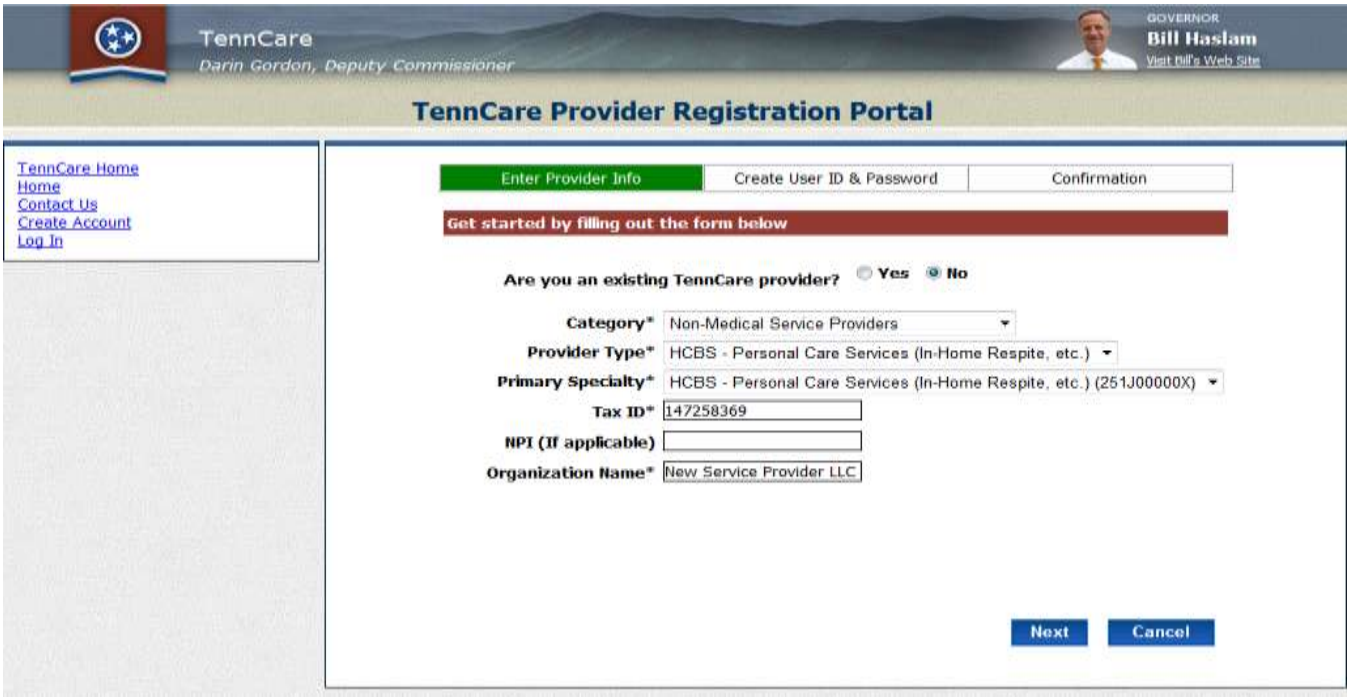
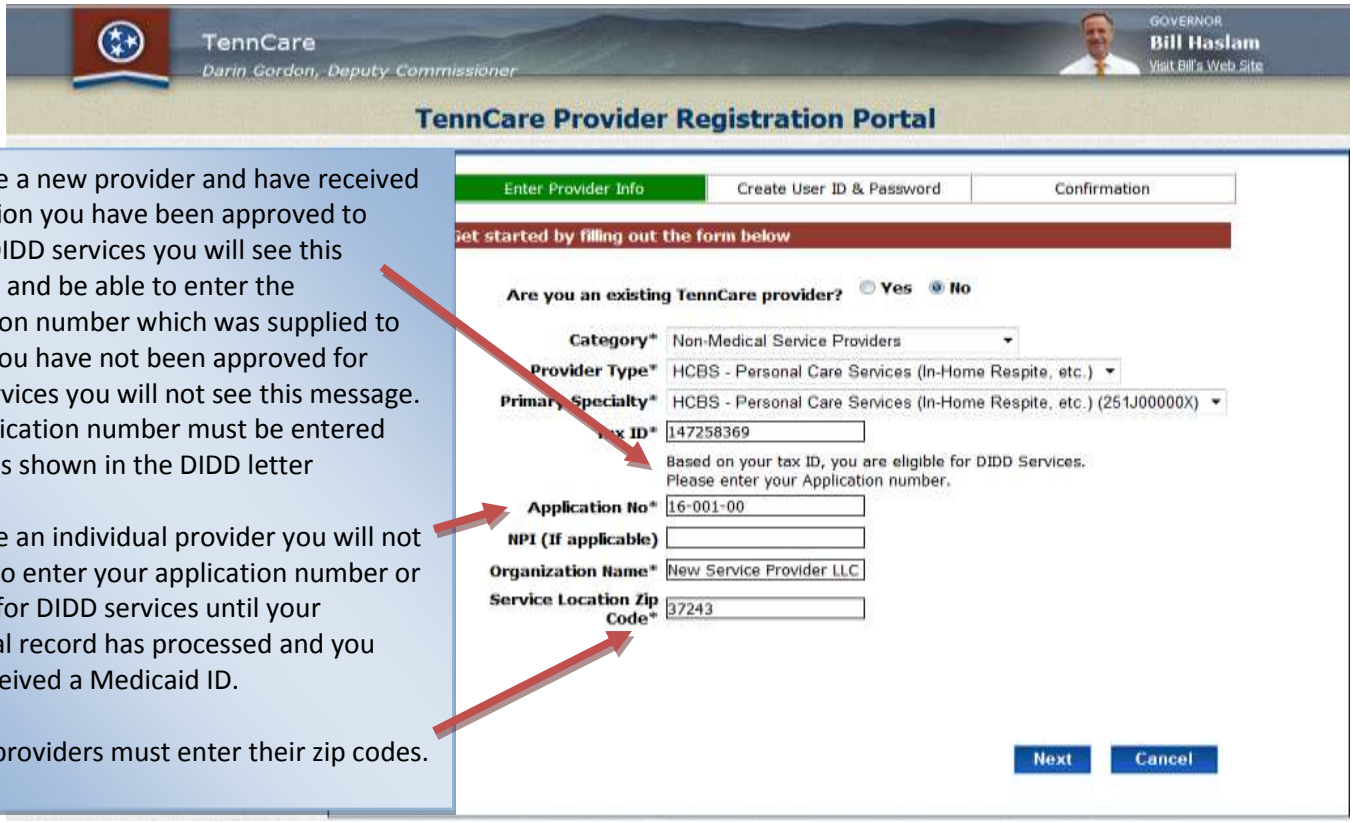

TennCare
Darin Gordon, Deputy Commissioner
GOVERNOR
Bill Haslam
Visit Bill's Web Site
TennCare Provider Registration Portal
TennCare Home
Home
Contact Us
Create Account
Log In
Enter Provider Info
Create User ID & Password
Confirmation
Get started by filling out the form below
Are you an existing TennCare provider?
Yes
No
Category*
Non-Medical Service Providers
Provider Type*
Transportation Provider (non-medical)
Primary Specialty*
Tax ID*
NPI (If applicable)
Organization Name*
Bus (347B00000X)
Common Carrier (Ambulatory) (343900000X)
Common Carrier (Non-ambulatory) (343900000X)
Common Carrier (Non-ambulatory) (347D00000X)
Common Carrier (Non-ambulatory) (344800000X)
Taxi (344600000X)
Volunteer (343900000X)
Next
Cancel

FIGURE 4B

- After you have chosen your “Category”, “Provider Type” and “Primary Specialty”:
- Enter your tax ID *XXXXXXXXX*
- Enter the NPI if applicable. (Some provider types are not required to have a NPI. These are primarily the Non-Medical Service Providers).
- Enter the name of the group/entity.





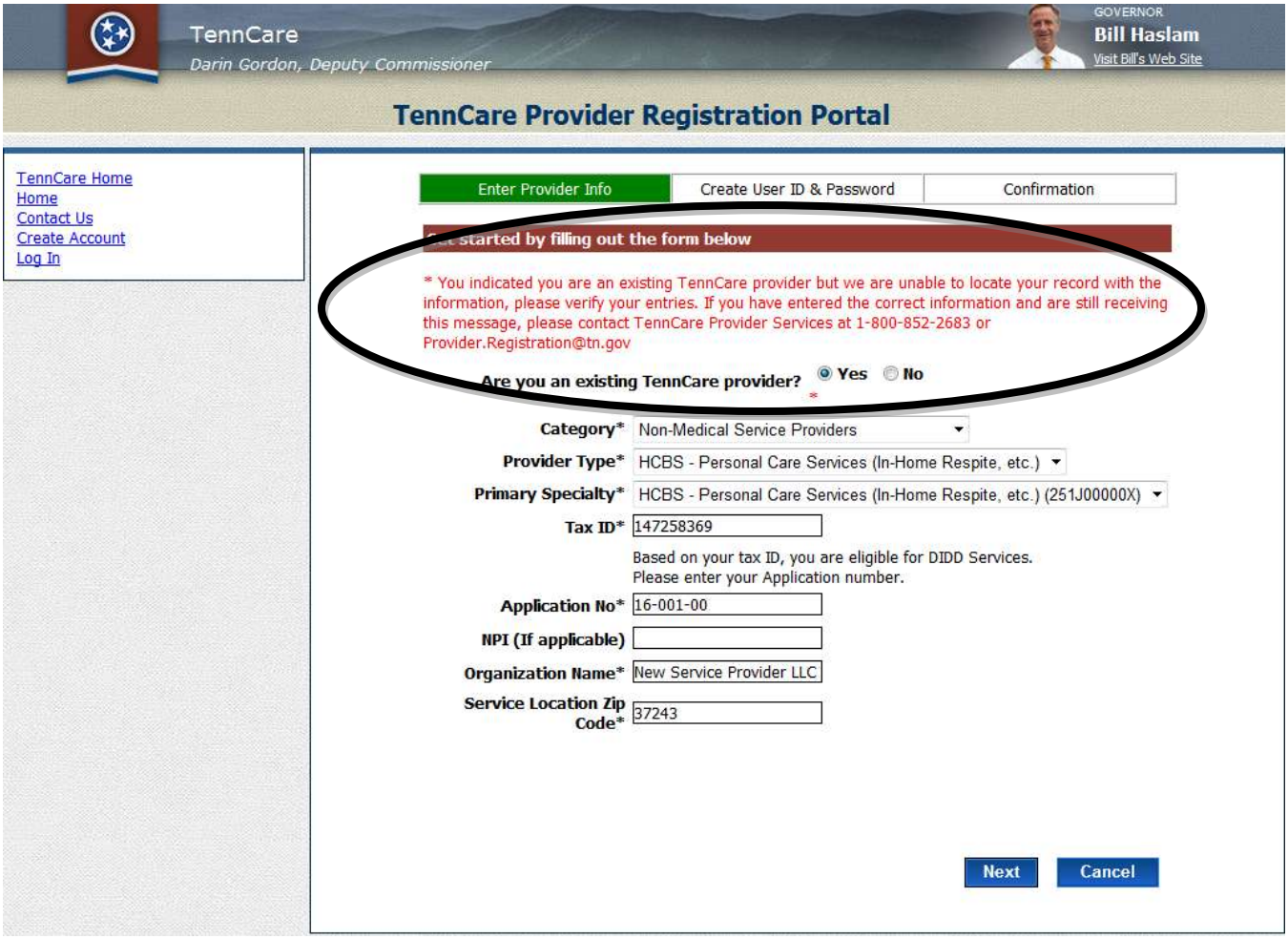
If you are a new provider and have received notification you have been approved to render DIDD services you will see this message and be able to enter the application number which was supplied to you. If you have not been approved for DIDD services you will not see this message. The application number must be entered exactly as shown in the DIDD letter

If you are an individual provider you will not be able to enter your application number or register for DIDD services until your individual record has processed and you have received a Medicaid ID.

All new providers must enter their zip codes.

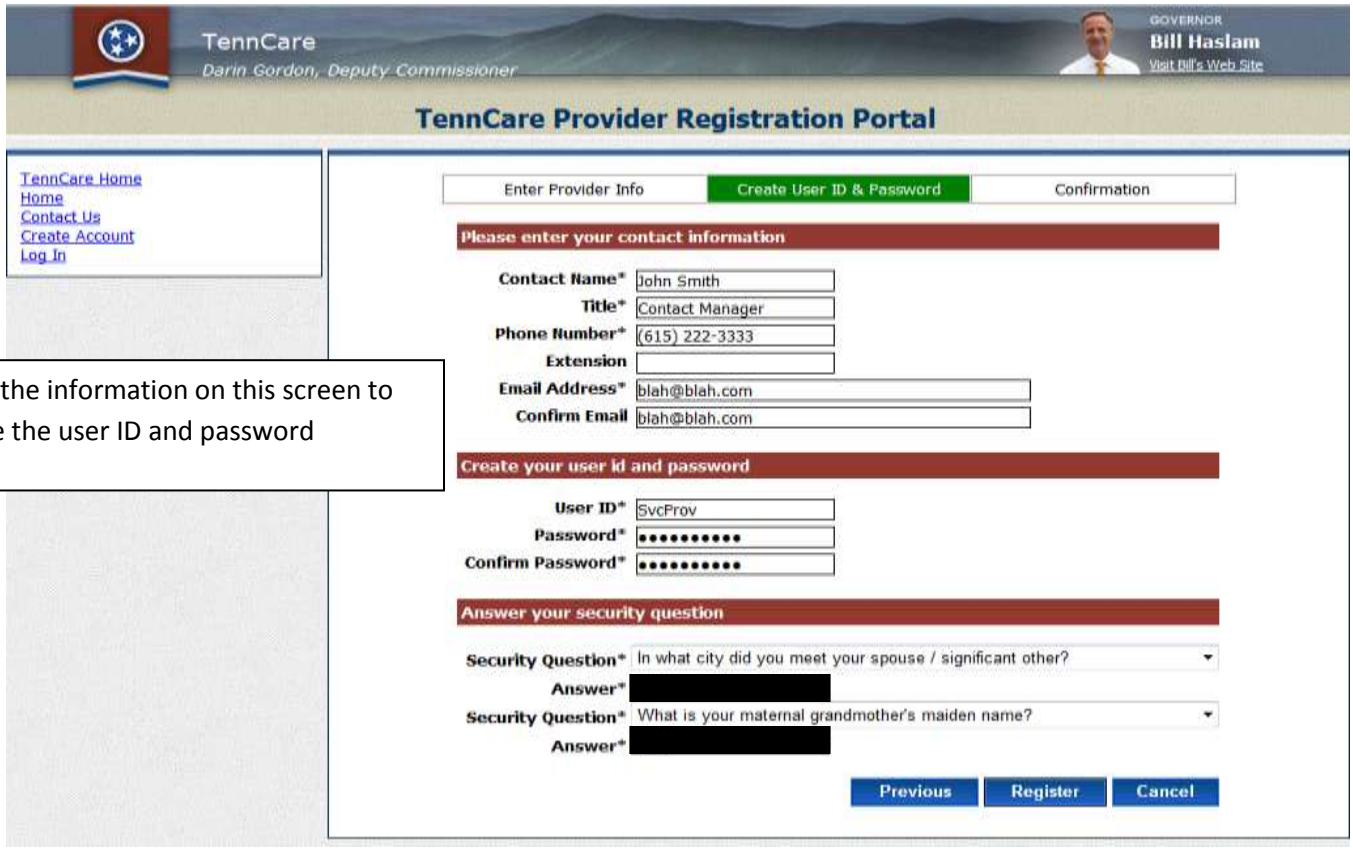
- **Click Next**

If you checked yes to the question: "Are you an existing TennCare provider?" and receive the message as indicated in the picture below:



Please contact Provider Services before moving forward if you receive the message displayed above and are an existing provider.

- The Create User ID & Password page is where you will establish your user ID and contact information. The contact person listed should be the person to be contacted if there are any questions concerning the registration. This is also the person who will receive the group and individual welcome letters via email. Choose a user name to be associated with your group. **Passwords must be a minimum of five characters in length, contain one uppercase, one lower case, a number and one special character**. Choose your security questions / answers.



Enter the information on this screen to create the user ID and password

- Once the contact information has been entered, click "Register"
- You will see a confirmation screen (below) if your registration was successful. You will then receive an email to activate your account before you are able to log in.

- Access your email and click on the link to activate your account.

Section Two

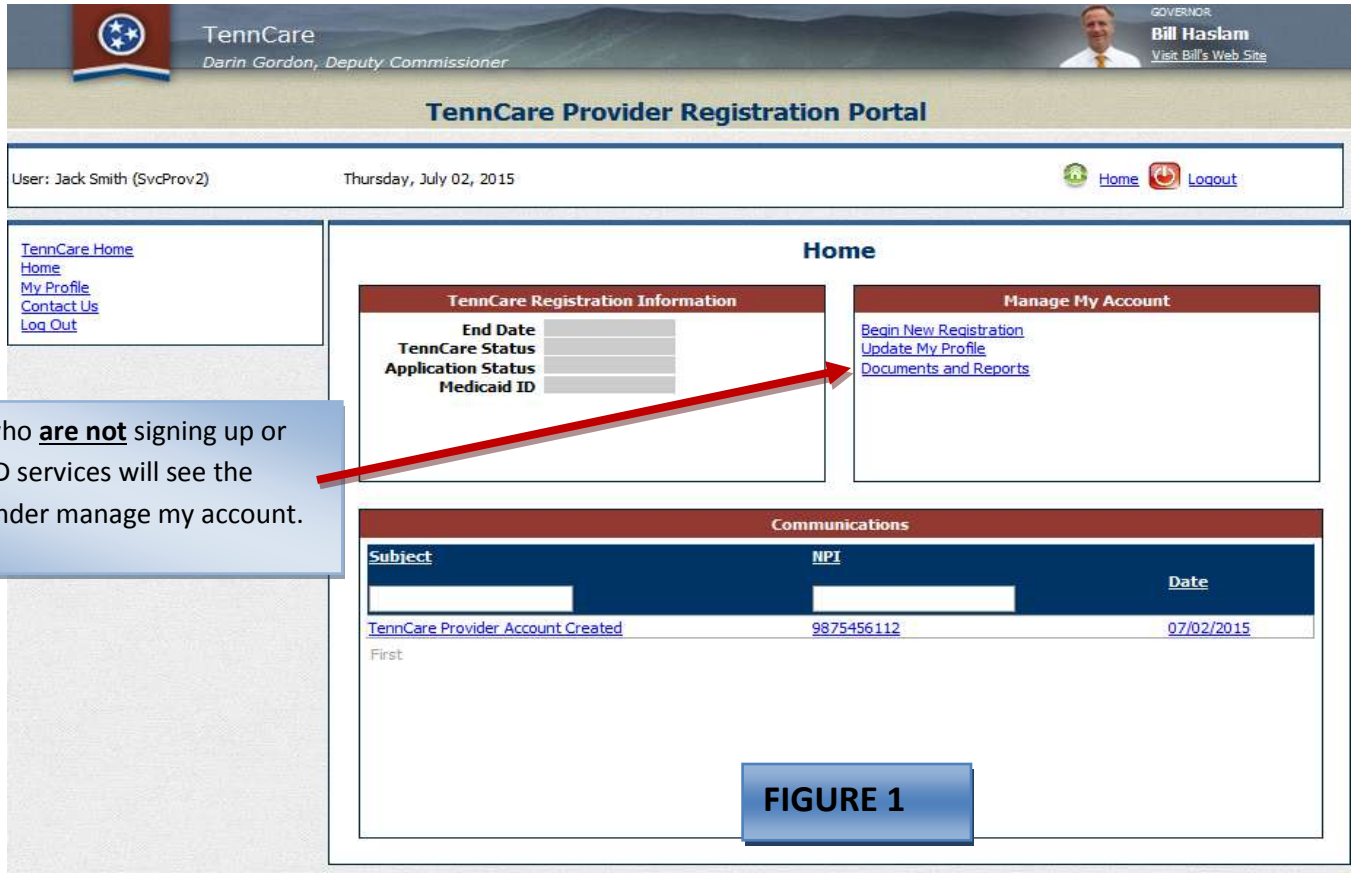
Accessing Account

- Once the account has been activated via the link provided in the email, the login page will open up.
- Enter the ID and password you just created and click “Log In” to continue.

The registration home page will open up. The remainder of this documentation demonstrates a new provider registration. If the new registration does not include DIDD services the option under “Manage My Account” will show “Begin New Registration” **(Figure 1)**. If the registration is for a new provider who has received a “Referral Number” from DIDD, the option under “Manage My Account” will show “Add DIDD Services” **(Figure 2).**

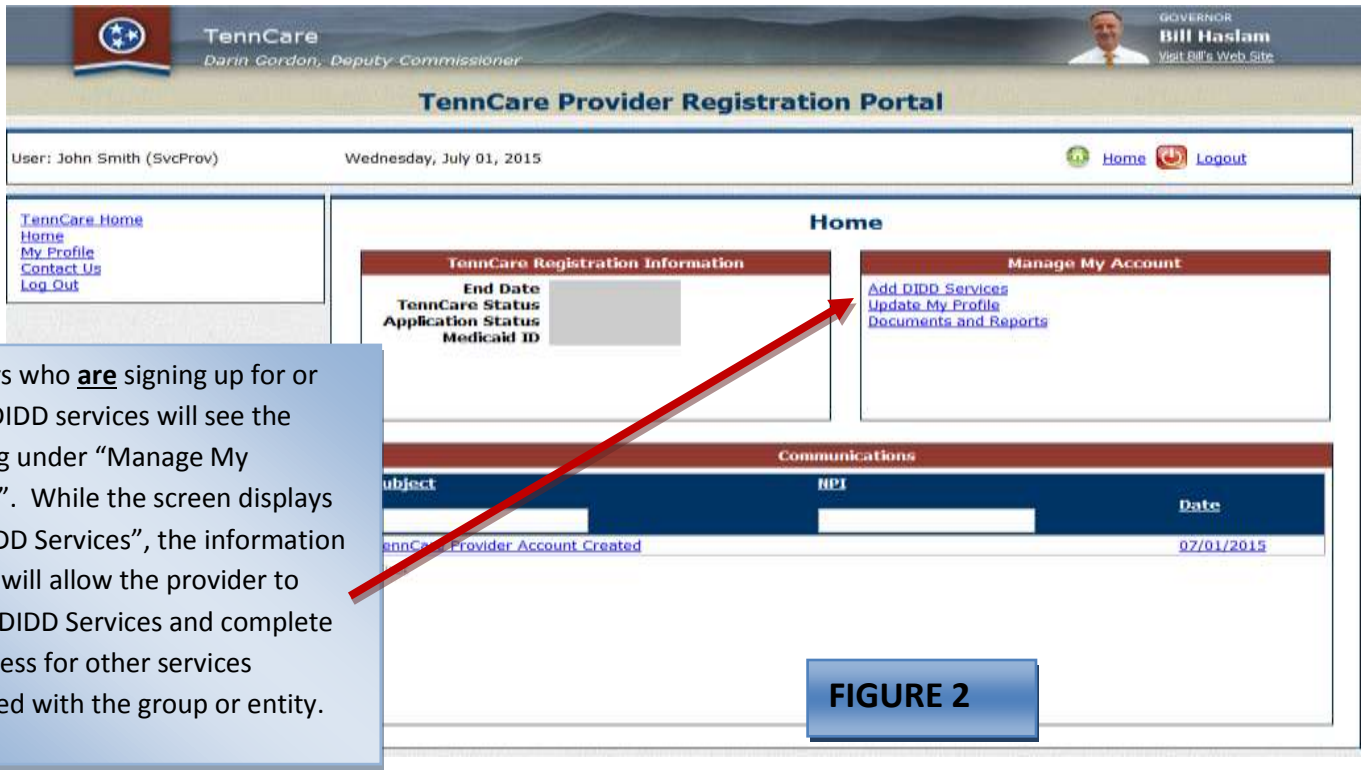
This example will show the registration process for a new provider who is also registering for DIDD services as it includes the information needed for registering for DIDD services in addition to all the information needed for a provider who is not registering for DIDD services.

(Existing individuals who have registered, groups and entities will see “Continue My Registration and / or Add DIDD Services” along with your Effective Date and Medicaid ID)



Providers who **are not** signing up or adding DIDD services will see the following under manage my account.

FIGURE 1



Providers who **are** signing up for or adding DIDD services will see the following under "Manage My Account". While the screen displays "Add DIDD Services", the information entered will allow the provider to provide DIDD Services and complete the process for other services associated with the group or entity.

FIGURE 2

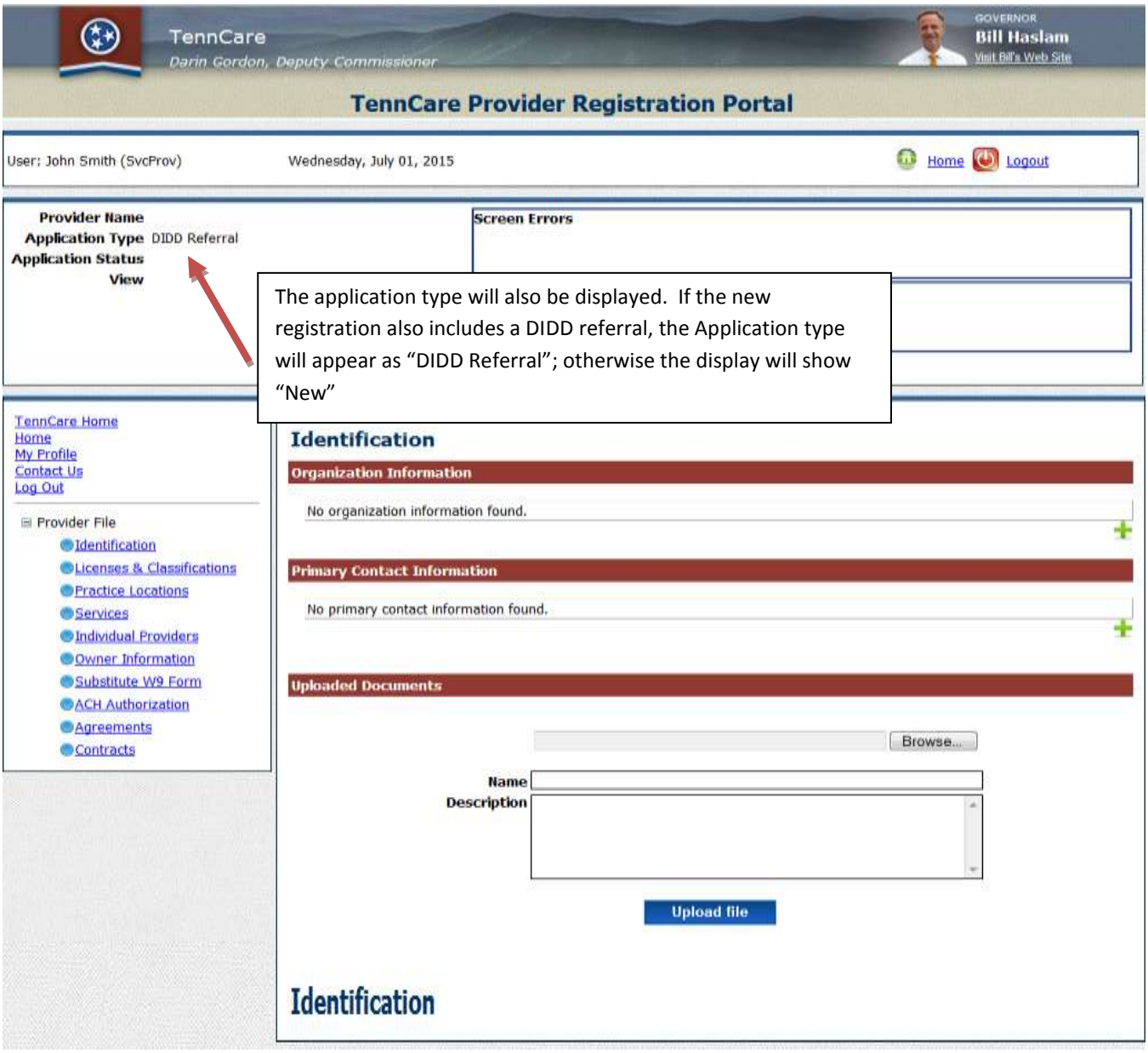
- Click "Begin New Registration" or "Add DIDD Services".

Section Three

Identification

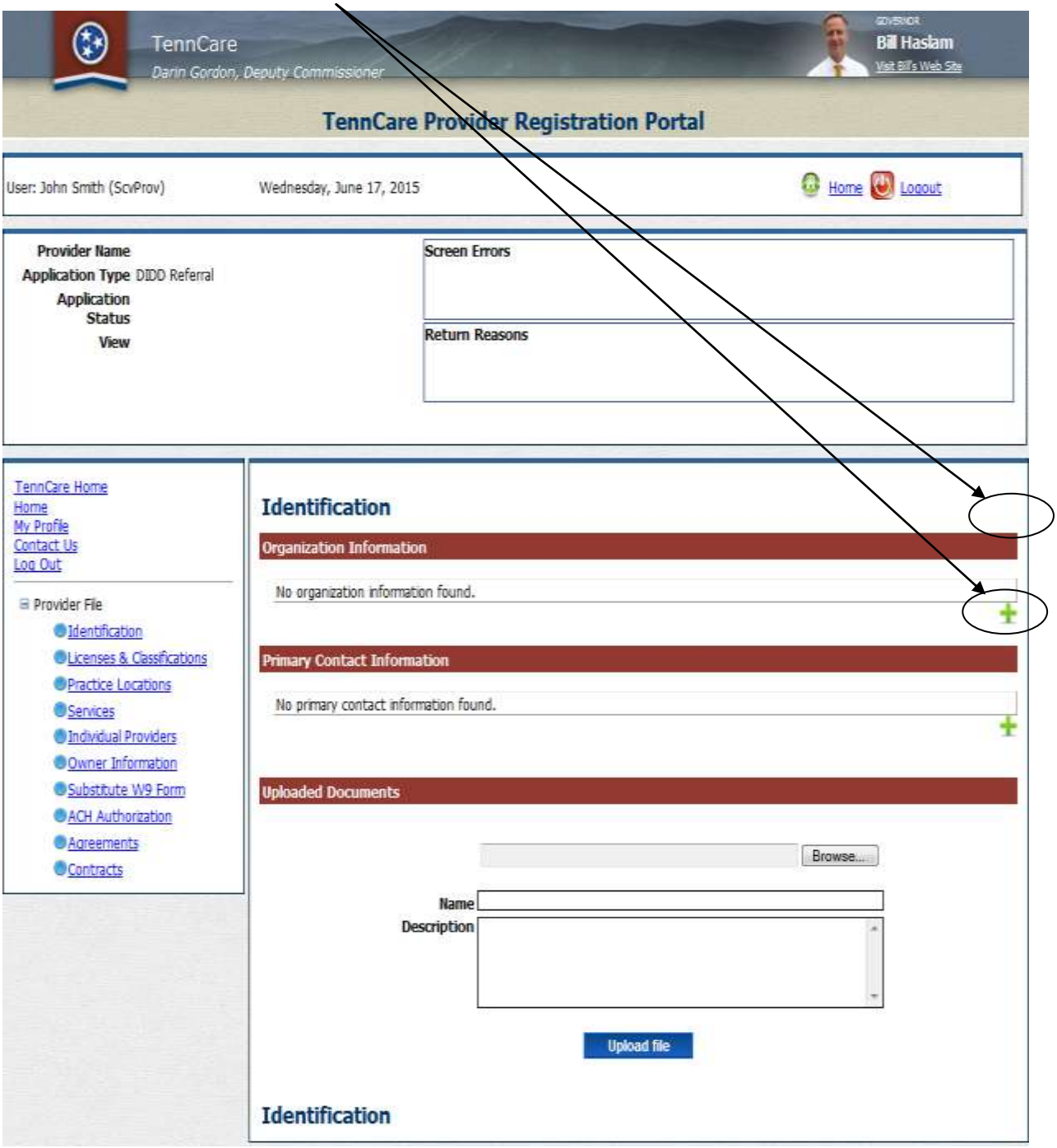
IDENTIFICATION SECTION

All new / revalidation request will be with screens similar to this one. Depending on the provider type chosen during the create account step will determine what sections will need to be completed. Not all provider types will see all sections. All providers will be required to complete: Identification, Practice Locations, Owner Information, Substitute W-9, ACH and Agreements sections. The Individual provider's link appears on some provider types, such as Hospital. While is appears you can click "next" without entering any individual providers, However, if the NPI you are using is used to submit the professional claims as well as the UB claims, the individual providers must be listed on this page. This applies to hospitals or other entities that use the same NPI for both the hospital and / or group component within the hospital.



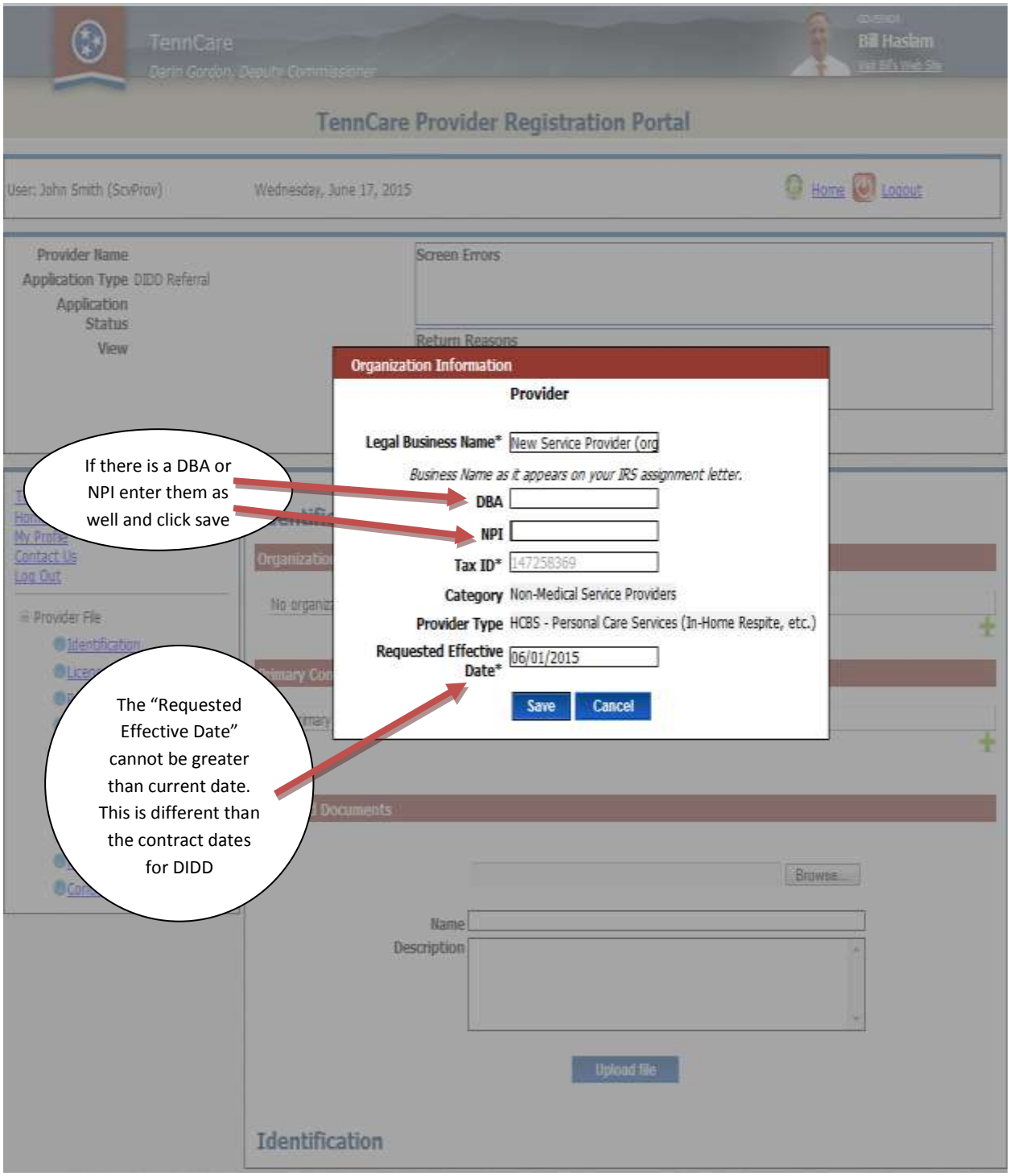
There is also an "Uploaded Documents" window available on most pages. Required documents can be uploaded at any time in this window.

To get started, click on the **Green +** sign at the right of the screen.



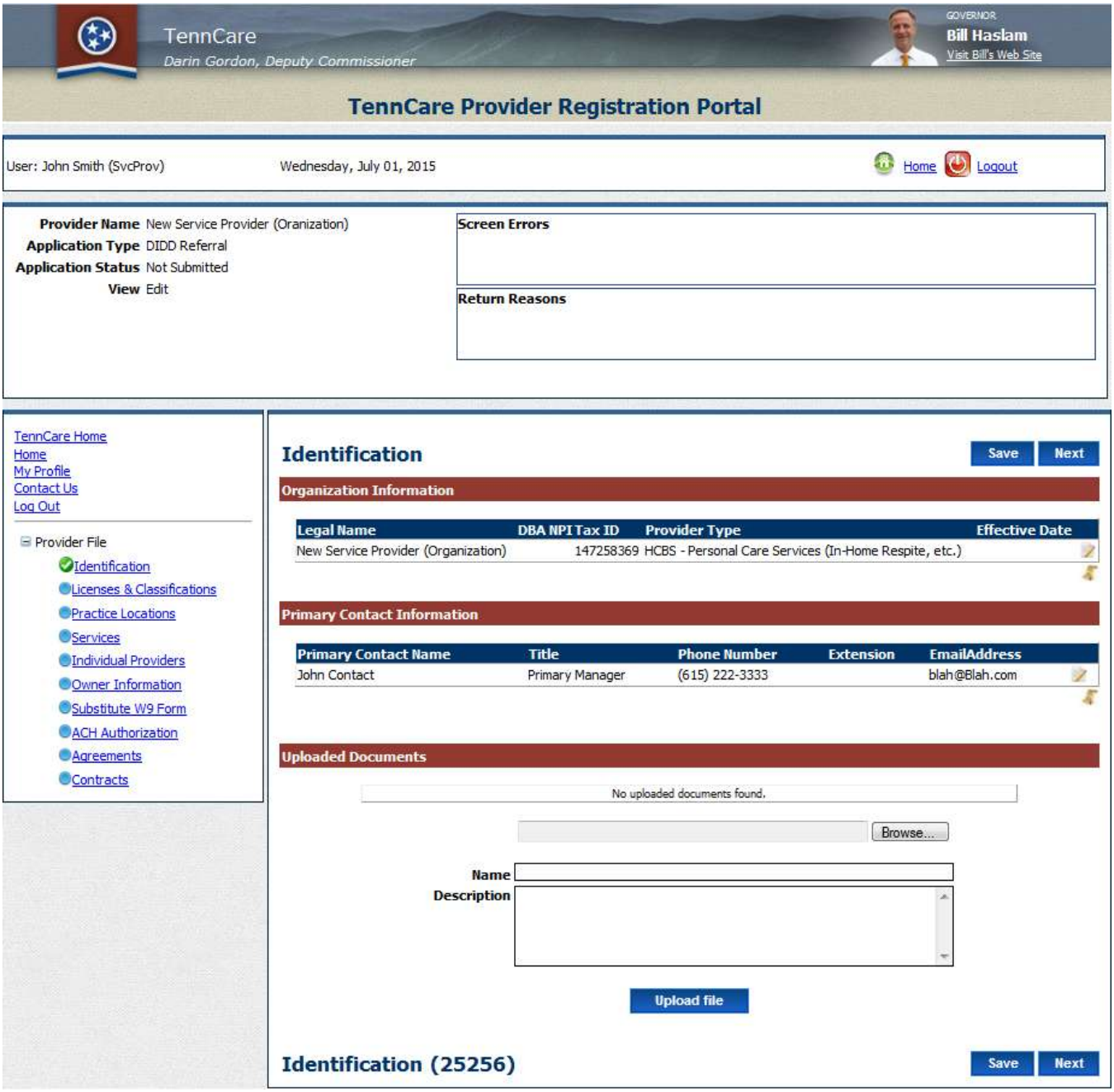
Organizational Information

- To begin, click on the green plus sign under “Organization Information”.
- Enter the Business Name as it is reported to the IRS for tax purposes.
- If the group also utilizes a Doing Business As name, you should enter the DBA name in the space provided.
- The NPI (if applicable) and Tax ID will already be populated and cannot be changed. (A change to an NPI or Tax ID indicates to our system that an ownership change has occurred. You will need to complete a new registration if there is an NPI change or log in and choose “Ownership Change” from your registration home page if there has been a change in ownership.) (***If you are also a DIDD provider, you must also contact the DIDD Provider Enrollment Coordinator at Provider.Changes@tn.gov and the DIDD Licensure Coordinator for the affected Region to discuss ownership changes before the new registration for DIDD services can occur).***
- The Category and Provider Type chosen will be displayed.
- Enter the requested effective date. If the effective date is in the future the system will assign the processing date as effective date. If the requested effective date is more than 12 months prior to current date we may require additional information.


TennCare
Derin Gordon, Deputy Commissioner
Bill Haslam
TennCare Provider Registration Portal
User: John Smith (ScvProv)
Wednesday, June 17, 2015
Home
Logout
Provider Name
Application Type DIDD Referral
Application Status
View
Screen Errors
Return Reasons
Organization Information
Provider
Legal Business Name* New Service Provider (org
Business Name as it appears on your IRS assignment letter.
DBA
NPI
Tax ID* 147258369
Category Non-Medical Service Providers
Provider Type HCBS - Personal Care Services (In-Home Respite, etc.)
Requested Effective Date* 06/01/2015
Save
Cancel
If there is a DBA or NPI enter them as well and click save
The "Requested Effective Date" cannot be greater than current date. This is different than the contract dates for DIDD
My Profile
Contact Us
Log Out
Provider File
Identification
Documents
Browse...
Name
Description
Upload file
Identification

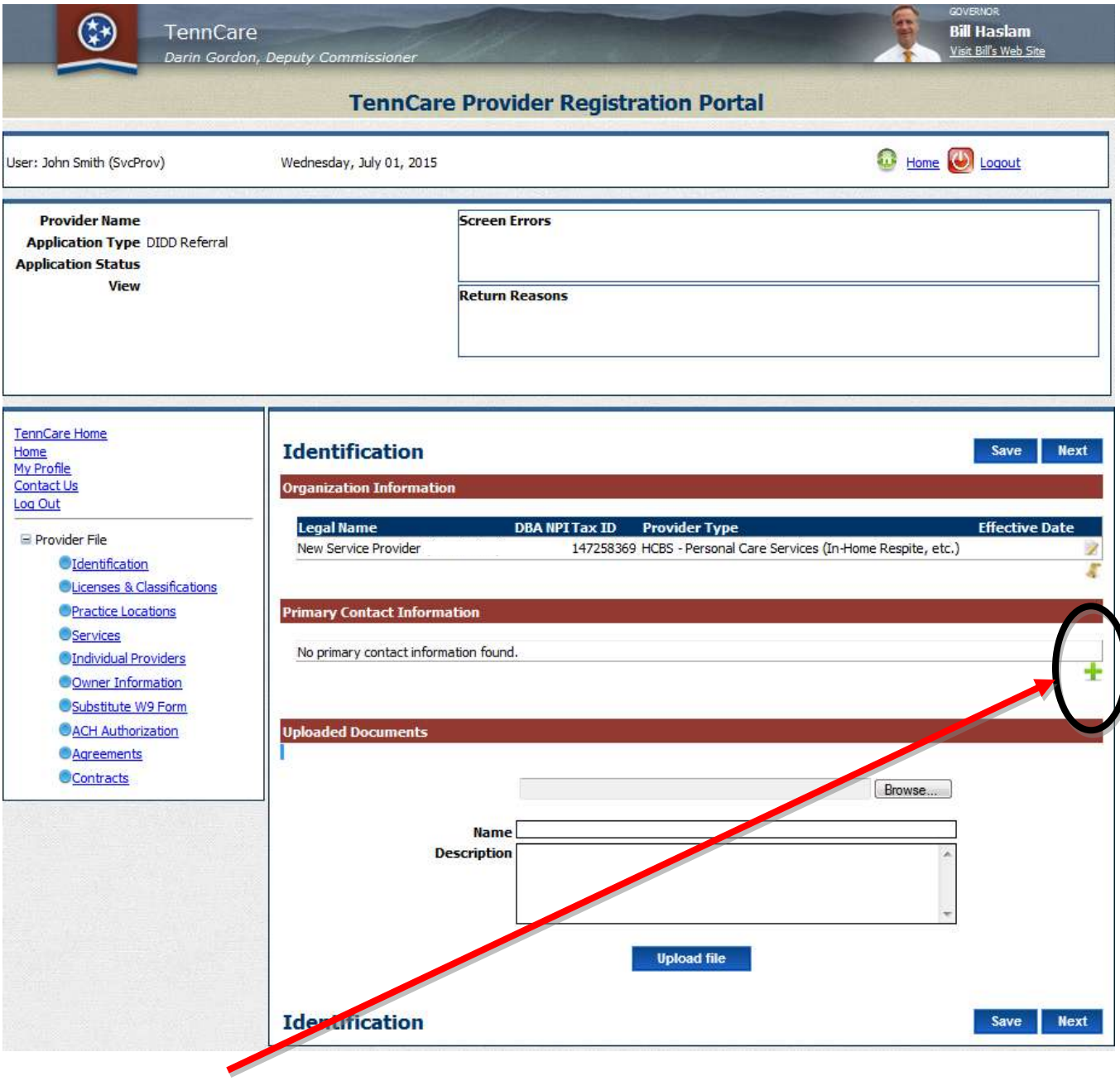
- Click Save

You should now see the information entered for your organization populated.

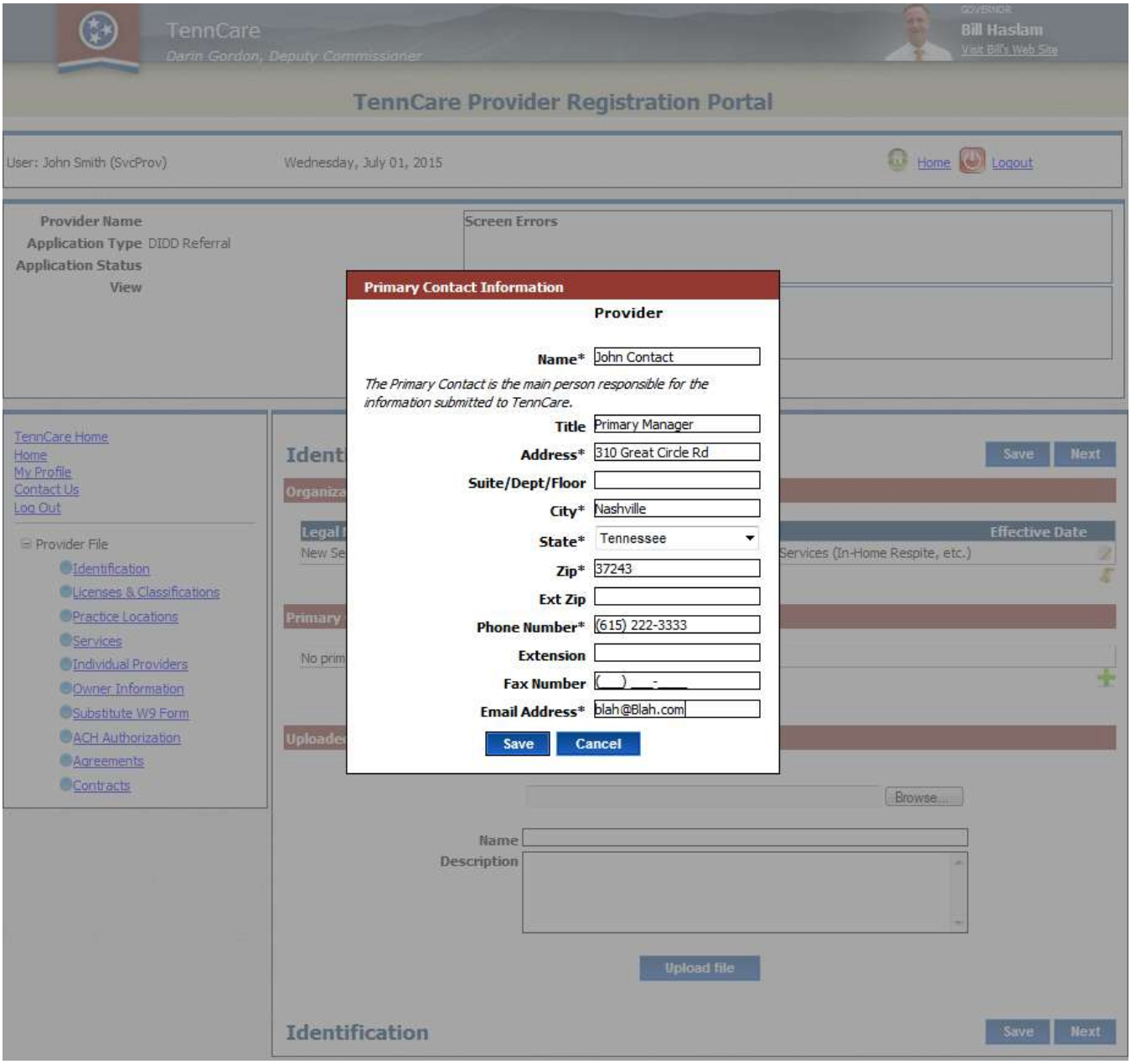


Primary Contact Information

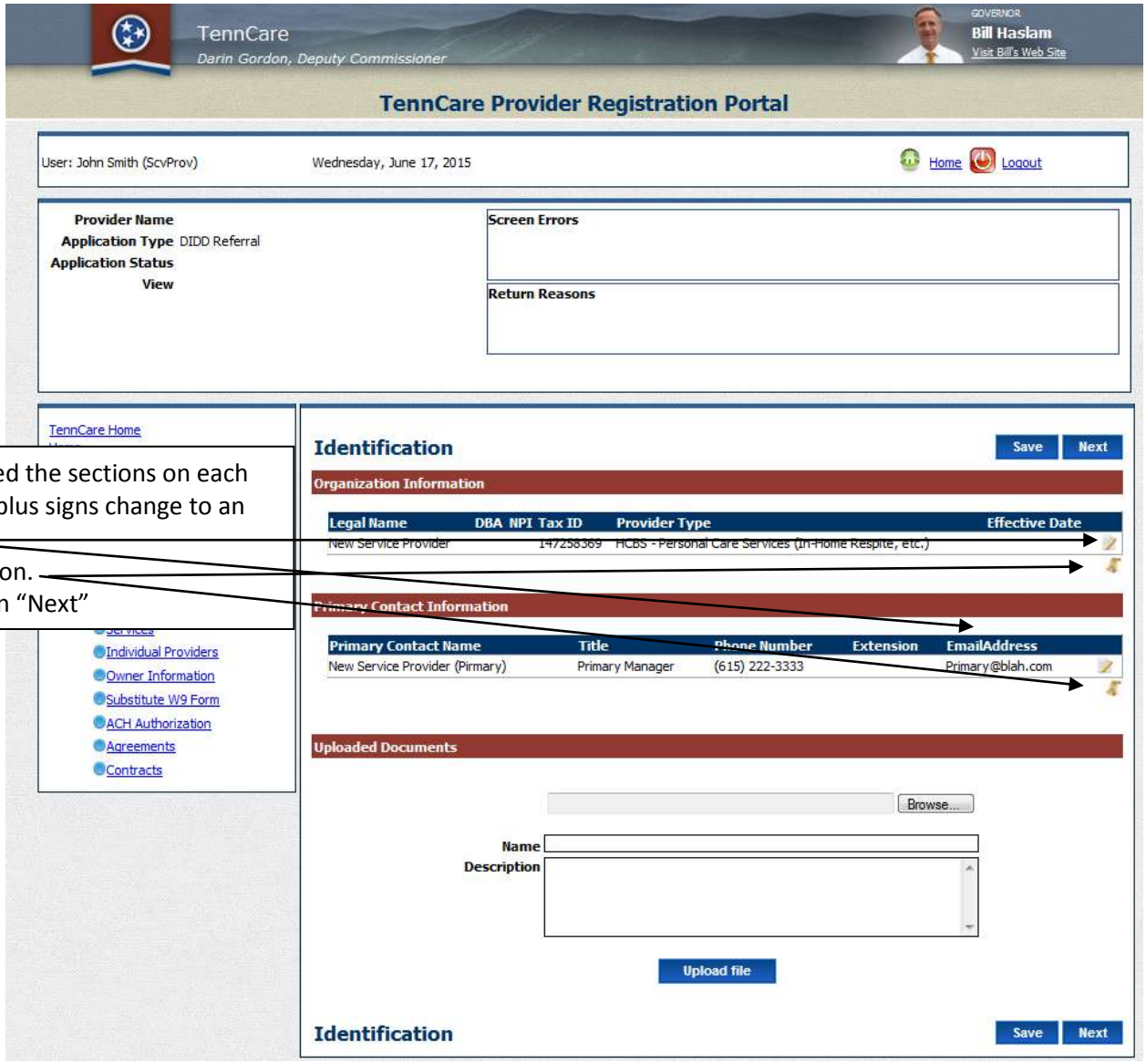
- Click the green plus sign on the right hand side of the page.



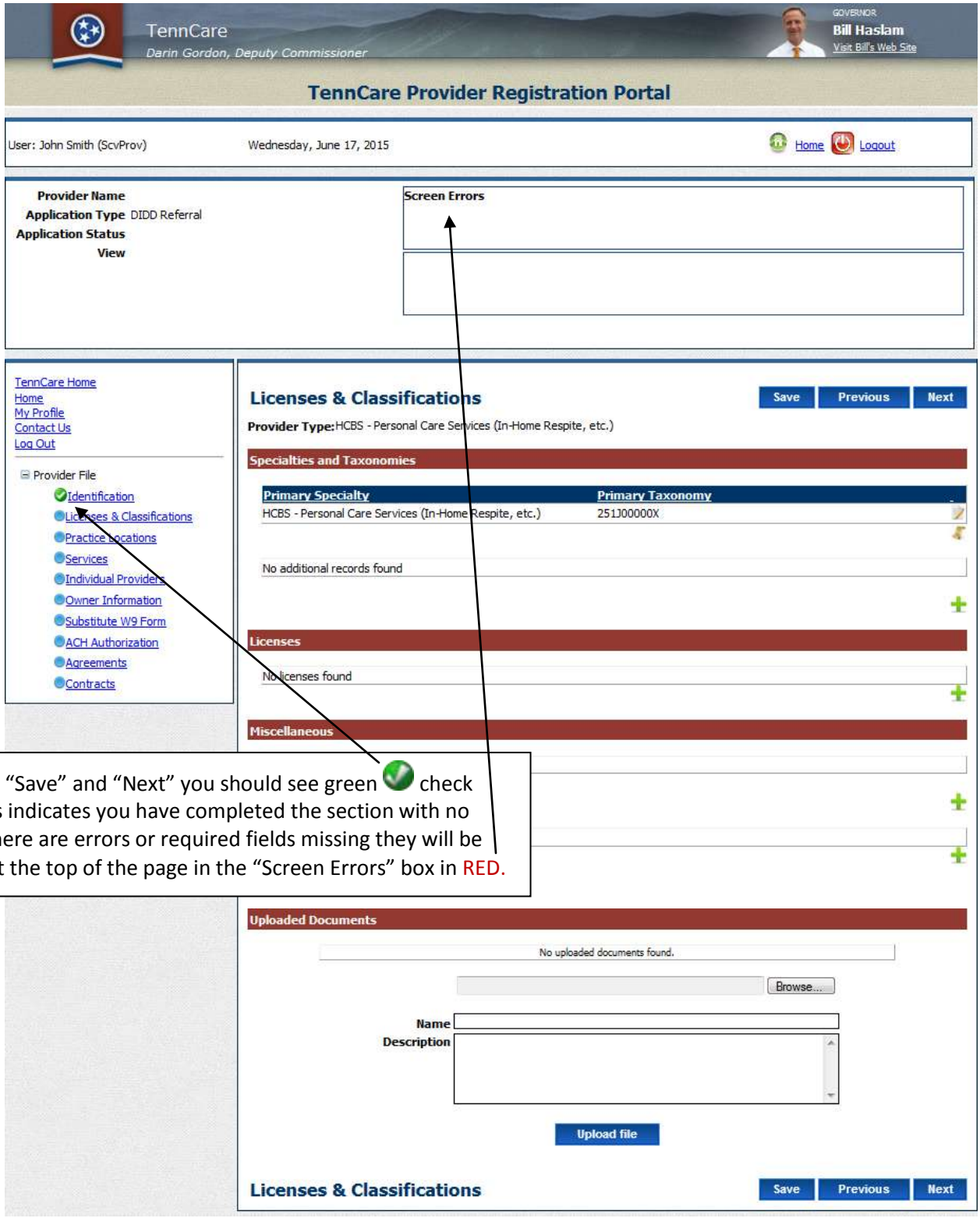
- Click the "+" sign and enter the "Primary Contact Information".



- All fields containing an asterisk will need to be completed. The address information entered here should be the address information as reported on the W-9 to the IRS.
- Click Save



As you completed the sections on each page the green plus signs change to an "edit" and history button. Click "Save" then "Next"

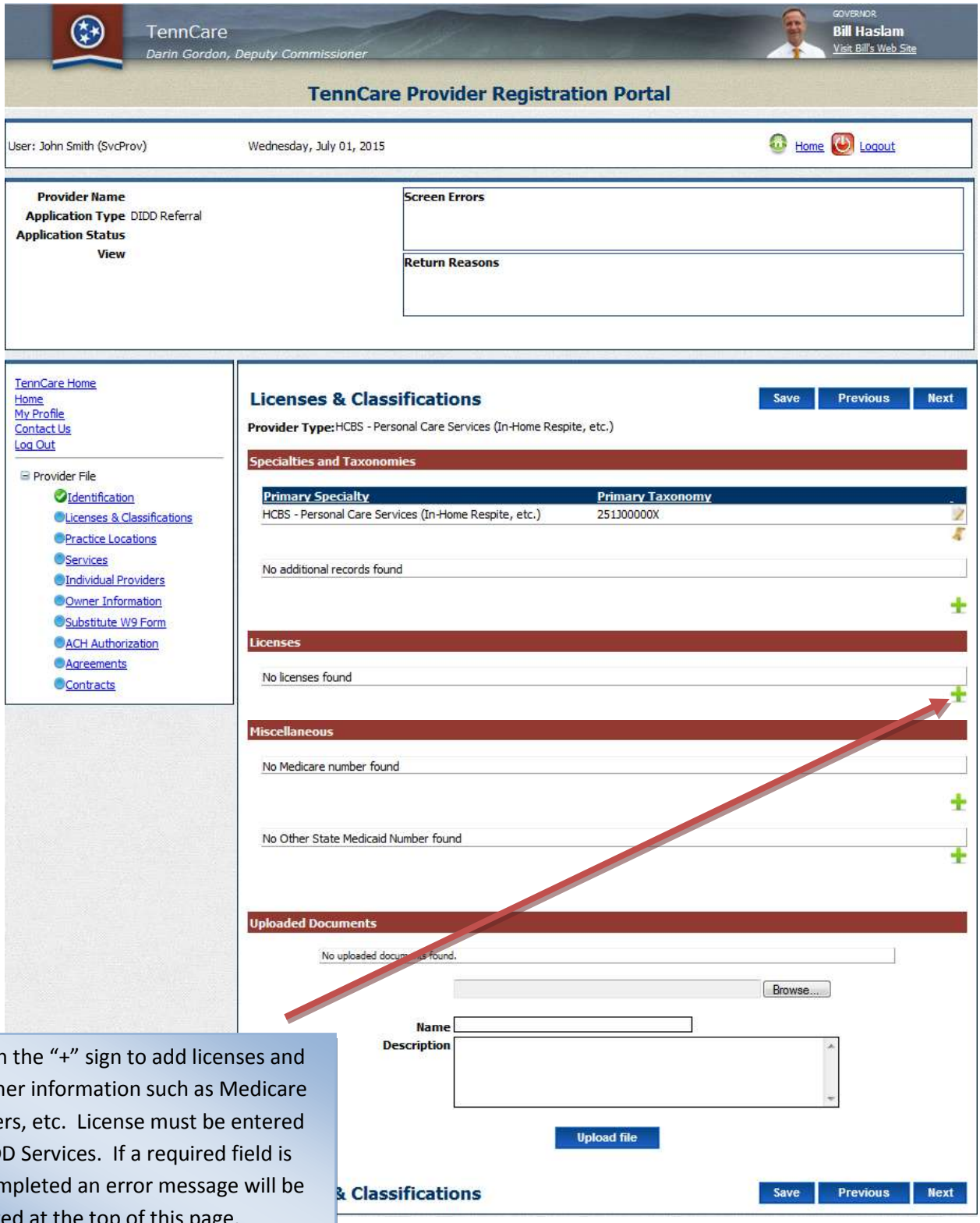


As you click "Save" and "Next" you should see green check marks. This indicates you have completed the section with no errors. If there are errors or required fields missing they will be displayed at the top of the page in the "Screen Errors" box in RED.

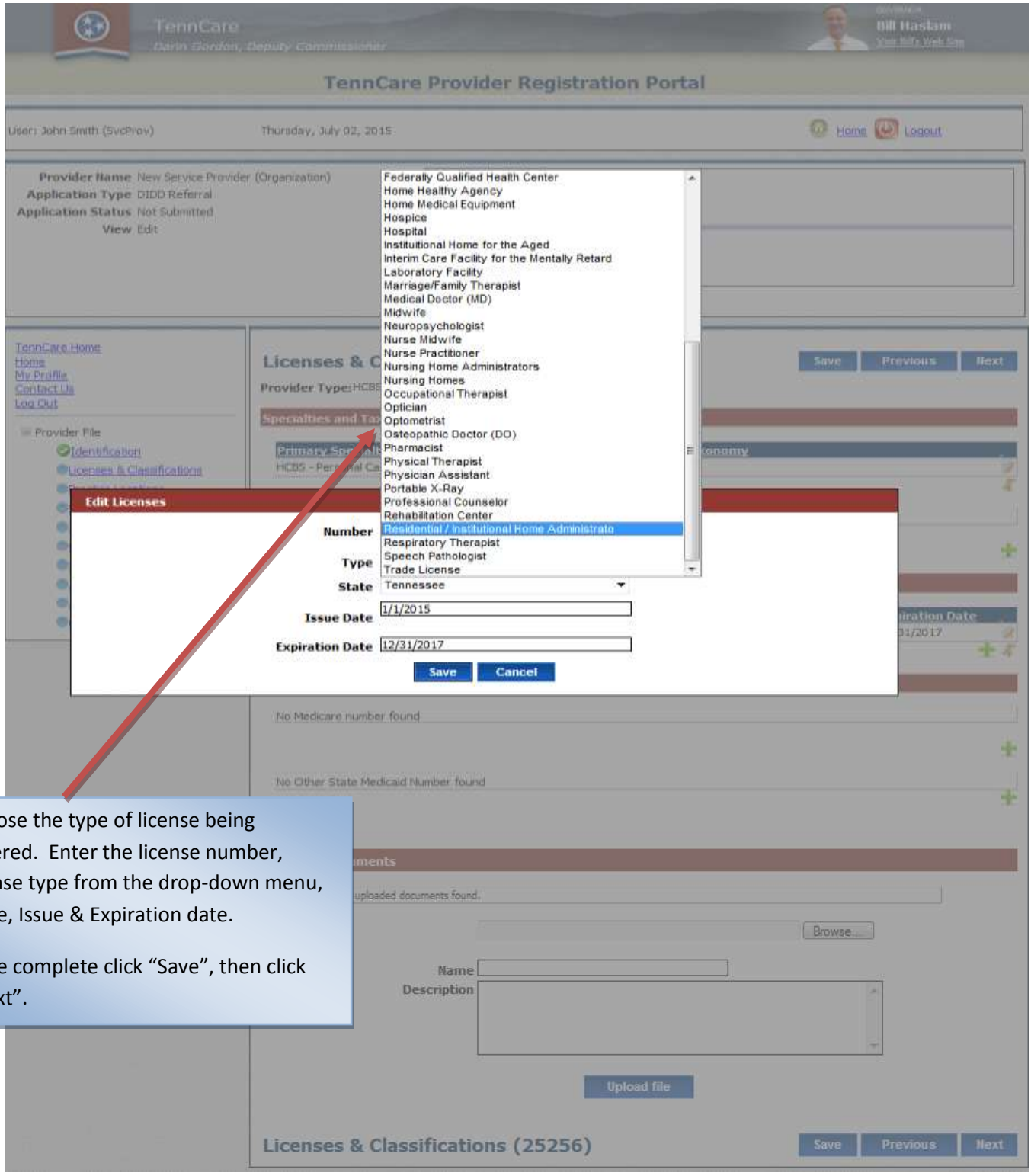
Section Four

License & Classifications

This section is not required for all provider types. This link will only show if required based on the provider type which was chosen during registration.

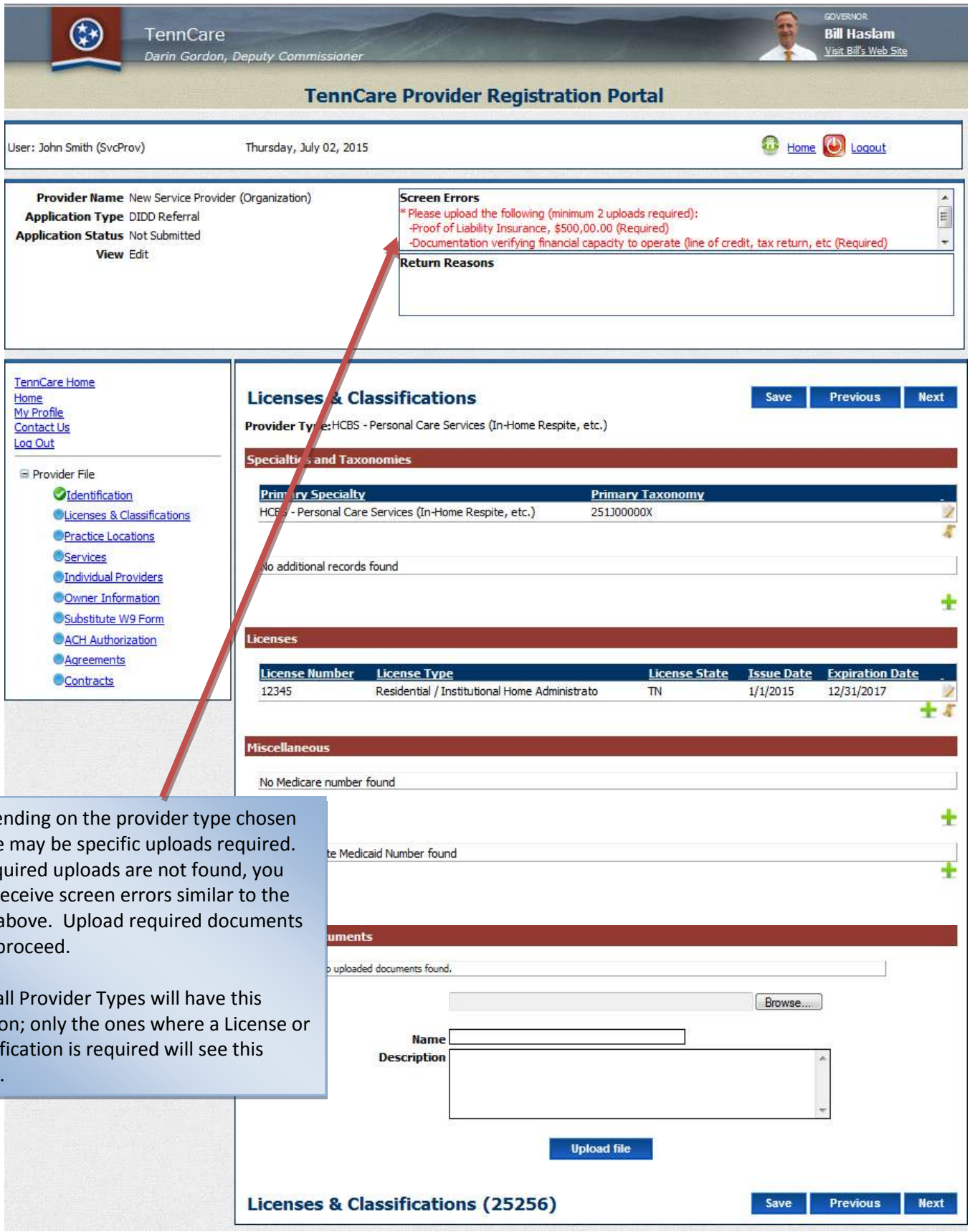


Click on the "+" sign to add licenses and any other information such as Medicare Numbers, etc. License must be entered for DIDD Services. If a required field is not completed an error message will be displayed at the top of this page.



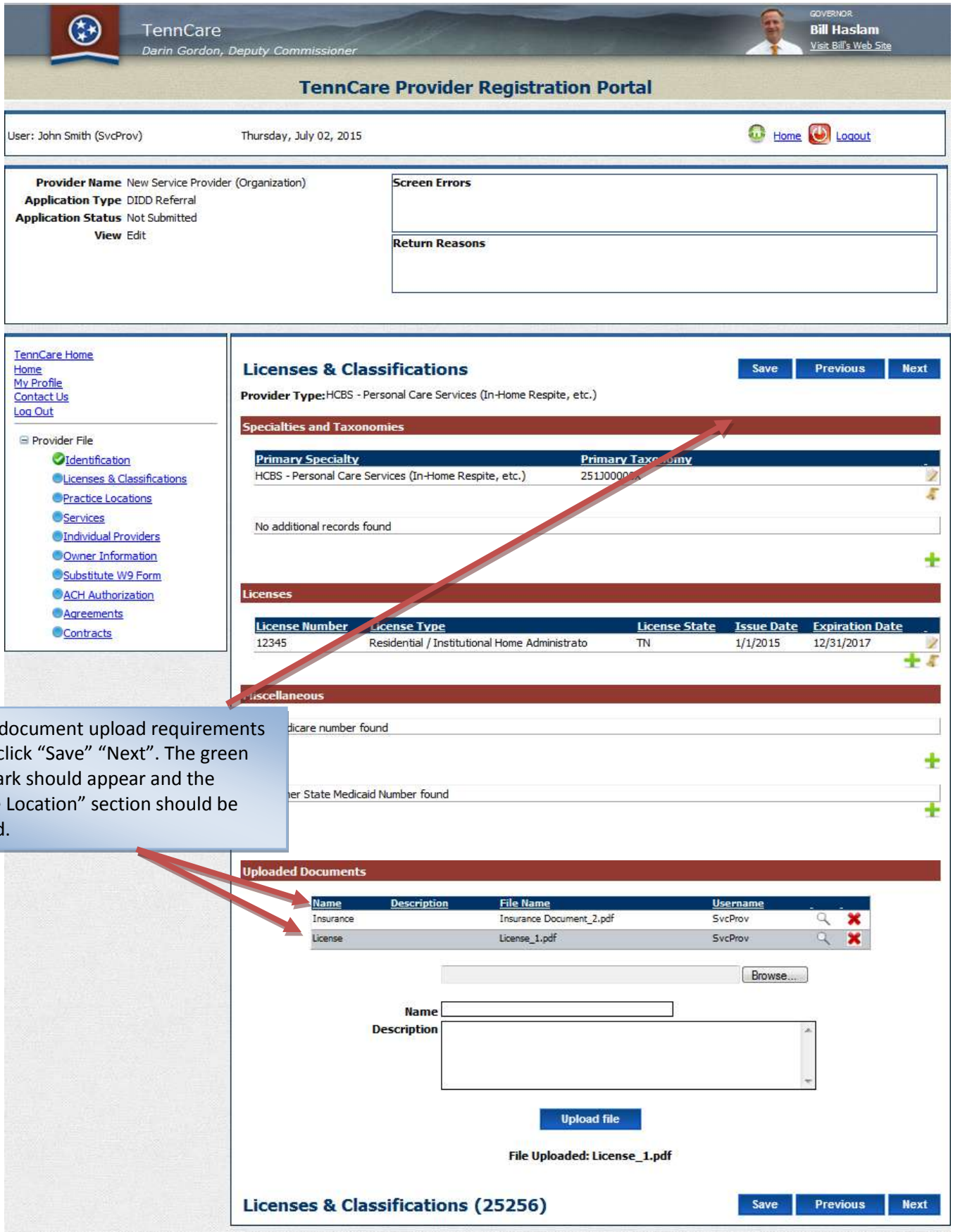
Choose the type of license being entered. Enter the license number, license type from the drop-down menu, State, Issue & Expiration date.

Once complete click “Save”, then click “Next”.



Depending on the provider type chosen there may be specific uploads required. If required uploads are not found, you will receive screen errors similar to the one above. Upload required documents and proceed.

Not all Provider Types will have this section; only the ones where a License or Certification is required will see this page.



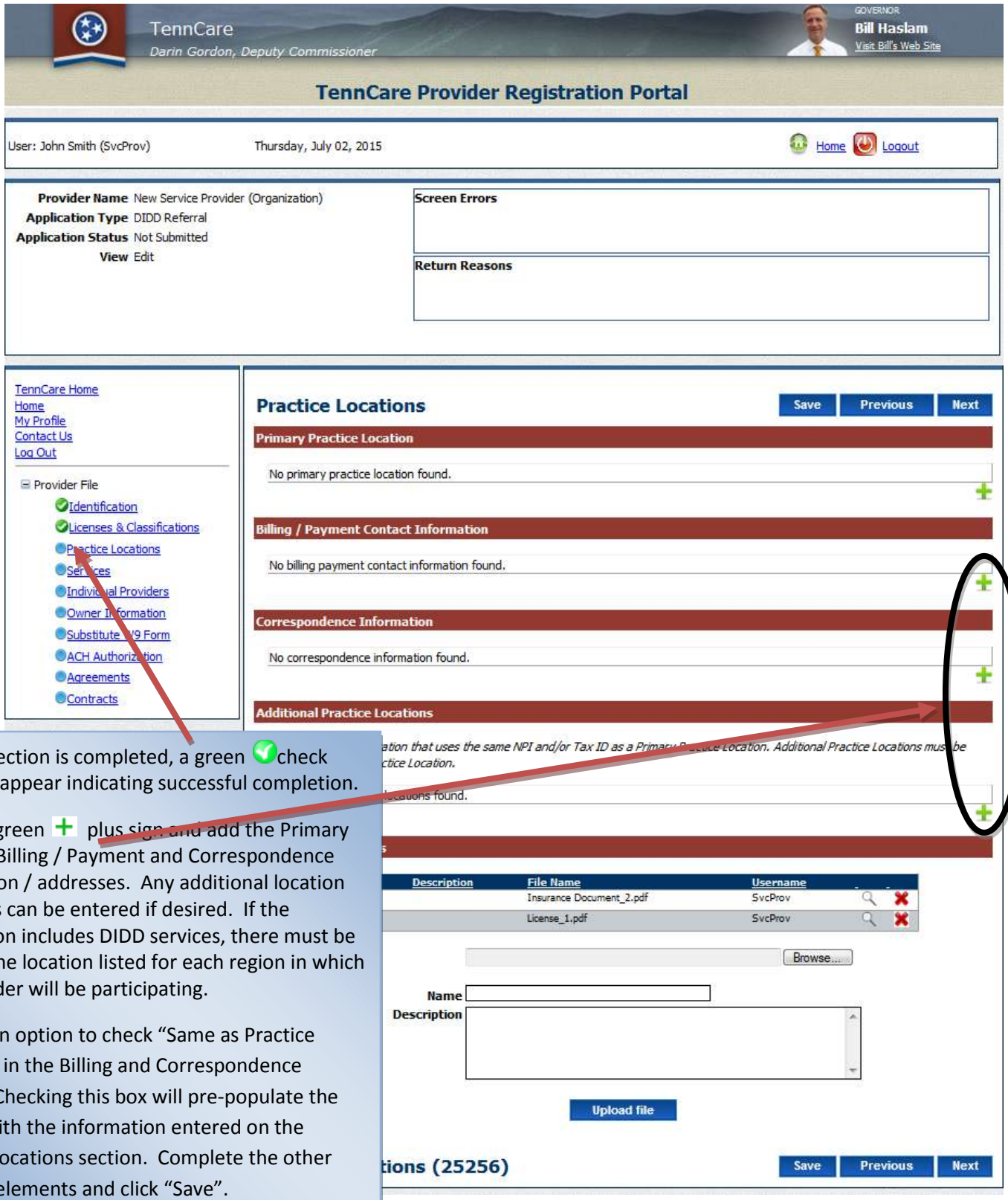
Once all document upload requirements are met click "Save" "Next". The green check mark should appear and the "Practice Location" section should be displayed.

Section Five

Practice Locations

Note: This section must be completed by everyone

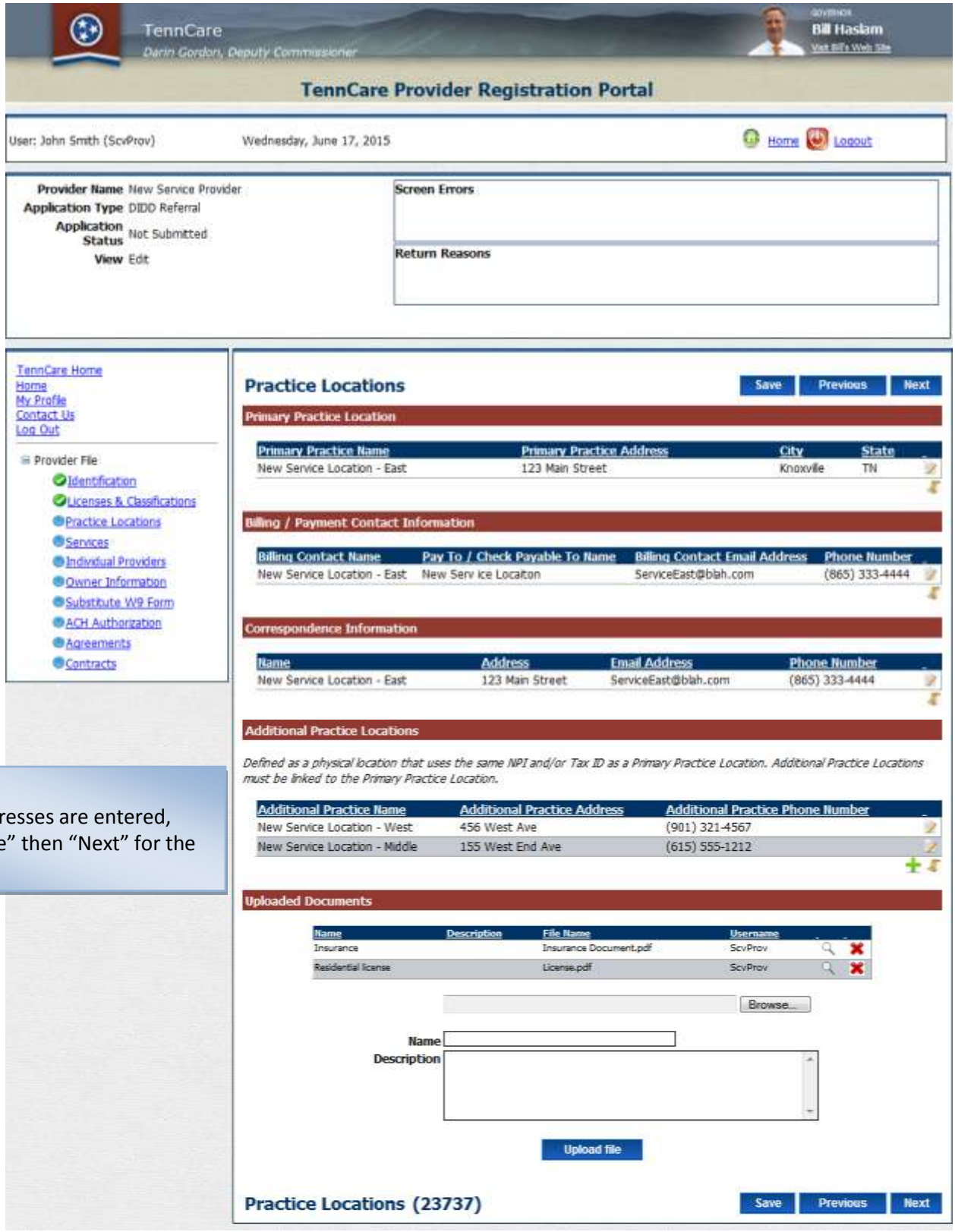
PRACTICE LOCATION SECTION



As each section is completed, a green check mark will appear indicating successful completion.

Click the green + plus sign and add the Primary Practice, Billing / Payment and Correspondence information / addresses. Any additional location addresses can be entered if desired. If the registration includes DIDD services, there must be at least one location listed for each region in which the provider will be participating.

There is an option to check "Same as Practice Location" in the Billing and Correspondence section. Checking this box will pre-populate the section with the information entered on the Practice Locations section. Complete the other required elements and click "Save".



Once all addresses are entered, choose "Save" then "Next" for the next section.

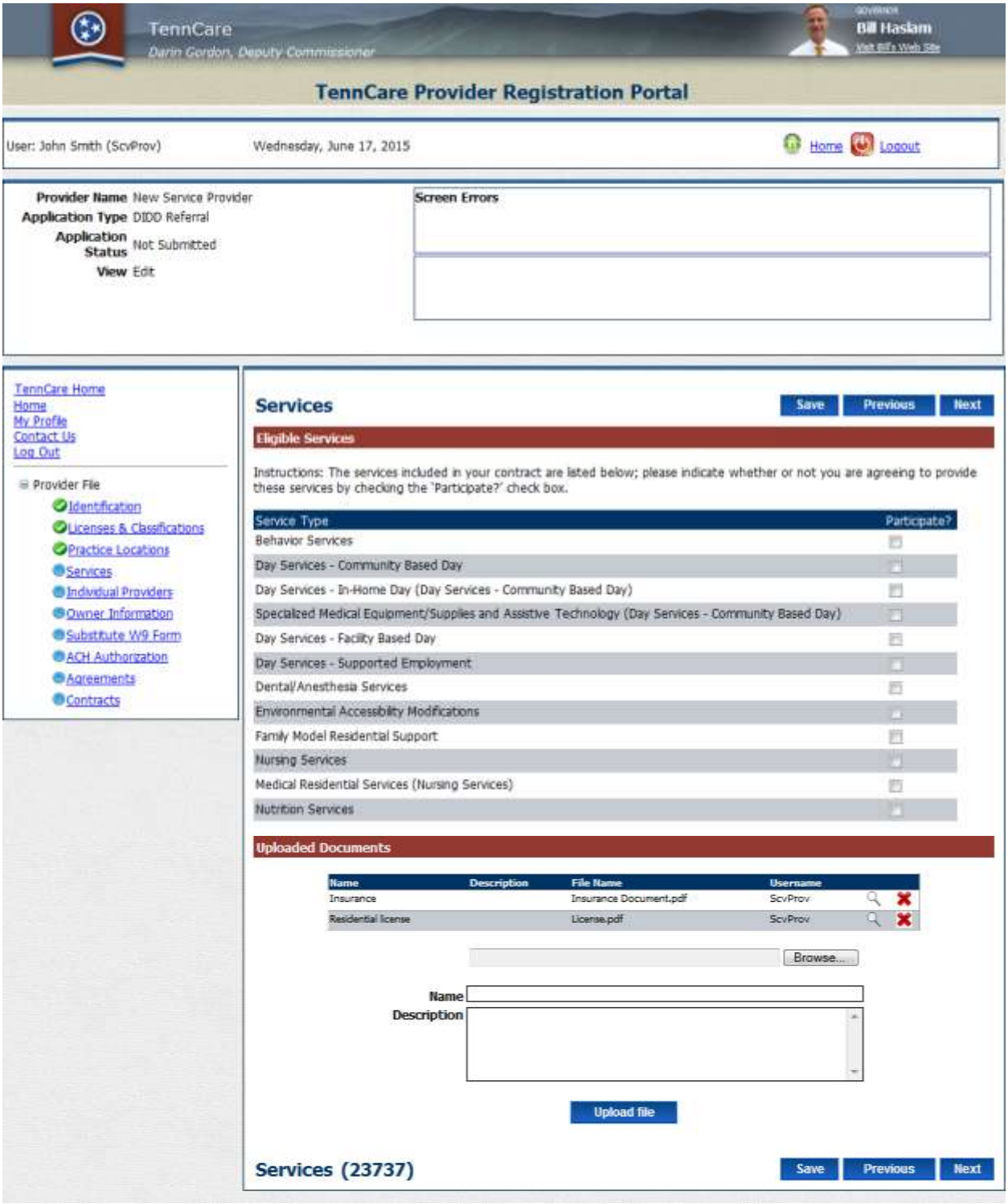
Section Six

Services

(DIDD Only)

The information in this section applies only to providers who have received an approval notice to provide DIDD services. If the provider has not received a referral, this section will not be displayed during the registration process.

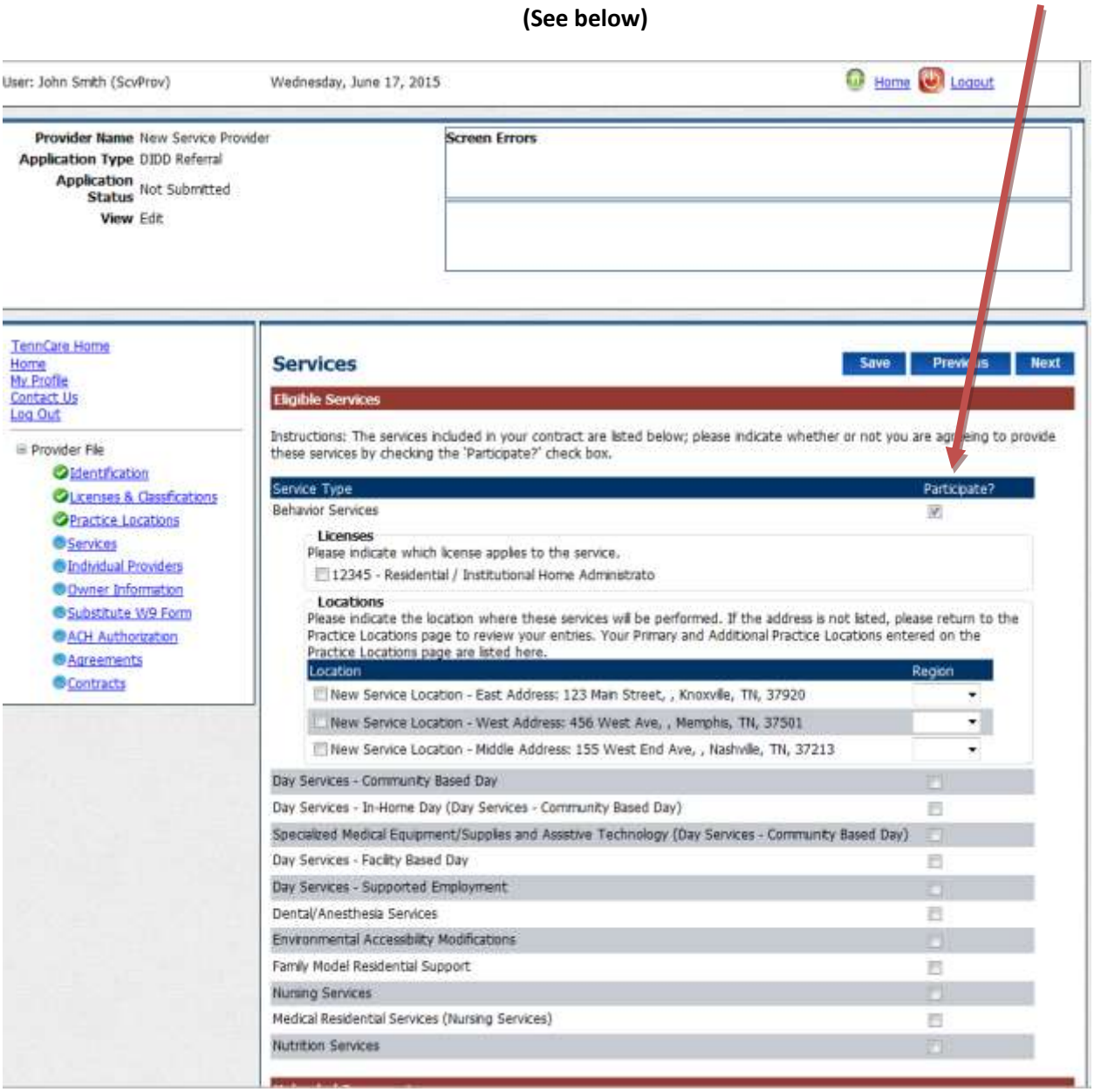
Note: You will only see this screen if you are registering to provide DIDD services.



This screen will list all of the services DIDD has approved for the provider. The original letter, sent / emailed to the provider from DIDD would have listed these services. The provider should only choose the services for which they have received all licenses, certifications and/or classifications. Other services for which the provider is/was approved can be added at a later date if approved by DIDD once any license or classifications are received. You will only be approved for services for which you have a license.

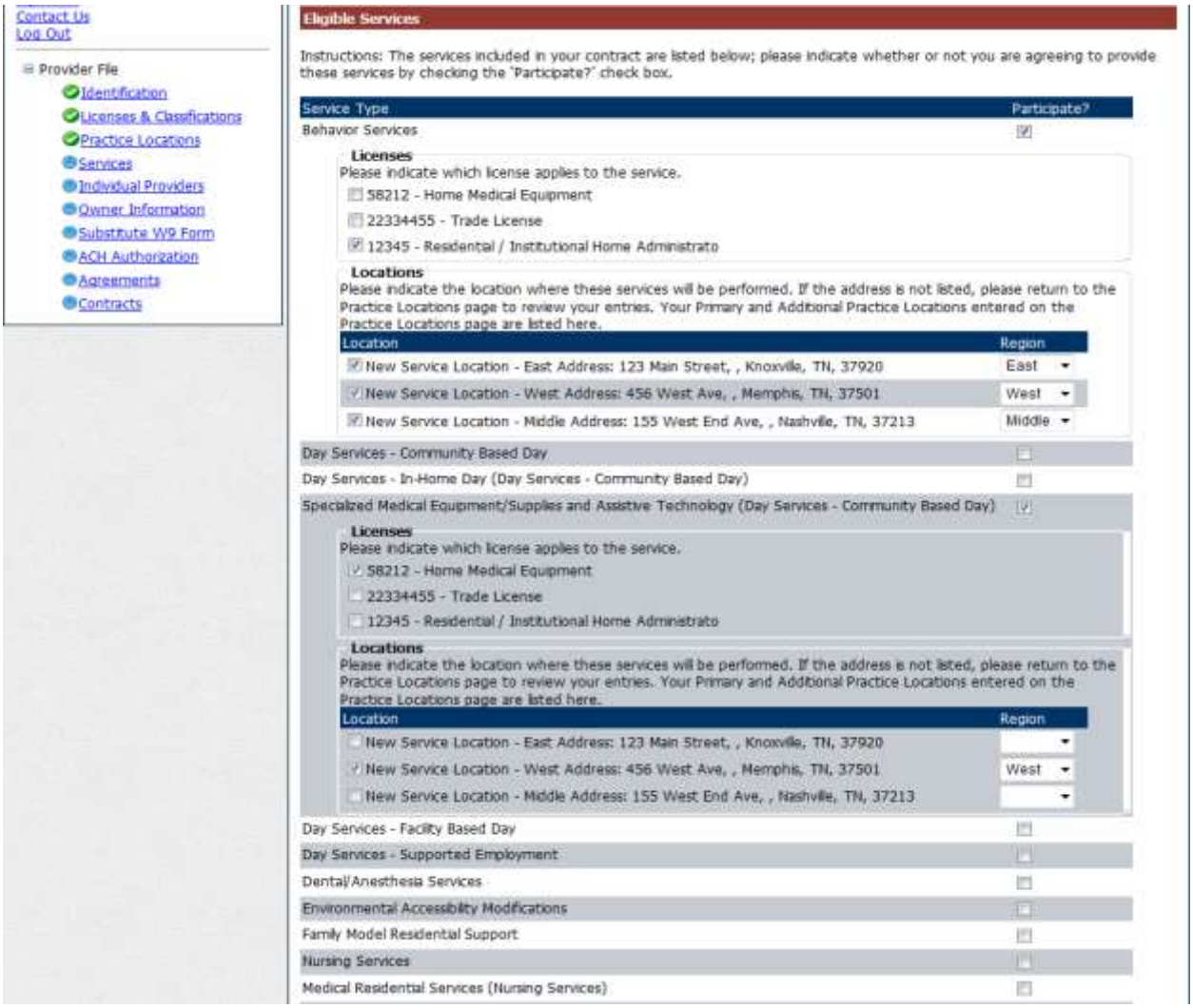
Choose which service for which you wish to participate by clicking the appropriate check box under "Participate?"

(See below)



Note: Your initial approval letter will indicate which region(s) services have been approved. It is critical you choose only the address and region for which the service is approved. If your letter states you are only approved to do a specific service in a specific region then make sure only the region and address pertaining to that service is chosen. If you choose a service in a region for which you have not been approved, your application will be returned and cause delays with your registration request.

Once you choose to participate the service type expands so the appropriate license, region and location can be chosen. Choose the license for the appropriate service, the region(s) where the service will be provided and the corresponding region address.



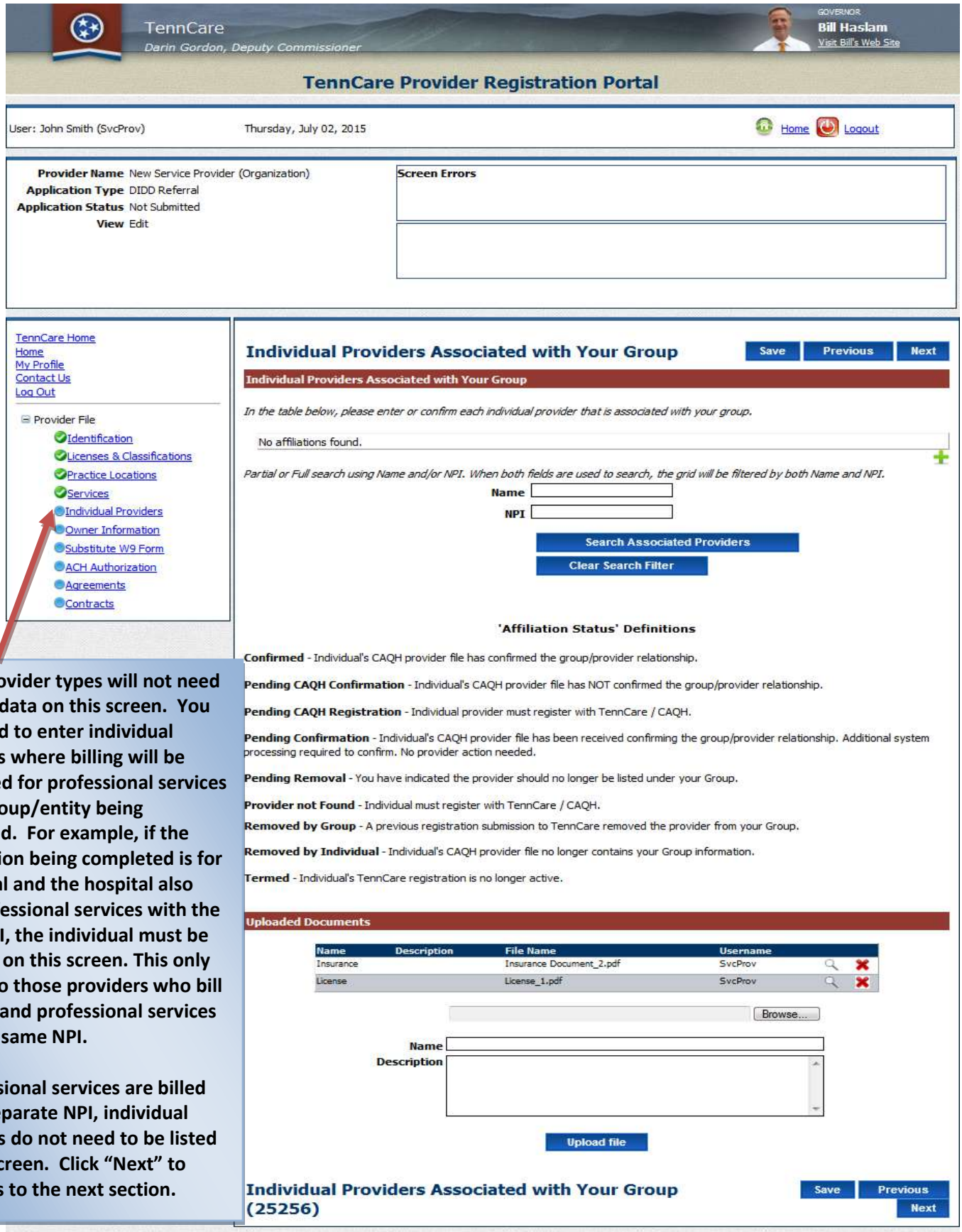
If all documentation has not been received for some services, leave blank. Contract will be based on the services that are checked and documentation verified by DIDD. In the example able there are two services selected. One service, Behavior Services, will be done across all three regions. Specialized Medical Equipment/Supplies and Assistive Technology (Day Services - Community Based Day) will only be done in one region. Once you have completed selecting your services, location and region, click "Save" and "Next"

Section Seven

Individual Providers

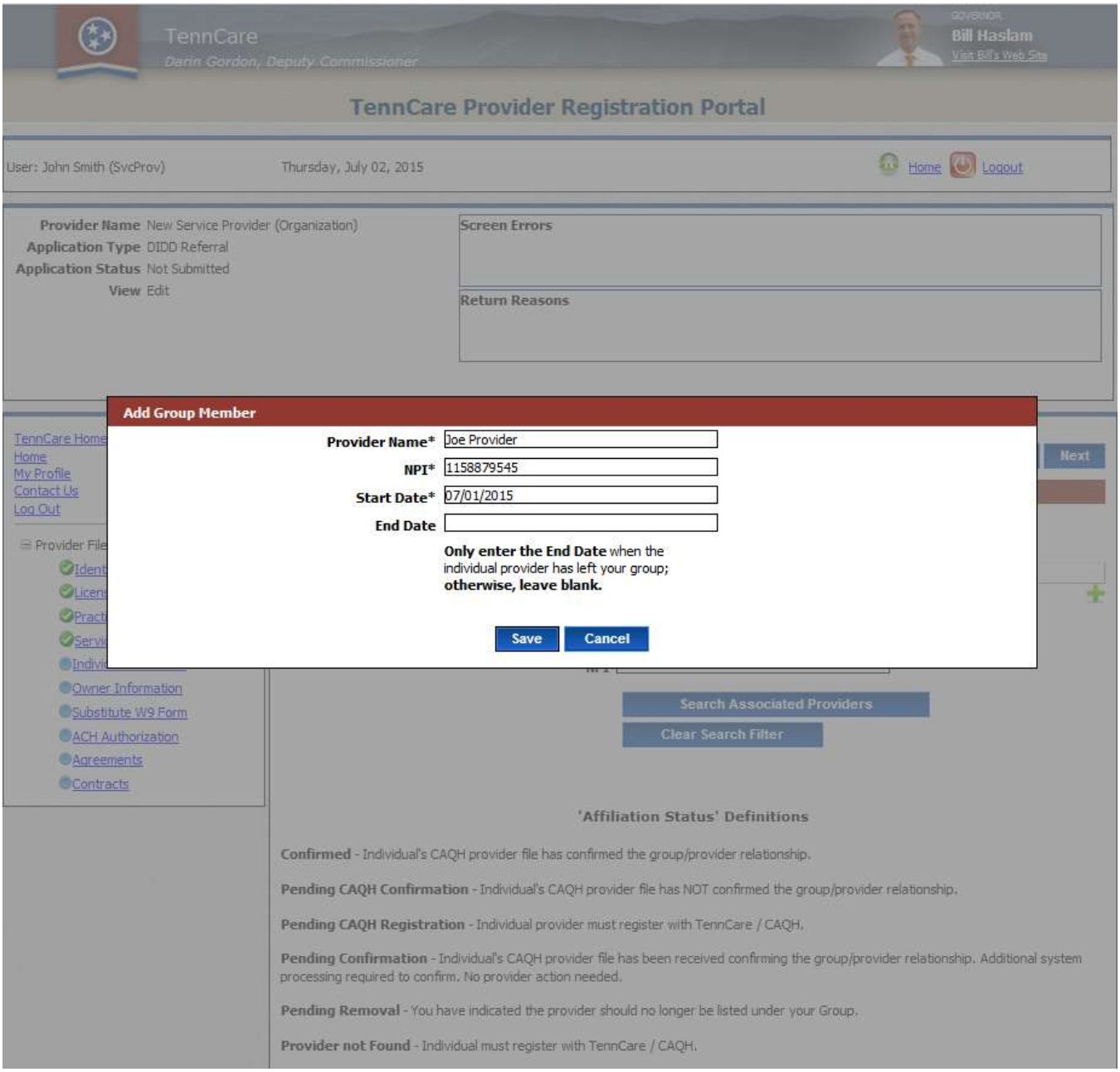
All single / multi-specialty groups must enter the individual providers who are associated with their group in this section. In addition if the NPI used for billing is also the same NPI being used to submit a professional service in addition to a Hospital (UB) service the individual providers should be entered here as well. If the registration request is being done for a hospital and the professional component is billed under a different NPI, click "Next" in this section and leave blank. You only need to list providers who are "rendering", ordering / prescribing or attending providers on this screen.

INDIVIDUAL PROVIDER SECTION

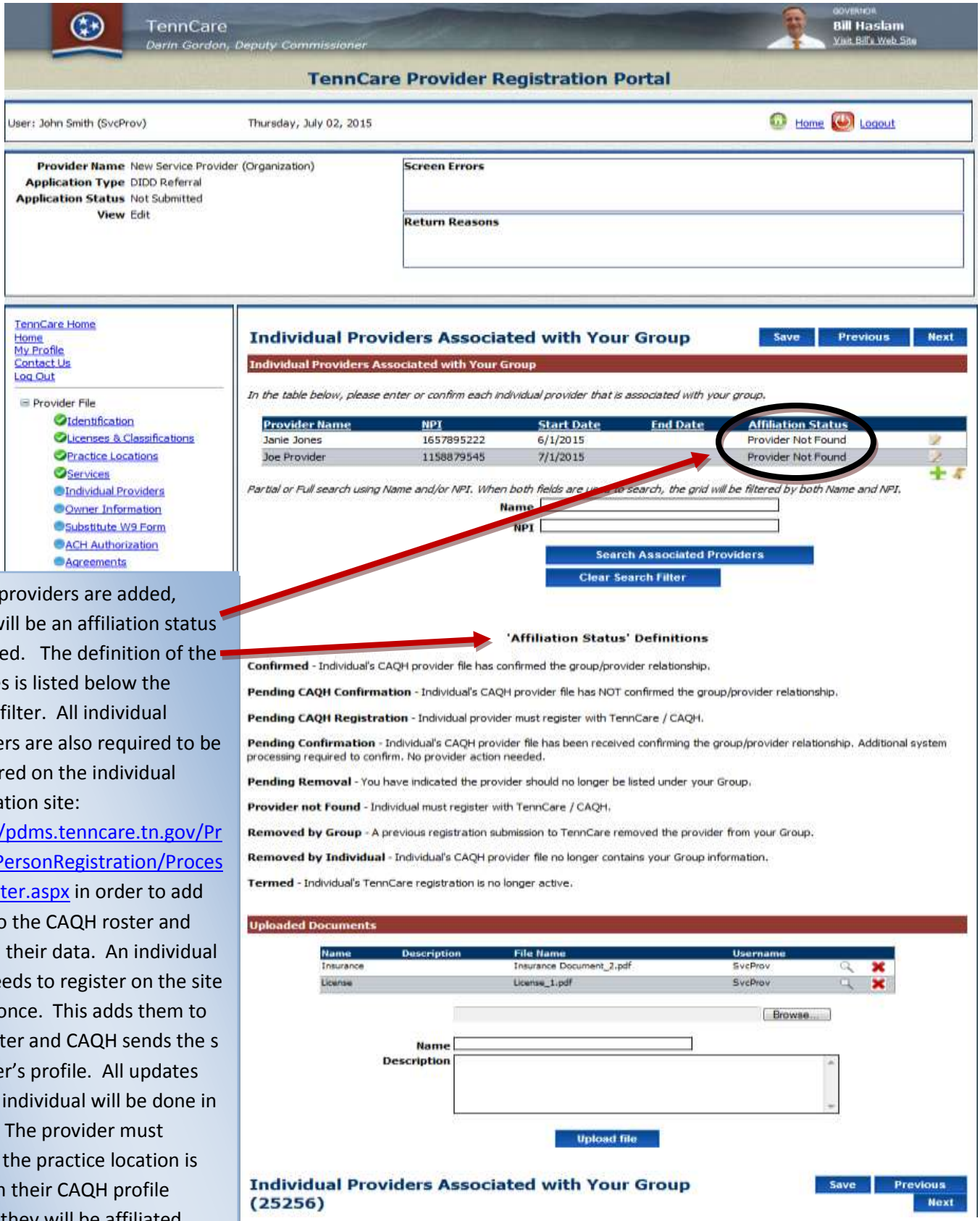


Some provider types will not need to enter data on this screen. You only need to enter individual providers where billing will be submitted for professional services of the group/entity being registered. For example, if the registration being completed is for a hospital and the hospital also bills professional services with the same NPI, the individual must be included on this screen. This only applies to those providers who bill both UB and professional services with the same NPI.

If professional services are billed with a separate NPI, individual providers do not need to be listed on this screen. Click "Next" to advances to the next section.



To add a provider click on the green plus + sign. Enter the provider Name, NPI and start date. Leave the end date blank unless a provider is to be termed from the group / entity ***NOTE:*** The start date cannot be greater than the current date of registration. Click "Save". If there are additional providers that need to be added to the group, contiue to click the green plus + sign and add providers.



As the providers are added, there will be an affiliation status displayed. The definition of the statuses is listed below the search filter. All individual providers are also required to be registered on the individual registration site: https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx in order to add them to the CAQH roster and receive their data. An individual only needs to register on the site above once. This adds them to the roster and CAQH sends the s provider's profile. All updates for the individual will be done in CAQH. The provider must ensure the practice location is listed in their CAQH profile before they will be affiliated with the group or entity.

Once all providers are added to this page, click "Save" then "Next".

Section Eight

Owner Information

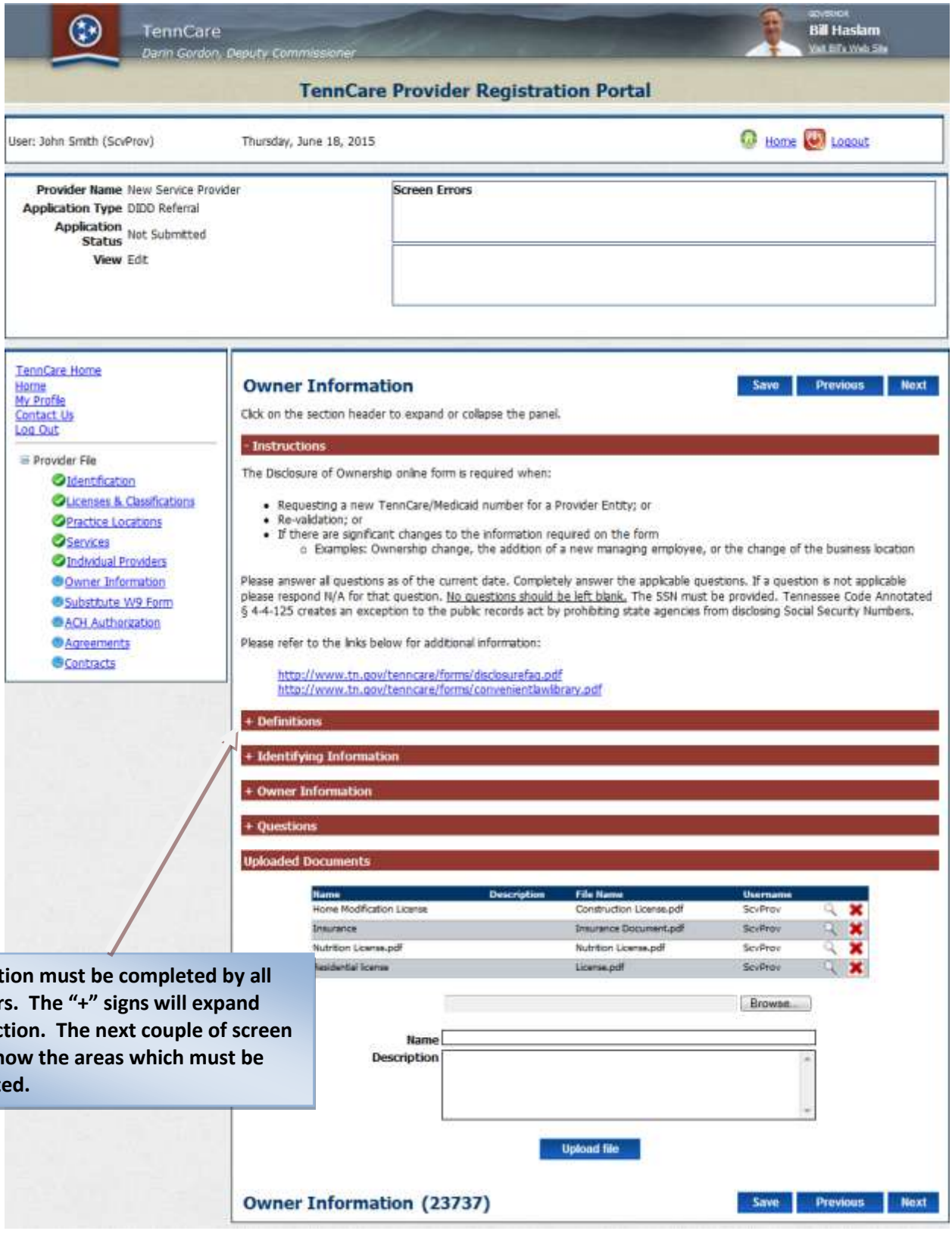
All providers are required to complete this section in its entirety. Failure to complete this section accurately can result in significant delays of registration.

OWNER INFORMATION SECTION

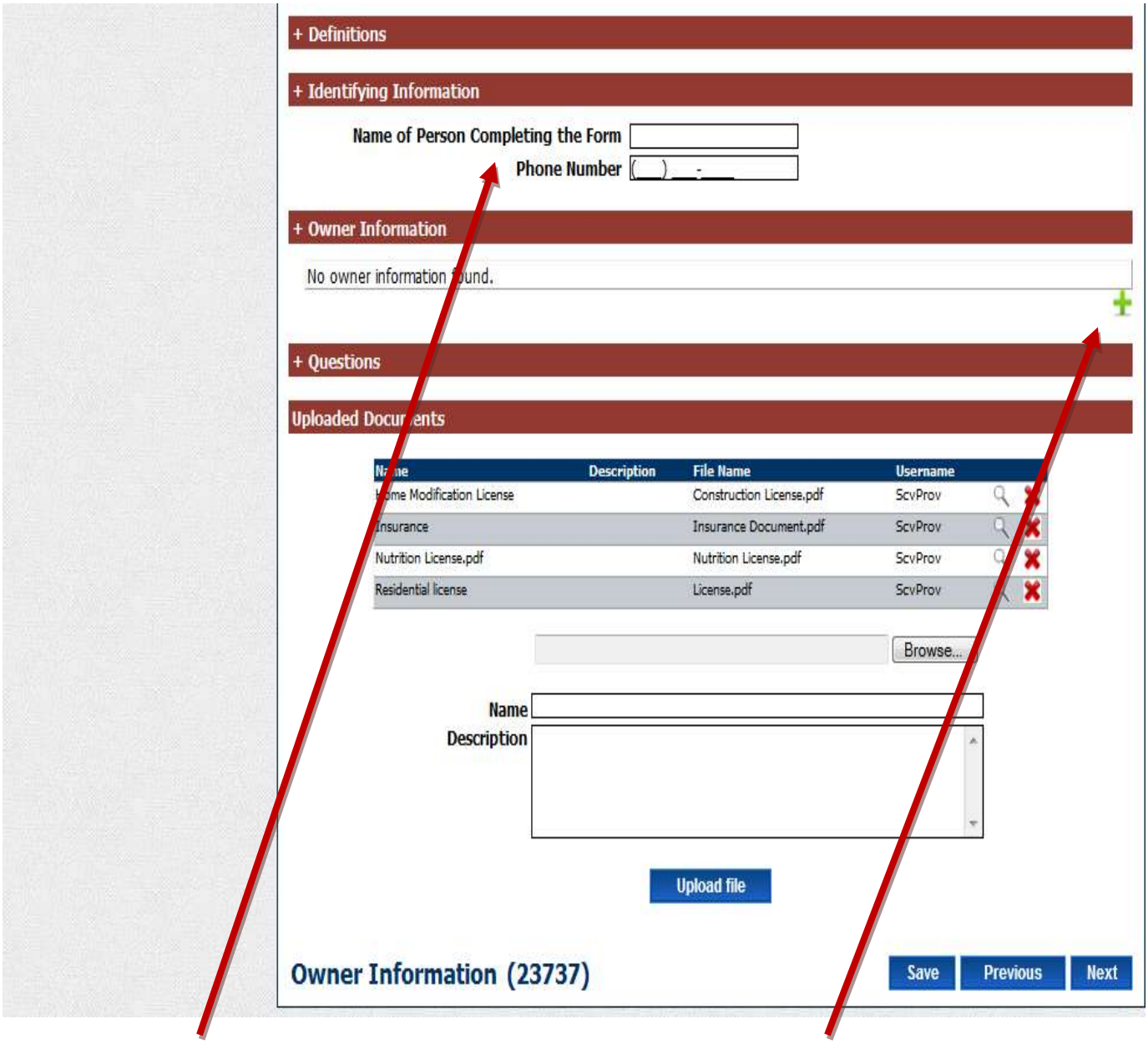
In this section, you will provide the ownership and disclosure information required for the group. A group can be owned by an organization or individual. It is critical that this section be completed accurately to prevent your registration from being returned for additional information. There are links, definitions, and other information to assist in the completion of this section. At a **"minimum"** the table below indicates what is required.

	For Profit Corp or LLC	**Non Profit**
Ownership (only if entity is a corporation)	→ At least one person **or** organization "Type" with percentage of ownership listed. (Not 0%)	Not Required
Control Interest	→ At least **one** person with the "Title" of Trustee, Director or Manager.	→ At least **one** person with the "Title "of Trustee or Director.
Managing Employees	→ At least **one** person where "Type" is listed as Managing Employee.	→ At least **one** person where "Type" is listed as Managing Employee.

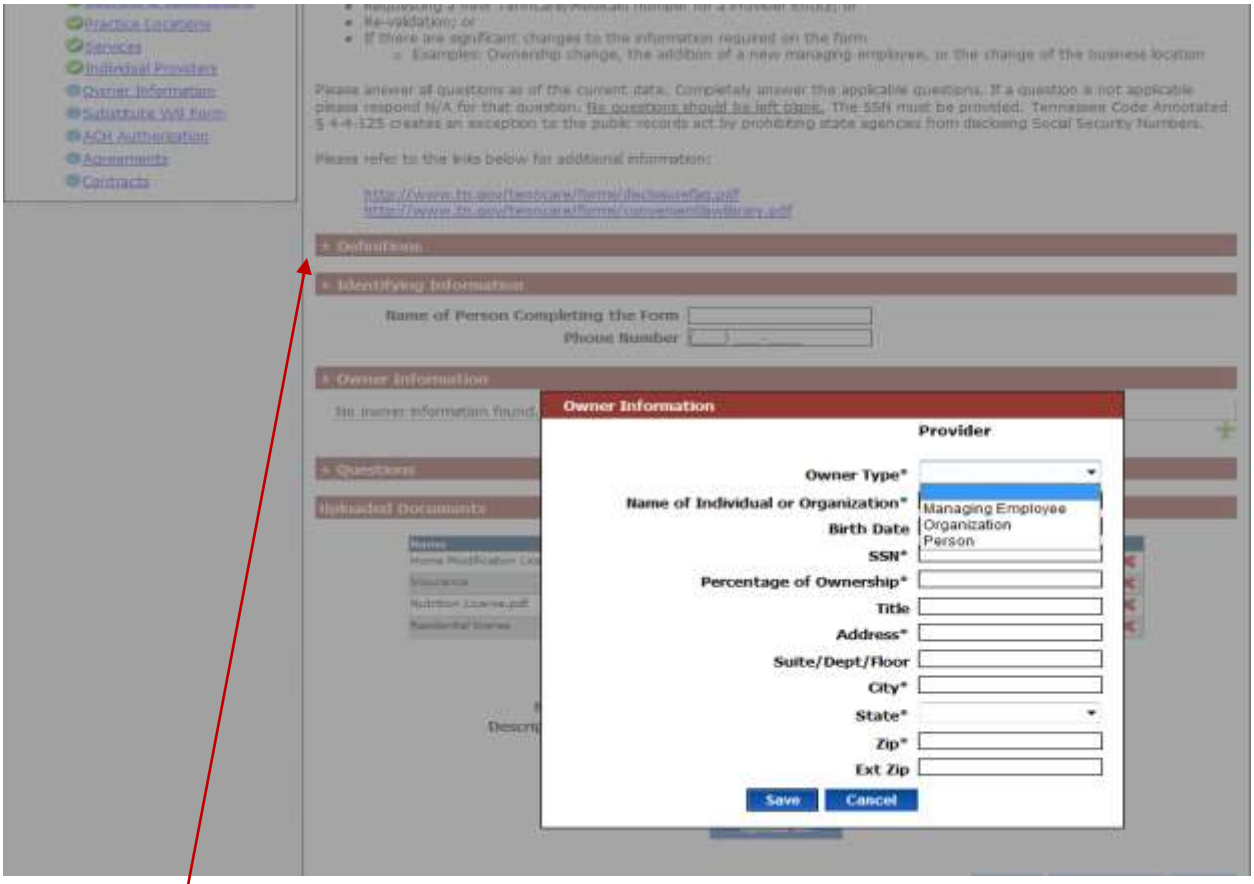
Many mistakes are made in this section and will cause significant delays in registrations.



This section must be completed by all providers. The "+" signs will expand each section. The next couple of screen prints show the areas which must be completed.



Enter the name and phone number of the person completing the form. Click the "+" under owner information.



Add the list of Owner(s), Board of Director(s) and / or Managing Employee(s). Continue to click the "+" sign until you have added all the owner(s) for the organization / entity. For information and definition of the categories click on the "+" sign next to definitions. Addresses that are entered should be the home address of the Owner(s) not the business address.

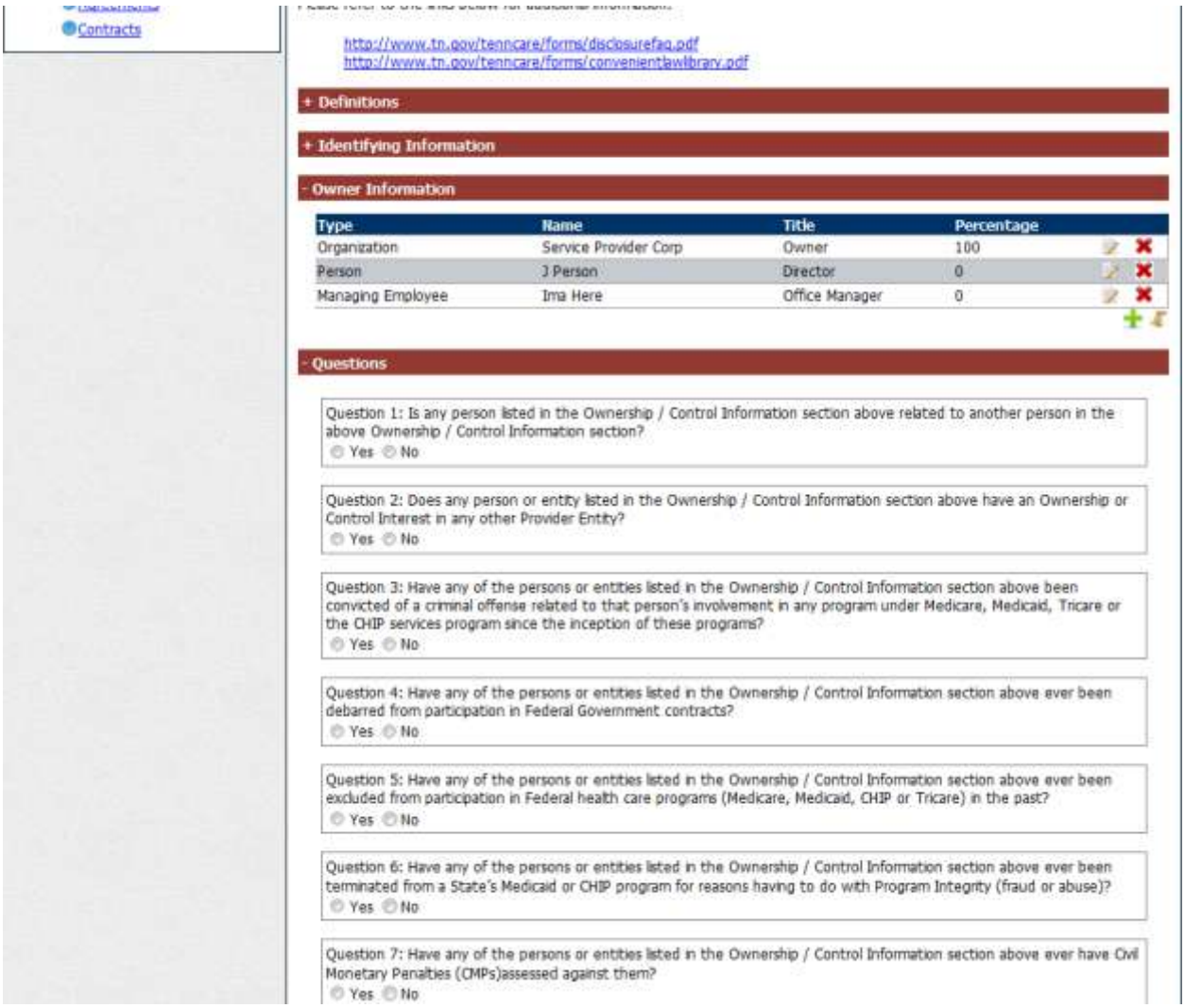
General information:

For Profit Corporations or LLC – should have at least one person **or** organization under "Owner Type" with a percentage of ownership listed greater than zero. In addition, there should be at least one person listed under "Owner Type" with a "Title" of Trustee, Director or Manager. There should also be at least one person where the "Owner Type" is listed as Managing Employee.

Non Profit Organizations / Entities –There should be at least one person listed under "Owner Type" with a "Title" of Trustee or Director. There should also be at least one person where the "Owner Type" is listed as Managing Employee.

The definitions section describes the types of owners. If an organization(s) owns the group you ***must also add the board of directors, trustees, managing employees***, etc. **These lists cannot be uploaded.**

If the ownership section is not correct the registration will be returned and could delay assignment of the Medicaid ID.



Once the ownership information has been saved, click the "+" sign next to questions and answer all disclosure questions. There may be additional information required when a question is answered. If additional information is needed a new window will open allowing the data to be entered. Once all questions have been answered click "Save" and then "Next".

Section Nine

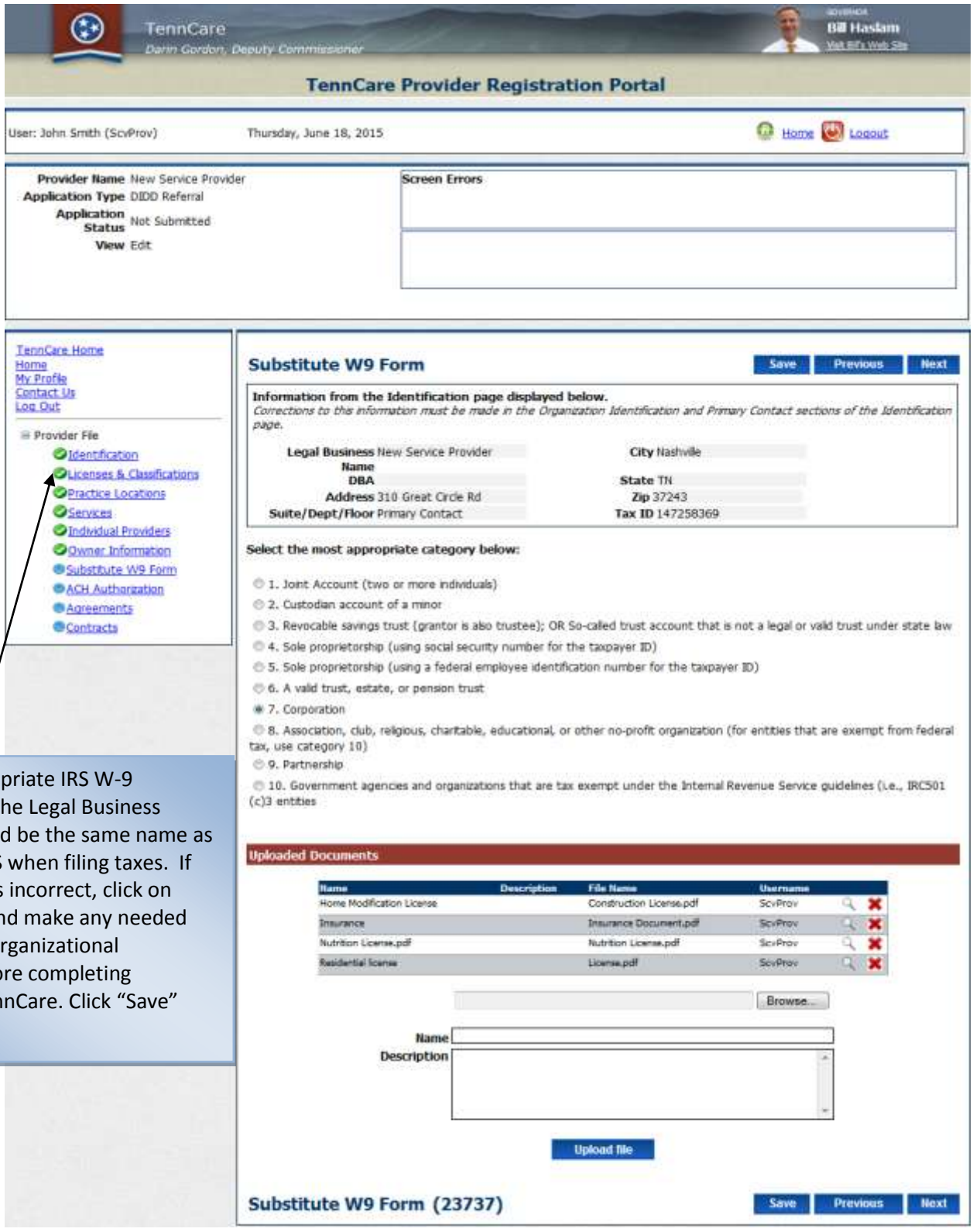
Substitute W-9

All providers will complete this section

Many registrations are returned as a result of this section being completed inaccurately. As with all sections it is critical the correct category is chosen. The category must match with what if filed with the IRS.

Substitute W-9 Section

- Choose the appropriate category from the list. Please choose the category based on how the practice W-9 is completed and taxes are filed. Remember, a single practitioner can be a group of one and a corporation with one provider as the member.



Choose the appropriate IRS W-9 category. Verify the Legal Business Name. This should be the same name as listed with the IRS when filing taxes. If any information is incorrect, click on "Identification" and make any needed changes in the "Organizational Information" before completing submission to TennCare. Click "Save" then "Next".

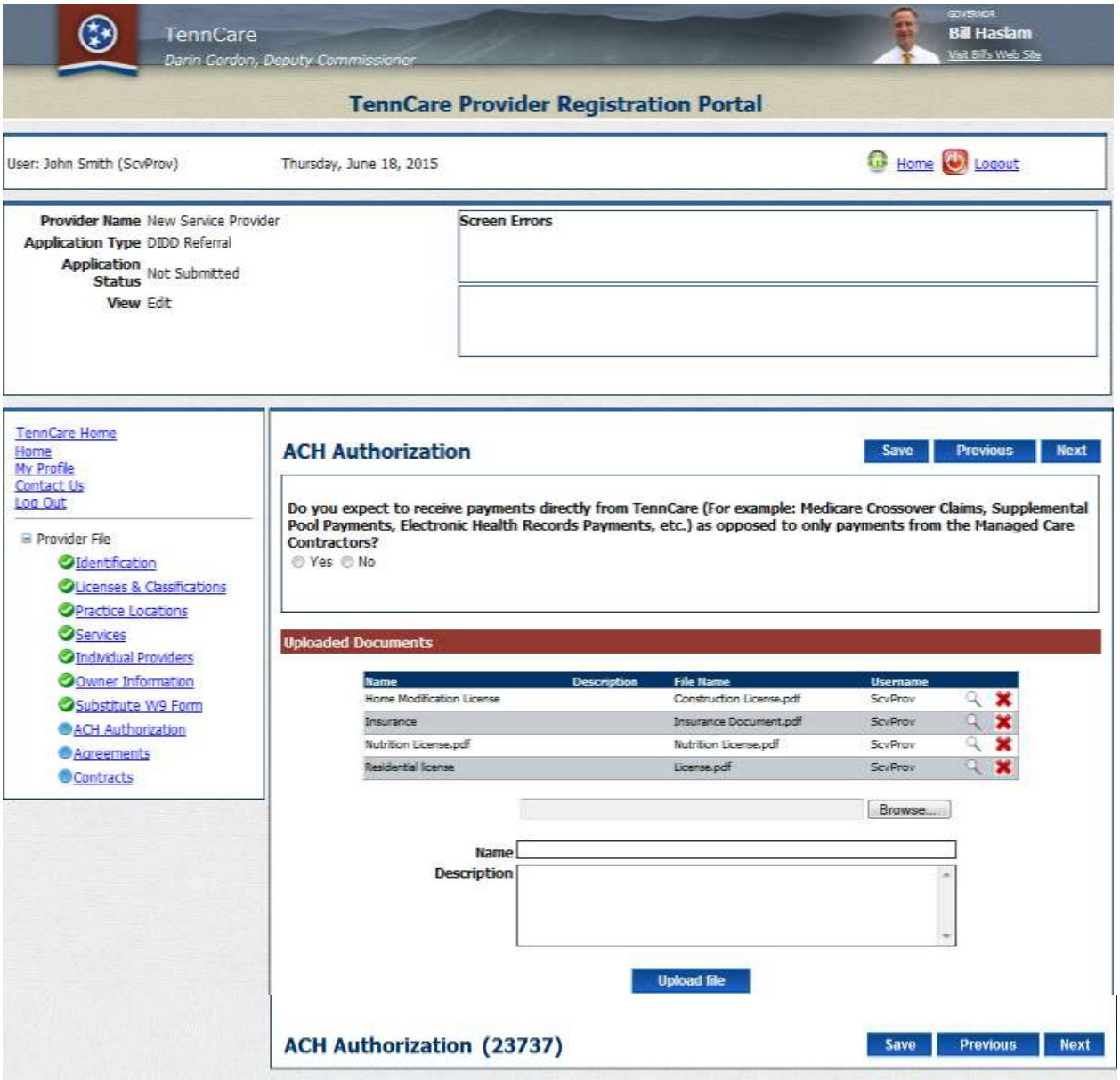
Section Ten

ACH Authorization

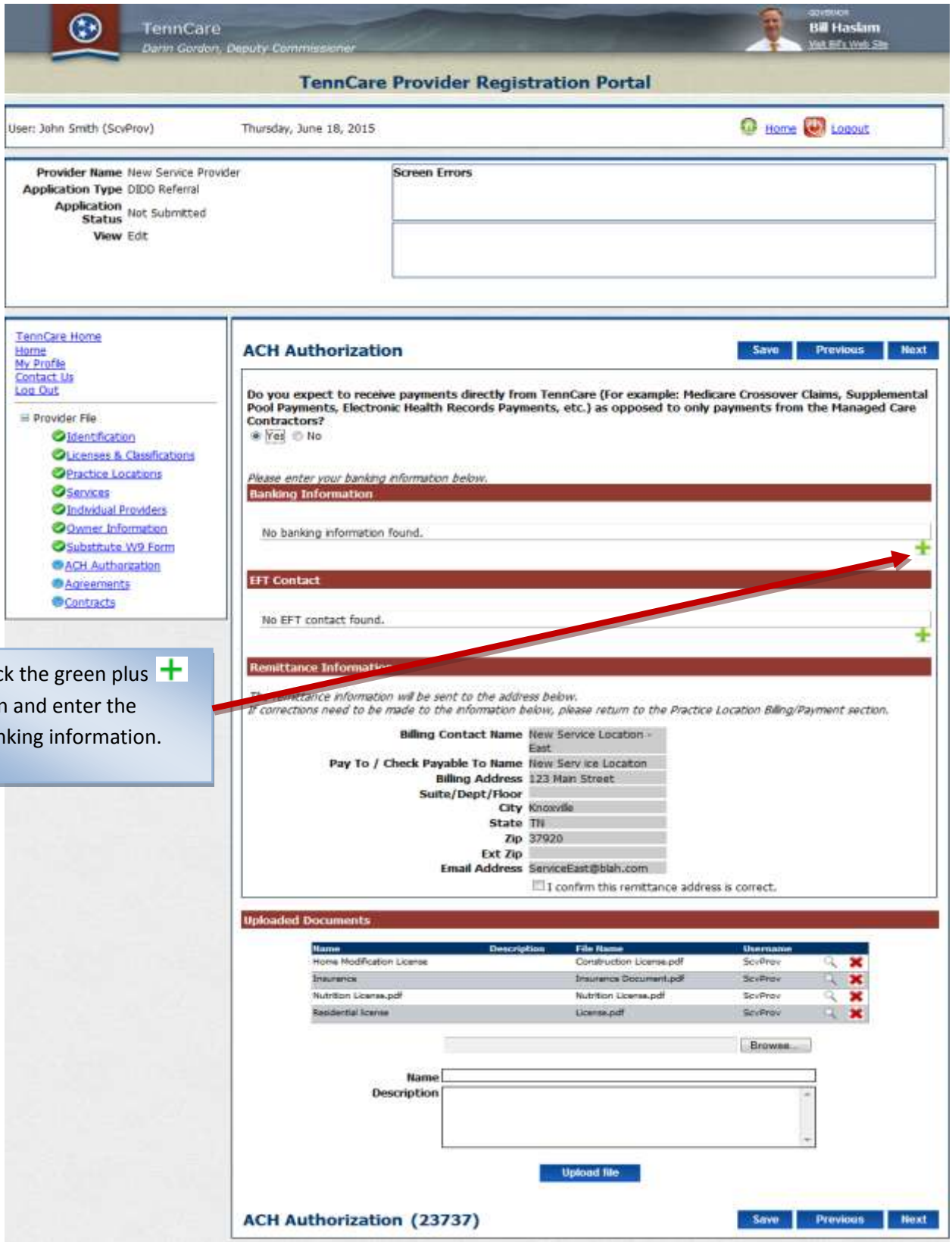
ACH Authorization

If you expect to receive payments directly from TennCare, choose “Yes”. If you will only be contracting with one of the Managed Care Organizations (MCOs), the Dental Benefits Manager (DBM) and / or the Pharmacy Benefits Manager (PBM) you can select “No”.

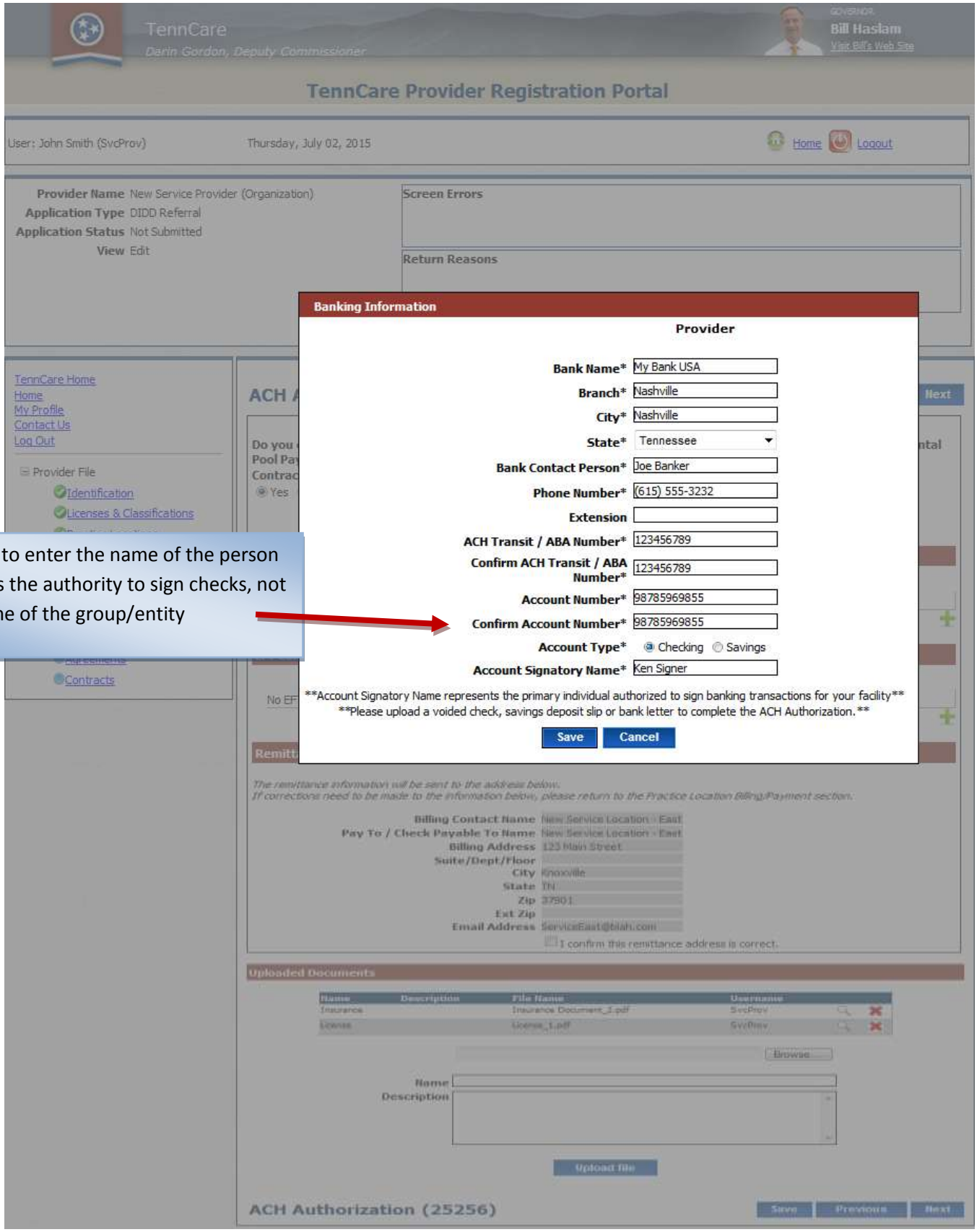
If you will be submitting Medicare Cross-Over claims, Supplemental Pool Payments or Electronic Health Record (EHR) payments, you will need to check yes and complete the banking / EFT information and upload a voided check or bank letter. The screen on the following page shows what fields are needed if “Yes” is selected.



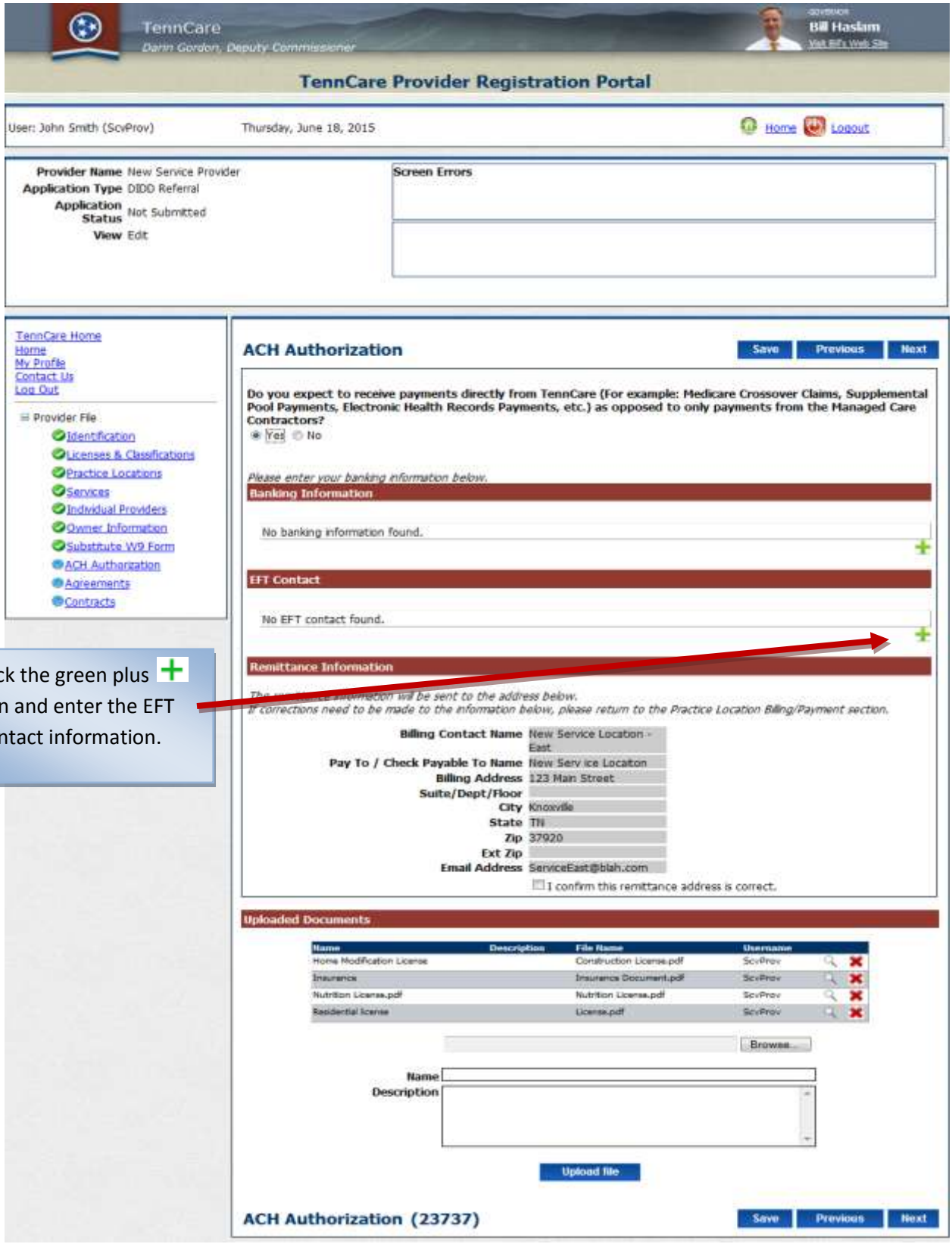
- If you answer “Yes” to the ACH question you will then be required complete the EFT section.



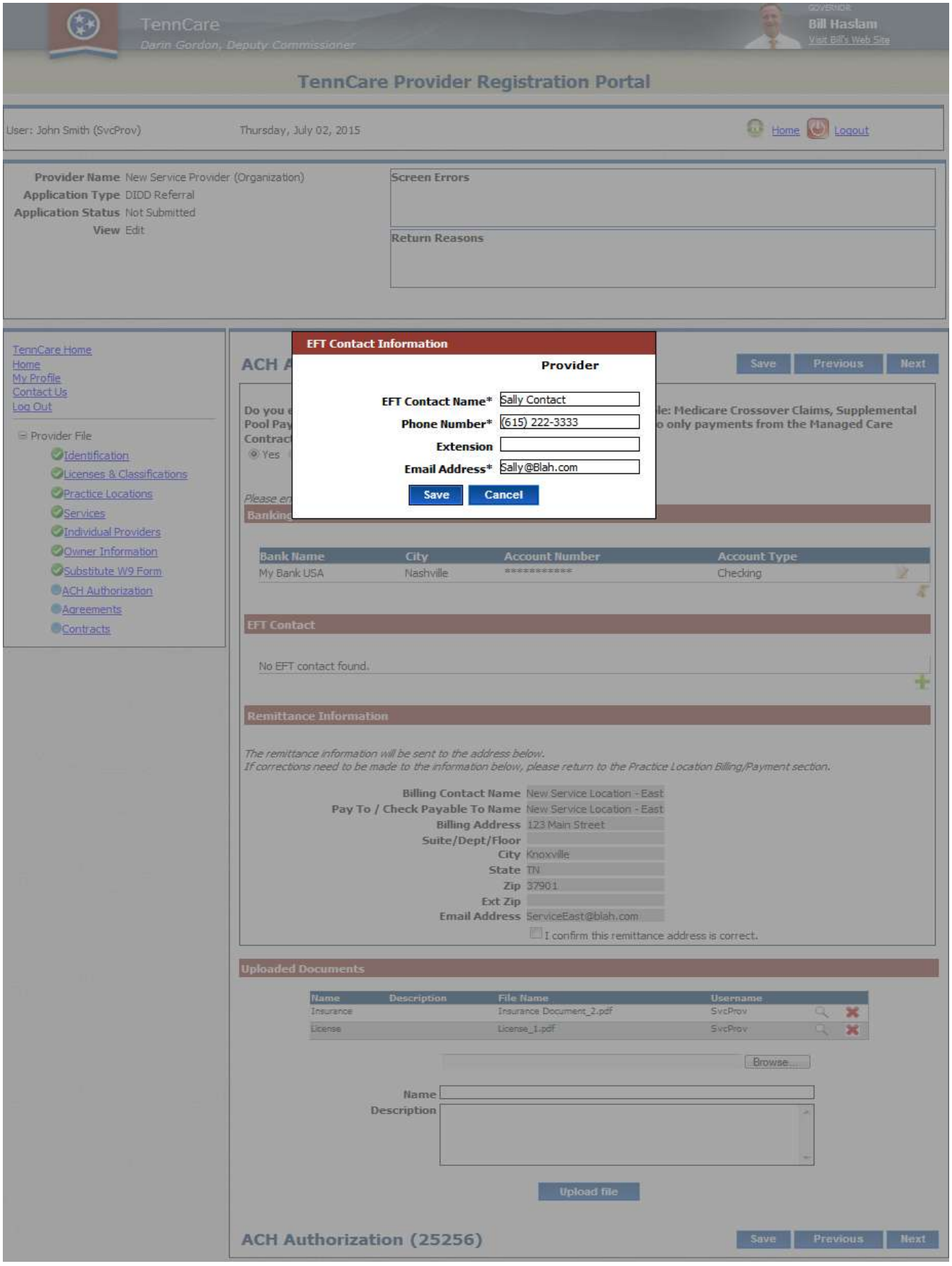
Click the green plus + sign and enter the banking information.

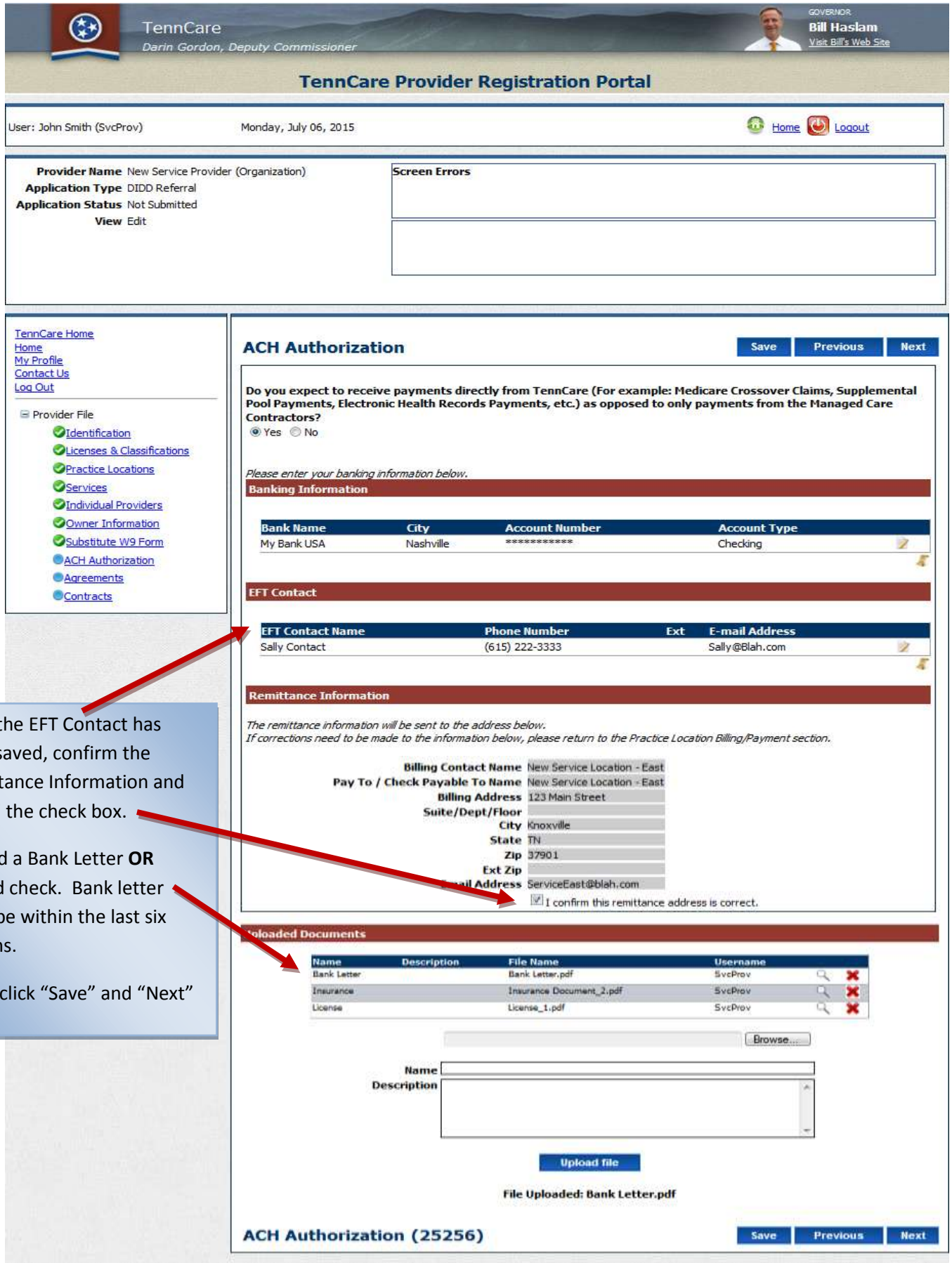


- If you answer "Yes" then you will be asked to register your banking information for EFT.



Click the green plus sign and enter the EFT Contact information.


TennCare
Darin Gordon, Deputy Commissioner
GOVERNOR
Bill Haslam
Visit Bill's Web Site
TennCare Provider Registration Portal
User: John Smith (SvcProv)
Thursday, July 02, 2015
Home
Logout
Provider Name New Service Provider (Organization)
Application Type DIDD Referral
Application Status Not Submitted
View Edit
Screen Errors
Return Reasons
TennCare Home
Home
My Profile
Contact Us
Log Out
Provider File
Identification
Licenses & Classifications
Practice Locations
Services
Individual Providers
Owner Information
Substitute W9 Form
ACH Authorization
Agreements
Contracts
EFT Contact Information
Provider
EFT Contact Name* Sally Contact
Phone Number* (615) 222-3333
Extension
Email Address* Sally@Blah.com
Save
Cancel
Save
Previous
Next
Bank Name
City
Account Number
Account Type
My Bank USA
Nashville
****
Checking
EFT Contact
No EFT contact found.
Remittance Information
The remittance information will be sent to the address below.
If corrections need to be made to the information below, please return to the Practice Location Billing/Payment section.
Billing Contact Name New Service Location - East
Pay To / Check Payable To Name New Service Location - East
Billing Address 123 Main Street
Suite/Dept/Floor
City Knoxville
State TN
Zip 37901
Ext Zip
Email Address ServiceEast@blah.com
I confirm this remittance address is correct.
Uploaded Documents
Name
Description
File Name
Username
Insurance
Insurance Document_2.pdf
SvcProv
License
License_1.pdf
SvcProv
Browse...
Name
Description
Upload file
ACH Authorization (25256)
Save
Previous
Next



Once the EFT Contact has been saved, confirm the Remittance Information and "click" the check box.

Upload a Bank Letter **OR** voided check. Bank letter must be within the last six months.

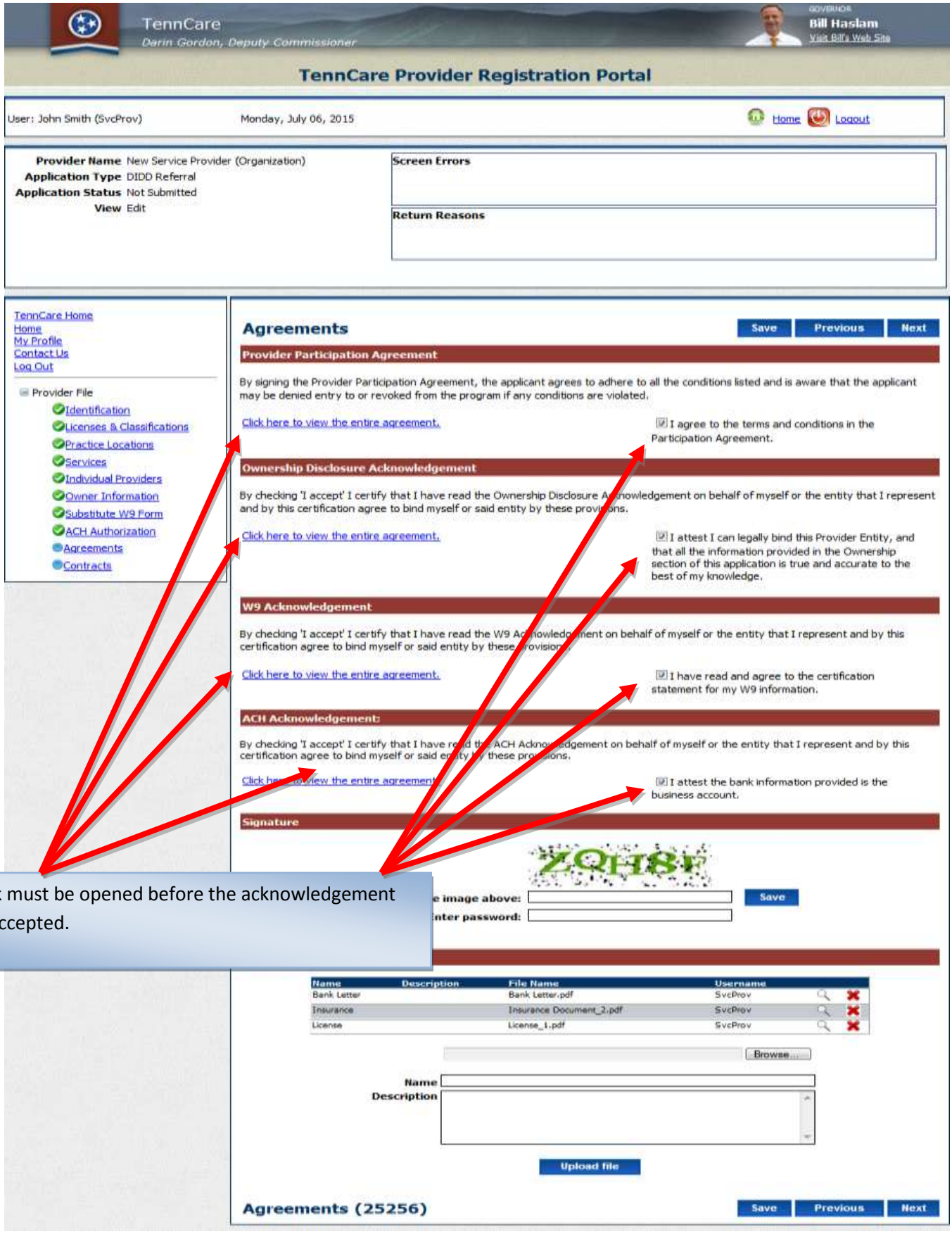
Then click "Save" and "Next"

Section Eleven

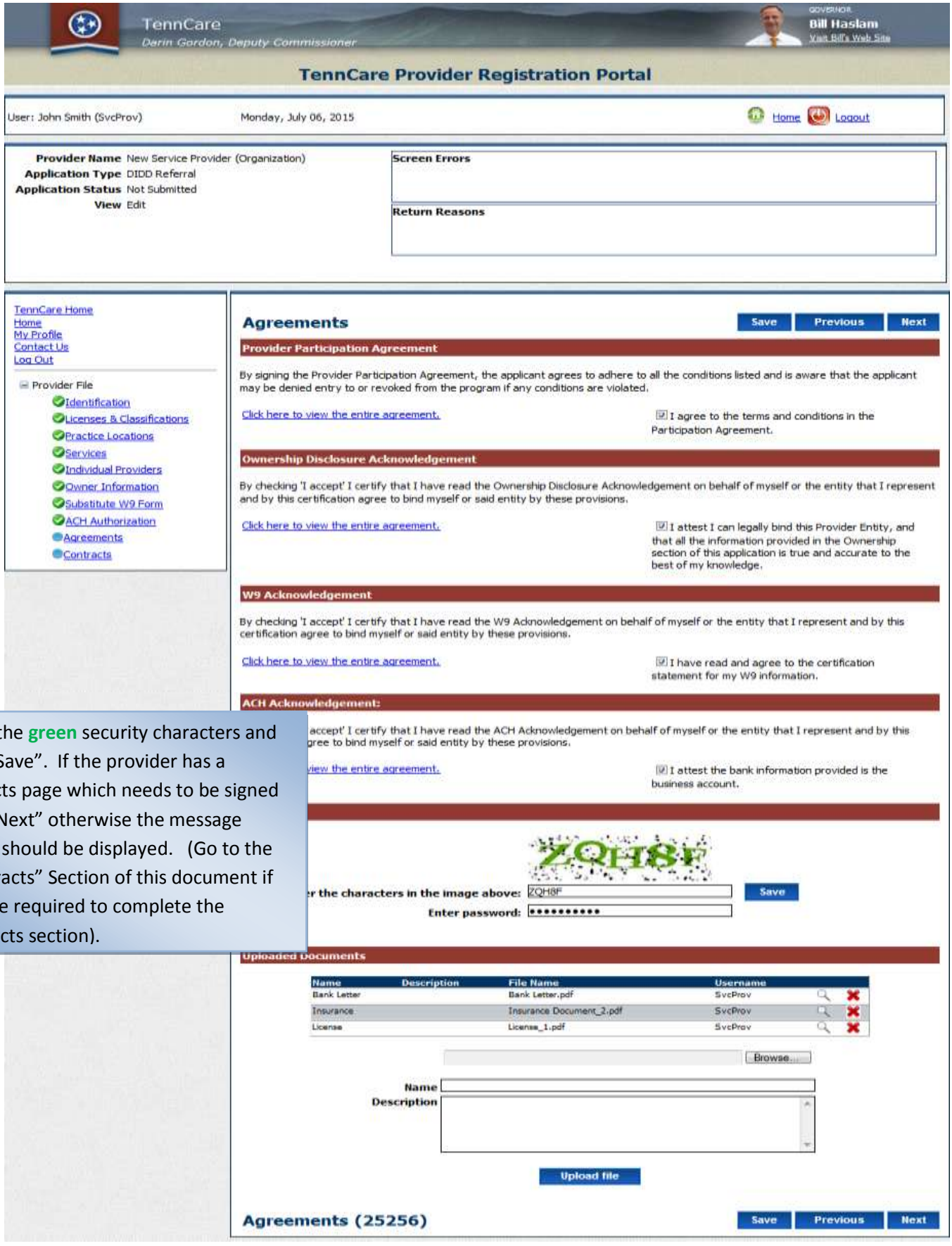
Agreements

Agreements Section

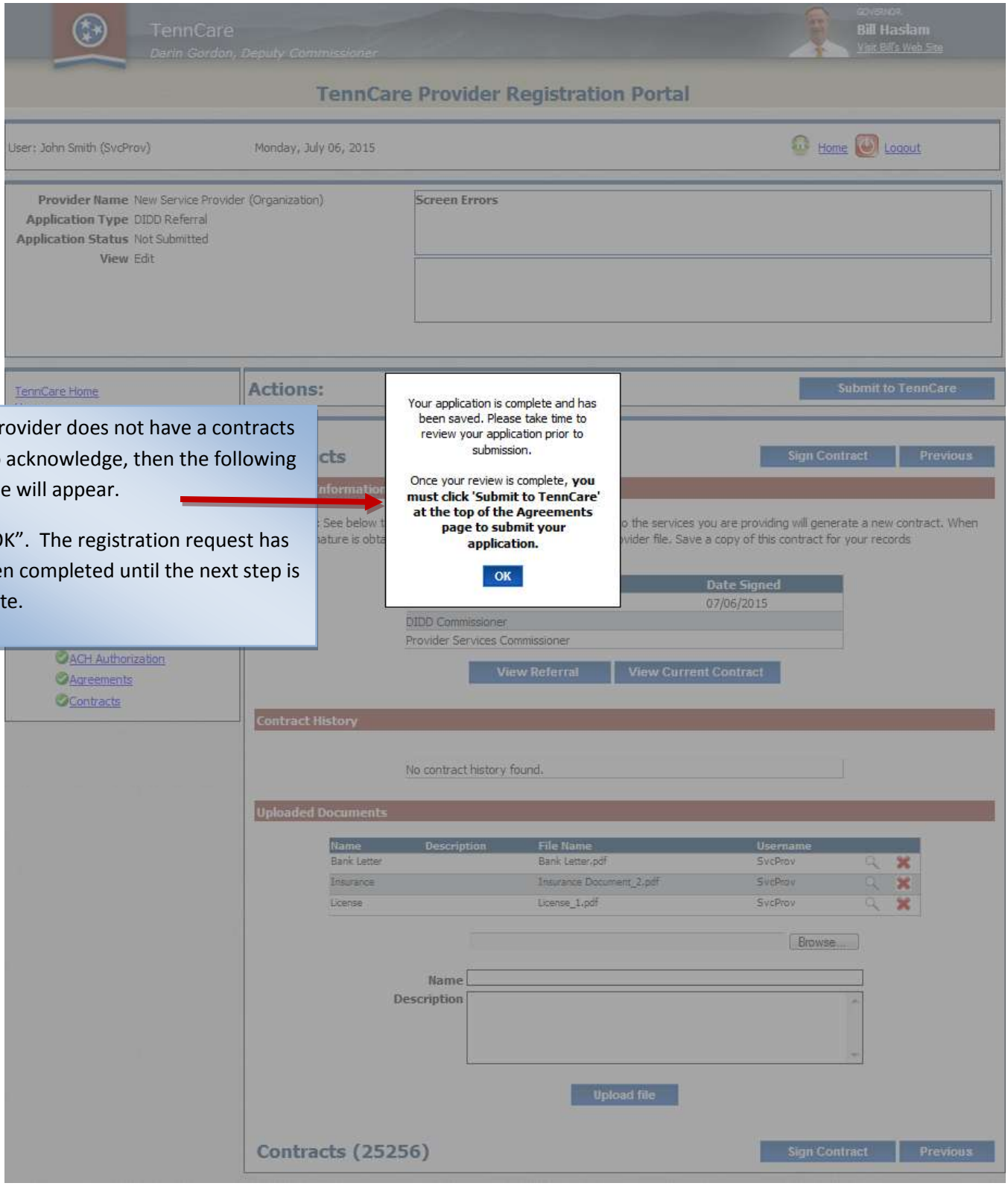
This is the final section to be completed prior to submitting to TennCare for those providers who are not required to sign a contract. Each time changes or updates are made; this section will have to be completed. The four links must be opened and reviewed before the "I agree…" button can be checked. As each link is opened and reviewed, click the "I agree" box to acknowledge and accept conditions. Open and accept all agreements. If the "Contracts" link is visible, the provider will have to complete the "Contract" prior to submitting.



Each link must be opened before the acknowledgement can be accepted.

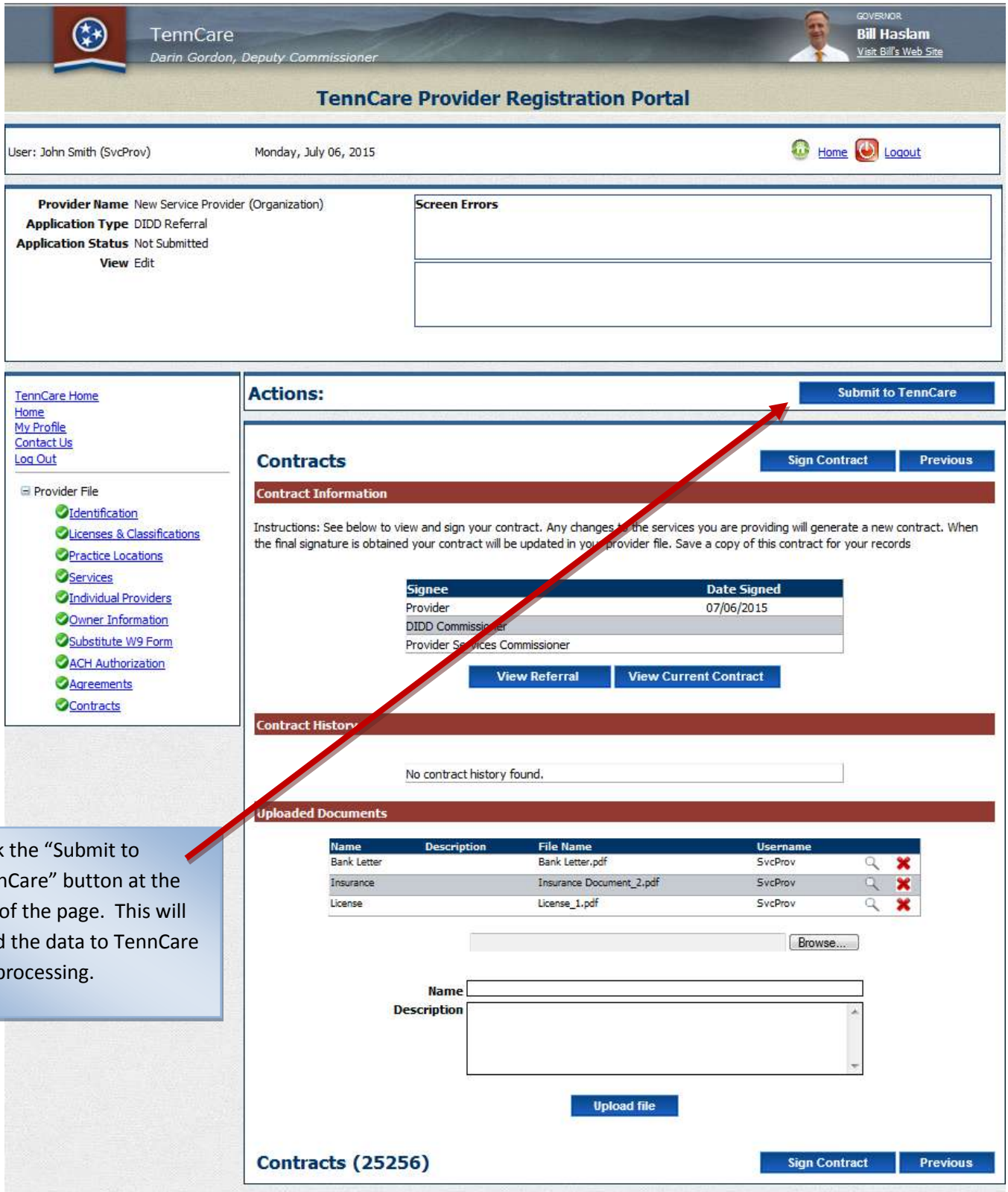


Enter the **green** security characters and click "Save". If the provider has a contacts page which needs to be signed click "Next" otherwise the message below should be displayed. (Go to the "Contracts" Section of this document if you are required to complete the contracts section).

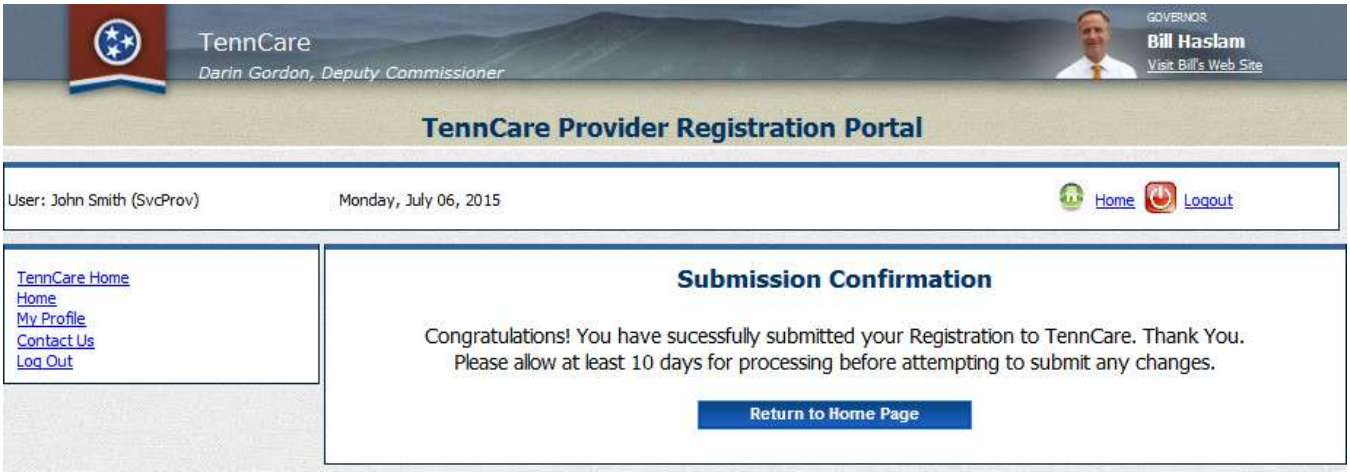


If the provider does not have a contracts page to acknowledge, then the following message will appear.

Click "OK". The registration request has not been completed until the next step is complete.



Click the "Submit to TennCare" button at the top of the page. This will send the data to TennCare for processing.

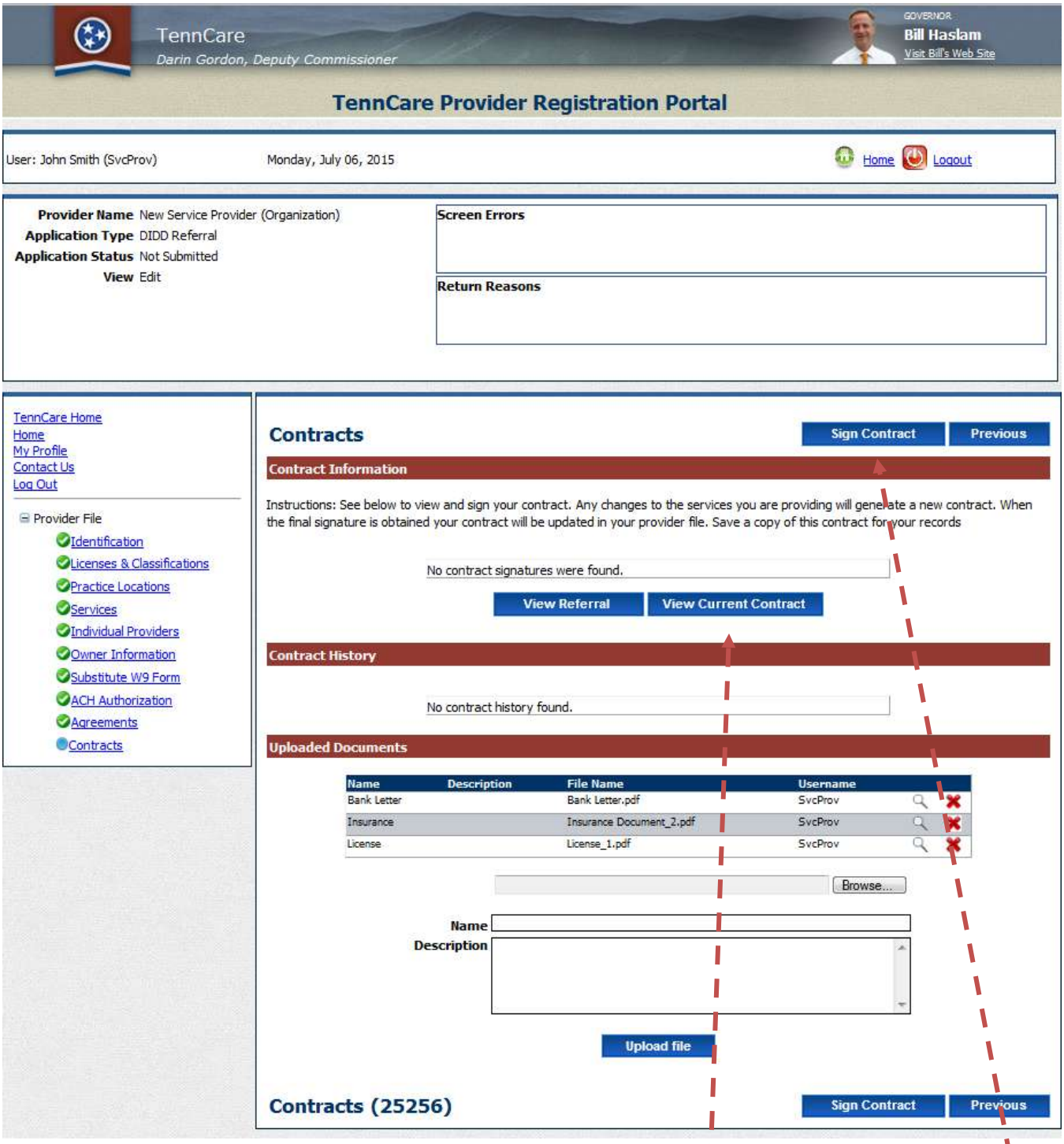


Your registration has now been submitted to TennCare for processing. If there are no issues with the registration, a welcome letter for the group will be submitted to the email address entered during registration. Please allow 5 business days for processing before inquiring as to the status of processing.

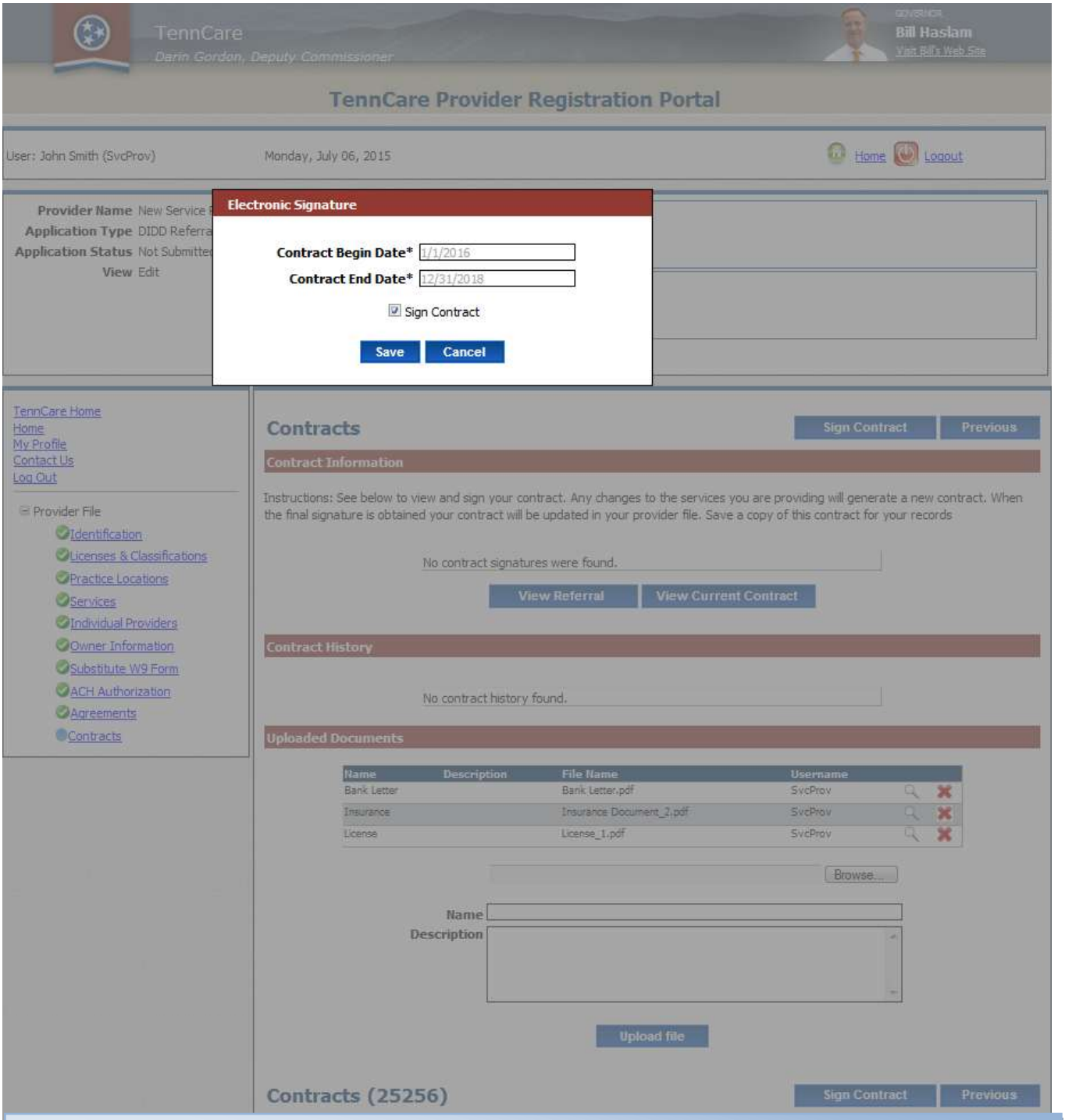
Section Twelve

Contracts

This section will not apply to all providers. This section will not be displayed on registration request.

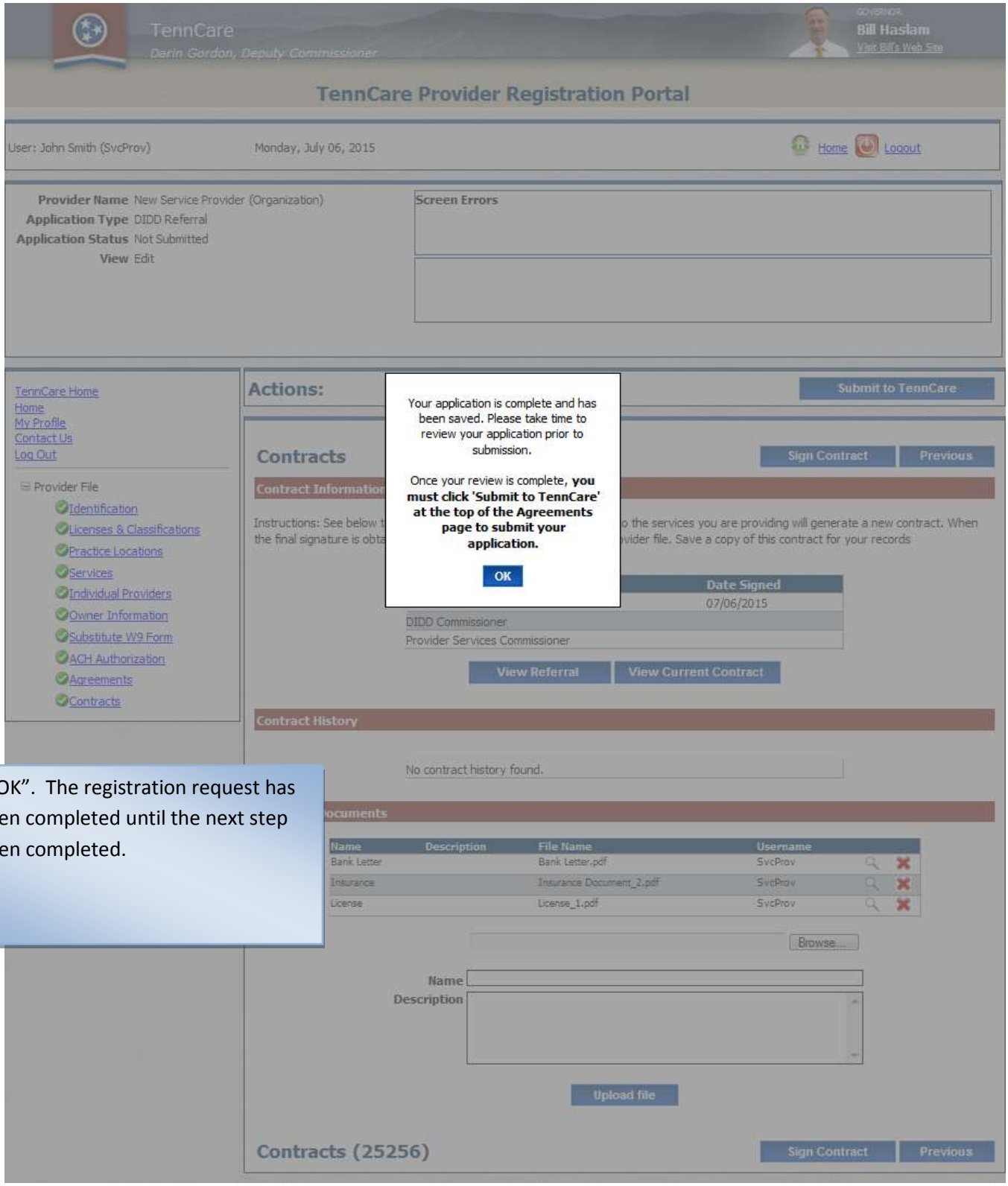


For those providers who are required to have a signed contract on file with the State or DIDD, this page will be displayed. The contract is being built in the background during the registration process. Once the provider has completed their registration, they must sign the contract. Until the contract is signed the screen will look like the one above. To view the contract prior to electronically signing it, click "View Current Contract". This will allow the contract to be viewed prior to signature. Once the contract has been reviewed, click "Sign Contract"

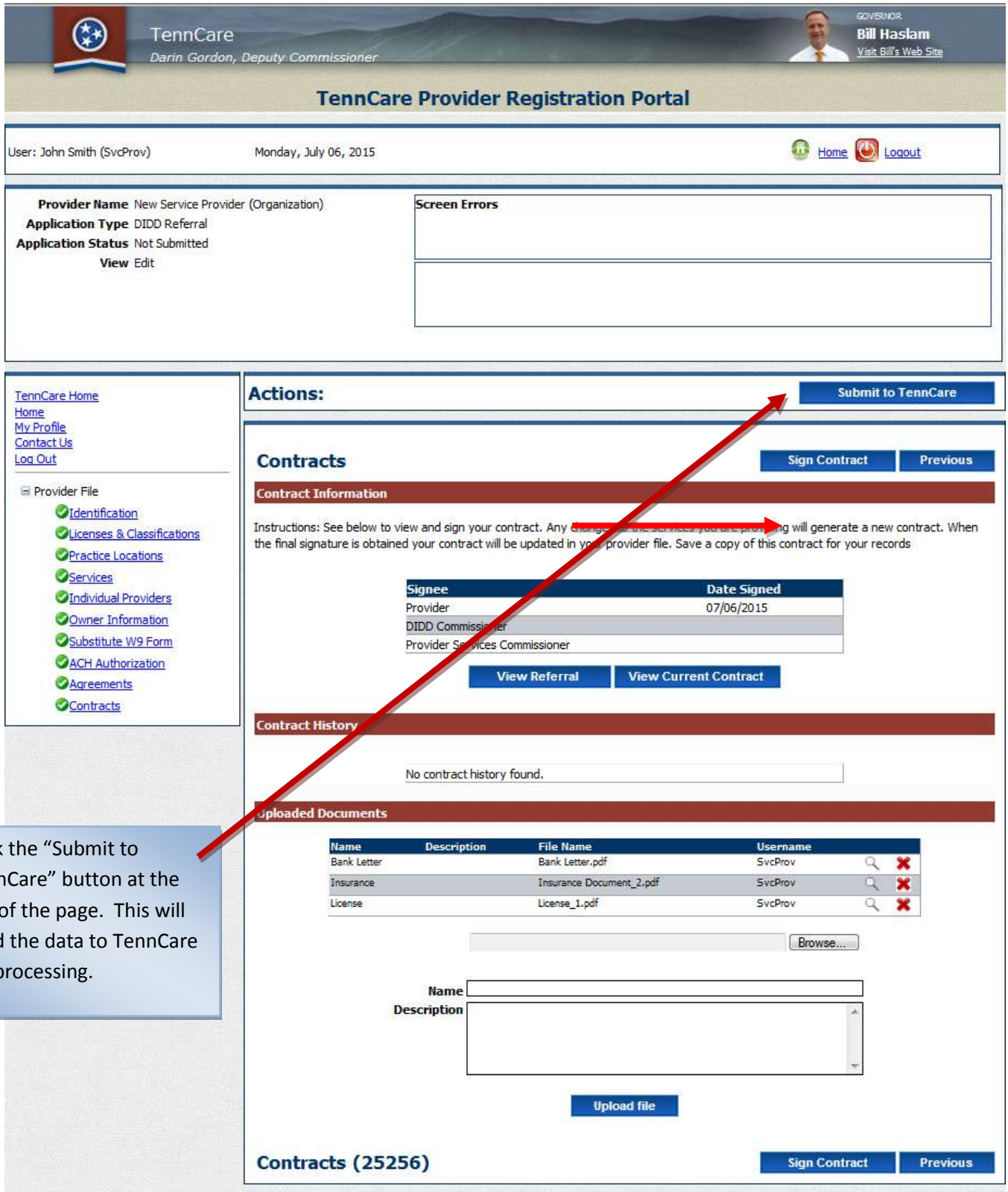


Click "Sign Contract". The effective "Contract Begin Date" and "Contract End Date" will be displayed. Note: The begin date of the contract will always be the later of the "Contract Begin Date" or last signature date on the contract.

As each approval is completed the Contract Signature Date will show along with a PDF version the signatures. Once the Provider has signed the contract it cannot be revised unless it is "returned to the provider" for requested changes. After all signatures are complete the contracts cannot be changed without an amendment and / or new contract.

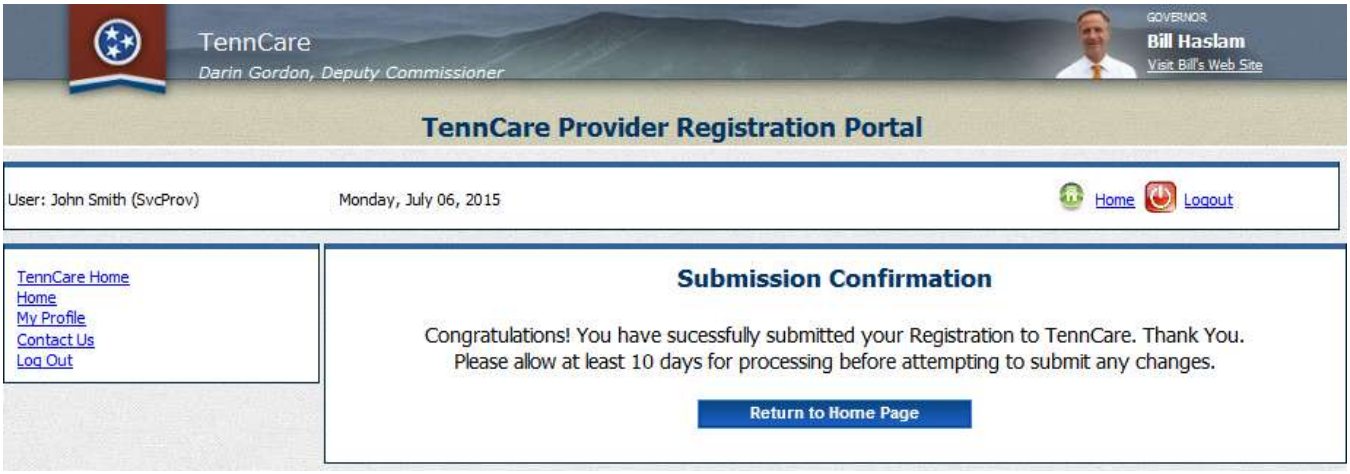


Click "OK". The registration request has not been completed until the next step has been completed.



Click the "Submit to TennCare" button at the top of the page. This will send the data to TennCare for processing.

The following screen will be displayed upon the successful completion to TennCare



Your registration has now been submitted to TennCare for processing. If there are no issues with the registration, a welcome letter for the group will be submitted to the email address entered during registration. Please allow 5 business days for processing before inquiring as to the status of processing.

Individuals who are associated with the group / entity will now be affiliated after the group / entity is registered / re-verified. All individual provider(s), who are to be affiliated to the group / entity must a: Register as an individual provider on the Individual Provider Registration site at: https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx to have their information sent and requested from CAQH and b: must be listed as an individual provider on the "Individual Providers" registration record. There are definitions of the provider statuses listed on the "Individual Providers" page. A confirmation email should be received within 5 business days after the group is registered. Please allow up to 10 business days for complete processing for the group and affiliation of individual providers to the group. If your registration request is not complete after 10 business days, please contact the TennCare Call Center at 800-852-2683 or email: Provider.Registration@tn.gov for assistance.

Thank you for your participation in the TennCare program and for serving the healthcare needs of TennCare enrollees.