TennCare Policy Manual

Policy No:	PRO 19-001
Subject:	Electronic Registration of Providers
Approval: *Dennis Elliott*	**Date:** 3-28-19

Purpose:

Federal law[1] and regulation[2] require that providers (including rendering, ordering, and referring providers) who treat Medicaid patients be enrolled in the Medicaid program as participating providers. The purpose of this policy is to explain how providers are to complete the registration process to participate in the TennCare program.

Policy:

It is the policy of the Division of TennCare that once an error-free (or "clean") provider application is received, it will be processed within 30 days of receipt. To ensure that this timetable can be maintained, TennCare requires all providers to complete an Electronic Registration Application. There are separate registration procedures for individual medical service providers and group/entity providers. Those procedures are detailed below.

Procedures for Individual Medical Service Providers

- In order for TennCare to receive individual provider data needed to assign a Medicaid identification number (or "Medicaid ID"), providers must enter information (such as name, date of birth, social security number, and medical license number) at the Individual Registration page found at https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx.
- TennCare's Provider Registration unit will send the information furnished by the provider to the Council for Affordable Quality Healthcare (CAQH).[3] If this information does not match data that the provider entered in their CAQH profile, TennCare will not be able to proceed with processing of the provider's application. If the information matches data in their CAQH profile, the provider will be added to the TennCare roster if the provider has checked global authorization. If the provider has not checked global authorization, an email is automatically sent to the provider stating that TennCare will add the provider to their roster if the provider grants access in CAQH's system. Until access is granted, CAQH will not send provider data to TennCare. If the information sent to CAQH does not match, CAQH will automatically email the provider a CAQH

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[1] See 42 USC § 1396a(kk)(7).
[2] See 42 CFR § 455.410(b).
[3] CAQH's website is located at https://www.caqh.org/.

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ID and instruct the provider on what the next steps are.

- All individual medical service providers (e.g., doctor of medicine, doctor of osteopathy, nurse practitioner, doctor of medicine in dentistry, etc.) are required to register with CAQH and complete the CAQH Proview application.[4] TennCare receives all medical service provider information from CAQH.

- Once the provider's data is received from CAQH, data is quality-checked for errors which may prevent the processing and assignment of a TennCare Medicaid ID. There are two types of errors that can occur. Hard ("H") errors are errors that stop processing of the application until corrected. The "H" system-generated emails are sent to the provider when errors are found to communicate that the issue needs to be addressed in order for processing to continue. Errors are reviewed and worked on a weekly basis to allow processing to continue. Errors that cannot be cleared are escalated to management for additional research and resolution. TennCare staff will send additional communication via system email and/or phone call to the provider to ensure that they are aware of the errors and make corrections needed in order to receive their TennCare Medicaid ID. Soft ("S") errors are not reviewed by staff. Providers are not notified of soft errors, as they do not stop processing of a provider's application.

- Individual medical service providers who participate with group providers must add the group as a practice location and must also have the group add the individual provider as an affiliate within the group's registration profile. The group and individual will not link and confirm unless both the individual has added the group as a practice location, and the group has added the individual as an affiliate.

- If an individual provider does not keep their CAQH attestation current, both the provider's Medicaid ID and the provider's Managed Care Contract (MCC) may be terminated. CAQH requires individual providers to re-attest every 120 days. TennCare requires all providers to revalidate their registration with TennCare every three years. Failure to revalidate will result in the termination of the provider's Medicaid ID and MCC(s).

Procedures for Groups and Entities

- Groups and entities must register on the TennCare portal at https://pdms.tenncare.tn.gov/Account/Login.aspx. (An account must be created and activated before registration can occur.)

- Once the account is active, the provider must log in and complete each section of the application.

- Once the application has been submitted to TennCare, staff will review and process the application. If there are any issues (e.g., missing license begin date, no specialty selected, etc.), the application will be returned via email to the group/entity provider's credentialing agent to make corrections. If there are issues with the registration, emails are sent to the provider identifying the information that is needed to proceed. Staff members will send the emails with an error code reason and description along with any other information needed to ensure processing can continue. It is critical for providers to log in and make corrections identified in emails to ensure that there are no delays in processing because of a need for additional information.

- If the provider type being registered is single / multi-specialty group or a hospital that bills both hospital and professional claims under the same National Provider Identifier (NPI), providers

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[4] Login for CAQH Proview is located at https://proview.caqh.org.

who are affiliated with the group must be listed on the application as an Individual Provider during registration. In the same way, an individual must add the group and the group tax ID as a practice location in their CAQH profile. The group and individual will not link and confirm unless both the individual has added the group as a practice location, and the group has added the individual as an affiliate.

- If the provider attempting to register is classified as a moderate-risk or high-risk provider and is a provider type that can participate with Medicare, the provider must register with Medicare, as noted in TennCare policy PRO-16-001 ("Provider Screening Requirements"). For moderate-risk and high-risk providers, TennCare will rely on the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)[5] for required screening activities.[6] The "Ownership" section of the TennCare registration application **must** match the information contained in PECOS for all owners with an ownership interest of 5% or greater and for all managing employees. If the owners listed on the TennCare application do not match the ownership identified in PECOS, the TennCare registration application will be returned to the group/entity provider's credentialing agent and cannot be approved. An error email will be generated by the staff member indicating there is a mismatch with PECOS that must be corrected before the application can be processed.

- Individual medical service providers participating with a group must be added to the group's registration record as individual providers. Unless individual providers are listed as participating with the group provider **and** the individual provider has listed the group provider in their CAQH profile, TennCare will not recognize the individual provider as being affiliated with the group (and, consequently, will not assign a Medicaid ID).

Application Processing

- As stated above, TennCare's policy is to have applications processed within 30 days of a clean application. This is dependent on individual providers ensuring that all of their information is entered in CAQH, that group locations are added to the provider's CAQH profile, and that the group adds the individual as an individual provider in their group registration application. Until the provider or the group has received a welcome letter, the application is still being processed. Common errors such as the provider name not being an exact match to the NPI entered (NPI errors must be verified by a registration staff member) or the provider not entering the license effective date (must be corrected by the provider) are errors that prevent the application from moving forward. Anytime an "H" error is set, an automatic system-generated email is sent to the credentialing agent listed on the application. Once errors are cleared, the application is considered clean and should be processed within 30 days.

- Groups and entities do not require CAQH verification and do not set the same types of errors as individual providers. The registration system will not allow a group or entity to submit an application unless all data required has been entered. If there is a required field needed for a group or entity that has not been entered, a "Screen Error" will be displayed that identifies what is missing. Once all data is entered, the provider will be allowed to choose the option of "Submit to TennCare". Once received, TennCare staff will review and approve the application. Should there be an issue (e.g., additional data is required or data cannot be verified), the application will be returned to the email address listed in the correspondence section with an explanation of the issue(s). Many times, an application must be returned due to additional

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[5] Online information about PECOS is available from the Centers for Medicare and Medicaid Services at https://pecos.cms.hhs.gov.

information needed for the "ACH" and / or "W-9" sections. Until providers correct that information and return the application, processing will not complete.

- Providers should allow at least 10 business days prior to contacting TennCare regarding the status of the application. Providers may contact the Provider Services Call Center at 800-852-2683 option 5, or send an email to Provider.Registration@tn.gov.
- Once the provider receives a "Welcome Letter", which is system generated and sent to the credentialing / correspondence email, all processing is completed. The provider can now begin the process of contracting with one or more of the Managed Care Contractors (MCCs) and submit Medicare "Cross-over" claims to TennCare. Providers should note that being assigned a Medicaid ID does not guarantee participation with any MCC.
- TennCare staff monitors applications and work errors daily. TennCare management reviews monthly reports to ensure that clean applications are processed within 30 days.

References:

42 USC § 1396a(kk)(7)
http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section1396a&num=0&edition=prelim

42 CFR § 455.410(b)
https://www.ecfr.gov/cgi-bin/text-idx?SID=f709f27bf67c8111ed9b6bb2eeed0e46&mc=true&node=se42.4.455_1410&rgn=div8

TennCare Policy PRO 16-001 ("Provider Screening Requirements")
https://www.tn.gov/content/dam/tn/tenncare/documents2/pro16001.pdf

CAQH Proview
https://proview.caqh.org

PECOS
https://pecos.cms.hhs.gov

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