



Bureau of TennCare

Policy Manual

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| Policy No: PRO 09-001 | |
| Subject: Enrollment & Disenrollment of Providers in TennCare Managed Care | |
| Approval: <i>A. J. [Signature]</i> | Date: 7/31/2009 |

PURPOSE OF POLICY:

Most health care providers who participate in the TennCare managed care program do so through the network of a Managed Care Contractor (MCC).¹ Payment for their services is made by the enrollee's MCC, rather than by TennCare. However, even though these providers do not receive reimbursement directly from TennCare, they must still enroll in TennCare.

The purpose of this policy is to provide information and direction to health care providers regarding how to enroll in the managed care portion of TennCare.

POLICY:

Health care providers who wish to participate in the managed care portion of the TennCare program must enroll with TennCare and also with a Managed Care Contractor (meaning a Managed Care Organization or the Dental Benefits Manager).

Pharmacies that wish to participate in TennCare must enroll with the TennCare Pharmacy Benefits Manager.

¹ Long-term care services—meaning services provided in a Nursing Facility (NF), an Intermediate Care Facility for the Mentally Retarded (ICF/MR), or a Home and Community Based Services (HCBS) waiver—are presently covered outside of the managed care program. For more information about the Bureau's LTC services, contact the Division of Long-Term Care Services at 1-877-224-0219. For more information about services offered by the Division of Intellectual Disabilities, call 1-800-535-9725.

Health care providers who deliver Medicare services to enrollees who are dually eligible for Medicare and Medicaid must enroll with Medicare and TennCare in order to receive “crossover” payments from TennCare. “Crossover” payments are payments of Medicare deductibles and coinsurance made on behalf of certain dually eligible enrollees. These payments are made by the Bureau of TennCare rather than the MCCs.

Providers who have been excluded from participating in the Medicare and Medicaid programs by the Centers for Medicare and Medicaid Services (CMS) or by the State of Tennessee are ineligible to participate in TennCare.

The material below is organized into two sections. Section 1 deals with enrollment, and Section 2 deals with disenrollment.

Section 1: Enrollment procedures

- **Part I** outlines the procedures for participating as a contract provider in the managed care part of TennCare.
- **Part II** explains the procedures that must be followed by an out-of-network provider who has delivered an emergency service to a TennCare enrollee.
- **Part III** discusses procedures for enrollment of pharmacy providers.
- **Part IV** presents the procedures for enrolling in TennCare to receive “crossover” payments on services where Medicare is the primary payer.

Section 2: Disenrollment procedures

- **Part I** discusses voluntary provider disenrollment.
- **Part II** discusses involuntary provider disenrollment, as well as circumstances when TennCare may refuse to enroll a provider.

Section 1: ENROLLMENT PROCEDURES

PART I: HOW TO ENROLL AS AN IN-NETWORK CONTRACT PROVIDER

1. **Obtain a National Provider Identifier (NPI).** The first step in enrolling as a TennCare provider is to obtain an NPI from the National Plan & Provider Enumeration System (NPPES).² The Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard requires that a provider have an NPI. The NPI is a 10-digit, intelligence-free³ numeric identifier. *Note: Atypical providers are not required*

² <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

³ “Intelligence free” means that the numbers carry no other information about health care providers, such as the state in which they are located or their medical specialty.

to have an NPI. Atypical providers may include some MCC providers such as non-emergency transportation providers.

CMS requires the NPI for all HIPAA Standard Transactions. Having an NPI allows the provider to receive reimbursement electronically from payers once the Automatic Clearing House (ACH) transaction requirements for receiving such payments are completed.

2. Obtain a Medicare number, if appropriate. See Part IV below.

Any provider furnishing a Medicare-covered service to a Medicare beneficiary for which he intends to bill Medicare is required to have a Medicare provider number.

A provider who does not furnish Medicare-covered services (e.g., pediatricians, providers of non-emergency transportation services) is not required to have a Medicare number. Providers who are uncertain as to whether or not they need a Medicare provider number should check the provider enrollment section of the CMS web site.

3. Obtain a TennCare identification number. Following the receipt of an NPI, the provider is ready to apply for enrollment as a TennCare provider of services for persons enrolled in TennCare Medicaid or TennCare Standard. A provider wishing to enroll should go to the TennCare website⁴ and locate the “Providers” heading. Following that link, the provider then selects “Provider Forms.” By clicking on “forms” in the first paragraph, the provider should then select the link and print the application for his provider type.

Following submission of the application and any other required documentation, and approval by TennCare, the provider will be assigned a TennCare identification number, which is required for the provider to contract with an MCC.

The TennCare identification number is also used for Medicare crossover billings for services provided to certain dual eligible enrollees.

4. Enroll with an MCC. A provider who has an NPI and a Medicaid provider number may apply to participate in an MCC network of providers.⁵ Each MCC is responsible for performing its own credentialing activities.

TennCare’s MCCs are organized by the three (3) Grand Divisions of Tennessee and are required to enroll an adequate number of providers to ensure access for their enrollees.

⁴ <http://www.tn.gov/tenncare>.

⁵ Identification of MCCs in each Grand Division, along with contact phone numbers, appears on the TennCare website at www.tn.gov/tenncare.

However, it is within each MCC's discretion whether or not to contract with a particular provider.

PART II: HOW TO ENROLL AS AN OUT-OF-NETWORK PROVIDER OF EMERGENCY SERVICES

Sometimes enrollees receive emergency services from out-of-network providers who do not participate in TennCare at all. These providers, whether in-state or out-of-state, may receive payment on a per case basis from the MCC.

In order to receive payment for delivery of emergency services, out-of-network providers should notify the enrollee's MCC and provide NPI and other pertinent information. The out-of-network provider must obtain a TennCare identification number for payment purposes. The fact that a provider obtains a TennCare identification number does not obligate the out-of-network provider to participate in TennCare for other services.

PART III: HOW TO ENROLL AS A PHARMACY PROVIDER

The enrollment process for pharmacies is a little different from the procedures used for other providers. Pharmacies must have an NPI, but must also have a number assigned by the National Council for Prescription Drug Programs (NCPDP).⁶

To enroll as a TennCare pharmacy provider, all necessary information is contained on the TennCare web site⁷ under "Providers," and then "Pharmacy," "SXC Health Solutions," and additional links as identified.

These links include a list of pdf documents that can be reviewed. There is an introduction letter, which includes the mailing address, along with applications for the two parts of the pharmacy program. Pharmacies may enroll in either the "Ambulatory and Long Term Care Pharmacy Program" or in the "TennCare Specialty Pharmacy Network," but not both. Applications for either program are available on the web site and may be printed out and completed.

After a review of the application and information provided, SXC Health Solutions will inform the applicant whether it has been accepted. If accepted, a contract will be sent with instructions for signature and return.

PART IV: HOW TO ENROLL AS A MEDICARE CROSSOVER PROVIDER

⁶ <http://www.ncdp.org/>

⁷ <http://www.state.tn.us/tenncare>.

1. **Be a Medicare Provider.** The CMS web site⁸ provides all the information and instructions to enable a provider to enroll as a Medicare provider of services.

Providers wishing to participate in Medicare can apply using the Internet-based enrollment process known as Provider Enrollment, Chain, and Ownership System (PECOS).⁹ Providers can also access an application on the Medicare web site and print it out to complete and submit if they choose to do so. Medicare provider applications are submitted to the respective fee-for-service contractor for processing.

In Medicare, “participation” means that the provider has agreed, by signing a participation agreement with Medicare, to accept assignment of claims for services rendered to Medicare beneficiaries. He must accept Medicare-allowed amounts as payment in full and may not collect more than the Medicare deductible and coinsurance from the beneficiary.

TennCare pays Medicare deductibles and coinsurance for certain persons who are dually eligible for both TennCare and Medicare.¹⁰ Providers do not collect deductibles or coinsurance amounts from these individuals.

2. **Obtain a TennCare identification number.** Contact TennCare Provider Enrollment by calling 1-800-852-2683. See Part I above.

As stated earlier, Medicare crossover claims are paid for by the Bureau of TennCare. They are not paid by the Managed Care Contractors.

Section 2: DISENROLLMENT PROCEDURES

PART I: VOLUNTARY DISENROLLMENT

A provider may *voluntarily* disenroll from TennCare participation at any time by completing and submitting the “Written Notice of Provider Termination” found under the “Providers” section of the Bureau’s web site at www.tn.gov/tenncare.

⁹ <http://www.cms.hhs.gov/MedicareProviderSupEnroll/>

¹⁰ The individuals for whom TennCare pays Medicare deductibles and coinsurance are QMBs (Qualified Medicare Beneficiaries), SLMB-Plus’s (Specified Low Income Medicare Beneficiaries who are also TennCare eligible), and Other Medicare/Medicaid Beneficiaries. TennCare does not pay Medicare deductibles or coinsurance for SLMBs who are not TennCare eligible, QIs (Qualified Individuals) or QDWIs (Qualified Disabled Working Individuals). In addition, TennCare does not pay Medicare coinsurance when the Medicare service is one that is not covered by TennCare and the beneficiary is a SLMB-plus or Other Medicare/Medicaid Beneficiary who is 21 years or age or older and is not an active SSI beneficiary.

When disenrolling voluntarily, a provider must fulfill his notification requirements as specified in his contract with the MCC(s) in which he participates. The MCC(s) in turn will notify the Bureau of TennCare of the provider's withdrawal.

PART II: INVOLUNTARY DISENROLLMENT OR TENNCARE REFUSAL TO ENROLL A PROVIDER

The Bureau of TennCare will disenroll, or refuse to approve, providers under the following situations:

- When the provider has been found in violation of 42 U.S.C.A. §§ 1320a-7 and 1320c-5 and has been excluded from participation under Medicare, Medicaid, or any other federal program by the Secretary of the Department of Health and Human Services (HHS). Such circumstances include, but are not limited to, conviction of program-related crimes, conviction relating to patient abuse, felony conviction relating to health care fraud, and felony conviction relating to controlled substance.
- When the Bureau is notified by the U.S. Office of Inspector General (OIG) Department of Health and Human Services (HHS) that the provider is no longer eligible under Medicare or Medicaid for federal Financial Participation (FFP).
- When the Bureau has been notified by the appropriate State Board of Licensing or Certification that it fails to license or certify the provider at any time for any reason or suspends or revokes a license or certification.
- When it is determined that any person who has an ownership or controlling interest in the provider, or is an agent or managing employee of the provider, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the US Title XX Services Program.
- When it is determined that the provider did not fully and accurately make any disclosure of any person who has ownership or controlling interest in the provider, or who is an agent or managing employee of the provider and has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the US Title XX Services Program.
- When the provider has failed to submit a claim for 12 consecutive months.
- When the provider has failed to report a material change, change of address, ownership, within 30 days.

Enrollment in TennCare may be revoked in several circumstances, such as:

- The provider is not in compliance with enrollment requirements.
- The provider has lost his or its license.
- The provider is not authorized by the proper federal or state authorities to perform such services.
- The provider does not meet, or fails to continue to meet, CMS provider requirements.
- The provider has been excluded for misuse of his Medicare provider number.

OFFICE OF PRIMARY RESPONSIBILITY:

TennCare Provider Enrollment

REFERENCES

<http://www.tn.gov/tenncare/providers.html>

Bureau of TennCare – Provider Information

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/>

Centers for Medicare and Medicaid Services – Medicare Provider Supplier Enrollment

<http://www.cignagovernmentservices.com/partb/enrollment/info.html>

Cigna Government Services

<http://www.ncpdp.org/>

National Council for Prescription Drug Programs

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

National Plan & Provider Enumeration System (NPPES)

<http://tennessee.gov/sos/rules/1200/1200-13/1200-13-13.20090511.pdf>

TennCare Rule 1200-13-13-.08

<http://tennessee.gov/sos/rules/1200/1200-13/1200-13-14.20090511.pdf>

TennCare Rule 1200-13-14-.08