

HCBS EXPEDITED ENROLLMENT APPLICATION PROCESS FOR “CURRENTLY CONTRACTED” TENNCARE PROVIDERS

The Bureau of TennCare has expedited the TennCare HCBS provider enrollment process **ONLY** for TennCare providers in good standing who already have a signed, currently approved contract with the Bureau of TennCare that choose to participate as a provider in the Statewide HCBS Waiver Program.

The attached checklist provides **ALL** of the required forms and documents that will need to be completed and submitted to the appropriate Area Agency on Aging and Disability (AAAD). Click on the following link to find the AAAD serving your area:
<http://www.tn.gov/comaging/localarea.html>

Providers in good standing that already have a currently approved contract with the Bureau of TennCare will **NOT** be required to complete and resubmit the following Bureau of TennCare Forms which are already on file:

- Provider Participation Agreement;
- TN Department of Finance & Administration #3 Group Application Form;
- Substitute W-9 Form;
- Disclosure of Ownership and Control Interest Statement;
- HIPPA Business Association Agreement; and
- National Provider Identification (NPI) Collection Form (if the service (s) the agency chooses to provide are all listed under the same NPI and taxonomy numbers). If the agency has different NPIs or Taxonomy numbers, it will be necessary to complete and submit the NPI Collection Form.

Please be advised that all NEW TennCare providers (i.e., providers that do not currently have a signed, approved TennCare provider agreement in place) will still be required to submit all documents specified in **both the attached checklist and the lists of items indicated above, along with all applicable licensure requirements to the Bureau of TennCare, and will not be able to use the expedited enrollment process.**

REMEMBER, all of the completed forms and documents are to be submitted to the appropriate AAAD, the one that serves your area. PLEASE DO NOT SUBMIT THE FORMS OR DOCUMENTS TO THE BUREAU OF TENNCARE.



TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
HCBS ENROLLMENT FOR CURRENTLY CONTRACTED TENNCARE PROVIDERS
EXPRESS APPLICATION

<http://www.tn.gov/tenncare/pro-forms.html>

LIST ALL EXISTING PROVIDER TYPES AND CORRESPONDING NUMBERS:

_____	_____	_____
_____	_____	_____

Legal Business Name: _____

D/B/A: _____

Practice Location: _____
(No P.O. Box #)

City: _____ State: _____ Zip Code + 4: _____

Telephone: _____ Fax: _____ County: _____

Application Surety Statement:

I certify that the information provided on this Express Application is complete and correct to the best of my knowledge. Further, I certify that I am currently and actively participating in the Tennessee Medicaid (TennCare) program as a service provider and have on file with the Bureau of TennCare a completed Application, Provider Participation Agreement and all documentation required for the provider type(s) listed above. I agree to comply with the HCBS Waiver and all federal and state laws, rules and policies governing the Program. This Express Application neither replaces nor amends any previous documents filed to obtain Enrollment as any Provider Type other than HCBS.

Signature: _____ Date: _____

Printed Name: _____ Title: _____