



Bureau of TennCare IS Policy Manual

REVISED--6/2/11

Policy No: BTC-Pol-Prv-200802-001	
Subject: MCC Provider Enrollment Files	
Approval: Encounter Data Policy Workgroup	Date: 04/04/2008

PURPOSE OF POLICY STATEMENT: To clarify TennCare's position regarding MCC submission of monthly provider enrollment files.

POLICY:

To ensure adequate provider networks as required by contract, MCCs must submit to TennCare provider enrollment files per MCC contract requirements. TennCare's provider reporting requirements are for all contracted providers plus any non-emergency out-of-plan provider that has a claim adjudicated for a TennCare recipient within in the last 12-months regardless of the in plan/out of plan provider status or date of service on claims processed for the provider. This is for network adequacy purposes.

Further clarification is as follows: any Billing (for example those that receive a 1099 for Medicaid Payments), Supervising (supervisor of a provider that is performing service), or Servicing individual or entity that provides service to or receives payment for services to a TennCare recipient and is included on claims submitted for adjudication to the MCC. Servicing is defined as Rendering, Attending, or Referring providers. When in doubt as to whether a provider record should be sent on the provider file, include the record. Below are further clarifications on the provider file contents.

1. Individuals who are in groups should not be reported with the group's TIN, rather their individual NPI and SSN or EIN.
2. Only one provider file can be submitted per day per MCC.

3. Terminated provider records should be sent for twelve months from initial notification to TennCare of termination.
4. Records for providers who administer emergency services to TennCare recipients should be sent with a begin and end date of the episode of care. The record does not need to be sent on the next provider file unless another emergency service is provided or the claim is re-adjudicated.
5. If a MCC mistakenly places a provider record on the file, they will need to submit a term date on that record with the next provider file submission. The termed record must continue to appear on the file for 12 months from initial notification of TennCare termination.
6. Each record on a file is counted for percentage of ownership disclosure even if the provider has multiple locations.

If a provider record is rejected by TennCare, the MCC is required to correct and resubmit. Failure to do so will be subject to liquidated damages.

For monthly submissions, these files must be accepted by TennCare from each MCC no later than the 5th of each month. The MCCs will have 10 days prior to and up to one business day prior to the 5th of each month to submit their monthly provider enrollment file. When the 5th falls on a weekend day or a state-observed holiday, TennCare will extend the acceptance deadline to the next business day. This applies to all MCCs regardless of contract requirements for weekly or monthly provider enrollment files.

The MCCs will have two attempts to submit an acceptable monthly provider enrollment file. The second file must be submitted and subsequently accepted by the 5th to avoid assessment of liquidated damages.

Exceptions:

None

REFERENCE DOCUMENTS:

HIPAA Implementation Guides

<http://www.wpc-edi.com>

TennCare HIPAA EDI Companion Guides

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

BTC-Pol-Enc-200608-002 – Provider Identification Usage on Submitted Transactions

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division—to ensure that provider enrollment files are submitted to TennCare and accepted
- Information Systems Management Contractor – to process provider enrollment files through the TCMIS system
- MCCs - to follow transaction requirements