



**Medication Therapy Management /
Provider Registration for Pharmacists
March 28, 2018
(Thank you for joining us, the webinar will begin shortly.)**



**Medication Therapy Management /
Provider Registration for Pharmacists
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Medication Therapy Management Overview

- MTM Pilot
 - Improve therapeutic outcomes
 - identify, prevent, and resolve medication related problems
 - 2 year program
 - Collaboration with TennCare PCMH and HL
- Steps to Participate
 - TennCare/Medicaid ID
 - CPA
 - CCT Training
 - MCO Network Contracting
- Questions about program
 - TennCare.MTMpilot@tn.gov

Provider Registration

Three Part Process

1. National Provider Identifier (NPI)
2. TennCare/Medicaid Identification Number
3. Credential and Contract with Managed Care Organizations

Provider Registration - NPPES

1. National Provider Identifier (NPI)

Required for all covered health care providers by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Each individual provider (Pharmacist, MDs, NPs...) will need to apply for a Type 1 (Individual) NPI

NPPES - <https://nppes.cms.hhs.gov>

Provider Registration - NPPES



Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.



Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

Provider Registration

2. TennCare/Medicaid Identification Number

Individual providers submit key information to obtain a Medicaid ID for a new provider.

Once you have your NPI the next step is to register with TennCare and get your Medicaid ID. This all starts at:

<https://www.tn.gov/tenncare>

All Providers Must Start Here:



TN Division of TennCare

Go to TN.gov

Search TennCare

Members / Applicants ▾ Providers ▾ TennCare Kids ▾ Policy & Guidelines ▾ Long-Term Services & Supports ▾ Newsroom Contact Us

TennCare

Members / Applicants

Providers

TennCare Kids

Benefits Policy & Guidelines

Long-Term Services & Supports

Information & Statistics

Tennessee Health Care Innovation Initiative

Provider Registration



Providers

CoverRx

Current P.O. Box List

Dental Services

eHealth Information Exchange Overview

Electronic Data Interchange

Fee Schedules

Literacy/Communication/Cultural Competency and Disparities in Health Care

Managed Care Organizations

Medicare/Medicaid Crossover Claims

Miscellaneous Provider Forms

Overview of Hospital Presumptive Eligibility ▾

Pharmacy ▾

Primary Care Physician Enhanced Rates

Provider Educational Handouts ▾

Provider Registration ←

TennCare EHR Provider Incentive Program

Verify Eligibility

Web Functionality & Access

Providers

Are you a provider who needs assistance with TennCare related matters?

If so, please contact Provider Services at the member's [Managed Care Organization](#) for MCO claims.

For general questions, eligibility verification or Medicare Cross-Over Claim questions, contact TennCare Provider Services at 1-800-852-2683.

The Centers for Medicare & Medicaid Services (CMS) implemented the [Payment Error Rate Measurement \(PERM\)](#) program to measure improper payments in Medicaid. For more information on PERM please visit CMS PERM website for educational guides and question/answer section [Payment Error Rate Measurement \(PERM\)](#) and view the informational video [PERM: Responding to Medical Records/Documentation Requests](#).

- [PERM Provider Education Session WebExs](#)

Nursing Facilities and Redetermination

For information regarding redetermination please visit the [Long-Term Services & Supports Redetermination page](#).

Hospital Presumptive Eligibility

TennCare is implementing a Hospital Presumptive (PE) program effective July 1, 2016. Using the Hospital PE process, participating hospitals can screen and provide immediate coverage to qualified individuals -- and help these patients complete the regular TennCare application process. See the following for additional information:

Provider Registration

Providers

- CoverRx
- Current P.O. Box List
- Dental Services
- eHealth Information Exchange Overview
- Electronic Data Interchange
- Fee Schedules
- Literacy/Communication/Cultural Competency and Disparities in Health Care
- Managed Care Organizations
- Medicare/Medicaid Crossover Claims
- Miscellaneous Provider Forms
- Overview of Hospital Presumptive Eligibility ▾
- Pharmacy ▾
- Primary Care Physician Enhanced Rates
- Provider Educational Handouts ▾
- Provider Registration**
- TennCare EHR Provider Incentive Program
- Verify Eligibility
- Web Functionality & Access


Provider Registration

Welcome to the TennCare Registration Home page for new and existing providers. Individual providers can submit key information to obtain a Medicaid ID for a new provider and existing providers can enter key information which will allow us to receive updates electronically. No matter if you are a new provider to TennCare / Medicaid or an existing TennCare / Medicaid provider; you will need to register your information here. TennCare is now using web-based technology to simplify and improve the provider registration / re-verification process. Individual providers only need to register once to be added to the TennCare CAQH roster. Once registered all other updates should be maintained in CAQH. Single and multi-specialty groups will register and update their data and members from this web portal. All other provider entities will register electronically by clicking the All Other Provider Registration link below.

Once your registration is approved, you will receive a TennCare/Medicaid ID number. A valid TennCare/Medicaid ID number is required for participation in TennCare, Tennessee's Medicaid program. A valid TennCare/Medicaid ID number is required to:

1. **Get prescriptions covered by the TennCare Pharmacy Benefit for TennCare members.**
2. Submit Medicare/Medicaid "cross-over" claims to TennCare for consideration of Medicare copays and deductibles for our members with Medicare as a primary carrier.
3. Contract with any TennCare Managed Care Organization in order to provide medically necessary services to TennCare members.
4. Receive payments from [TennCare's EHR Incentive Program](#).

Please select the appropriate link below to access provider registration information appropriate for your provider type.

[Individual \(Provider Person\) Provider Registration Information](#) 
Examples of an individual provider:

1. John Doe, M.D., a solo practitioner
2. Jane Doe, M. D. a practitioner participating as a member of a group.

[All Other Provider Registration Information](#)
[For Step by Step Instructions](#) 

Provider Registration

Registration

SOLE PROPRIETORS:

If you will be receiving payments made directly to you from TennCare for Medicare Cross-Over claims or you are participating in the EHR Incentive Payments Program, you must complete Required Forms section listed on the left portion of this page.

Personal Information

* First Name	<input type="text"/>	Middle Name	<input type="text"/>	* Last Name	<input type="text"/>
Suffix	<input type="text"/>	* Birth Date	<input type="text"/>	* SSN	<input type="text"/>

Professional Identification

* Provider Type	<input type="text"/>	* Primary Practice State	<input type="text" value="Tennessee"/>
* Provider NPI	<input type="text"/>	* License State	<input type="text" value="Tennessee"/>
DEA	<input type="text"/>	* License Number	<input type="text"/>
		UPIN	<input type="text"/>

Credentialing Contact Information

* Address	<input type="text"/>	Address 2	<input type="text"/>	* City	<input type="text"/>
* State	<input type="text" value="Tennessee"/>	* Zip (First 5)	<input type="text"/>	Ext Zip (Last 4)	<input type="text"/>
* Phone No	<input type="text"/>	Phone Extension	<input type="text"/>		
* E-mail	<input type="text"/>	* Confirm E-mail	<input type="text"/>		

Provider Registration – CAQH Application

2. CAQH – Council for Affordable Quality Healthcare

- Fully electronic solution saves time and eliminates the need for redundant, time-consuming paper forms and faxes.
- Simplifies provider data collection by only prompting to enter the data required for the state(s) where a provider practices.
- The CAQH ProView data set meets the data collection requirements of the Utilization Review Accreditation Commission (URAC), the National Committee for Quality Assurance (NCQA) and Joint Commission standards.
- CAQH - <https://proview.caqh.org>

Provider Registration – CAQH Application

Welcome to the CAQH ProView application HELP

CAQH Solutions | **PROVIEW™**

CAQH ProView™

Welcome to CAQH ProView™, formerly the Universal Provider Datasource®.

CAQH ProView is more than a credentialing database. Available at no cost to you, CAQH ProView eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

Through an intuitive, profile-based design, you can easily enter and maintain your information for submission to your selected organizations. Help reduce inquiries for your administrative information and save even more time by keeping your CAQH ProView profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.

Sign in on the right to update your existing profile information or, if you are a new provider to CAQH ProView, register to create a profile.

CAQH ProView Reference Material

- [Provider Quick Reference Guide](#)
- [Dentist Quick Reference Guide](#)
- [Provider User Guide](#)
- [Video: Single Sign-on for Dentists](#)
- [Video: Practice Location Reconciliation](#)
- [Video: Providers – Get Started with CAQH ProView](#)
- [Video: How to Log In for the First Time](#)
- [Video: I forgot my username/password](#)
- [Video: How to Upload Documents in CAQH ProView](#)
- [Video: Required Field Changes Part 1](#)
- [Video: PLI Changes and Address Standardization](#)
- [Video: Specialties Section Changes and NPI Validation](#)
- [Video: Changes to Practice Locations Section](#)
- [Video: Changes to Hospital Affiliations Section](#)

SIGN IN

Username

[Forgot Username](#)

Password

[Forgot Password](#)

Remember me

[Sign In](#)

FIRST TIME HERE?

1. Dentists: Sign in or register for the first time at the American Dental Association's portal. [Register on ADA](#)
2. If you received a welcome email, use the link in your email to begin the sign in process.
3. If you were not registered with CAQH UPD and are new to CAQH ProView: [Register Now](#)

[Practice Manager Sign In](#)
[Participating Organization Sign In](#)

Provider Registration – CAQH Application



PROVIEW™

Useful information can be found at the CAQH website at www.caqh.org. The Provider Quick Reference guide can be found at:

<https://www.caqh.org/sites/default/files/solutions/proview/guide/PR-QuickRef.pdf>

Provider Registration – CAQH Application

STEP ONE	STEP TWO	STEP THREE
<p>Register with CAQH ProView</p> <p>If you have been invited to join CAQH ProView by a health plan, hospital or other participating organization, you may have received a welcome letter with your CAQH Provider ID Number. As a new user, you also have the option to self-register through the CAQH ProView Provider portal: https://proview.caqh.org/pr. Upon completion of the self-registration process, you will receive a welcome email with your unique CAQH Provider ID Number. Once you have received your CAQH Provider ID Number, follow the next steps to complete your registration:</p> <ol style="list-style-type: none"> 1. Go online to https://proview.caqh.org/pr 2. Click "Register." 3. Enter CAQH Provider ID Number. 4. Enter your authentication data (e.g., SSN, DOB, etc.). 5. Create username and password. 6. Choose and answer three security questions. 7. Acknowledge the Terms of Service. 	<p>Complete the Application and Review Data</p> <ol style="list-style-type: none"> 1. Select "Manage Information" from the top navigation bar. 2. Enter the requested information within each section. <ul style="list-style-type: none"> – Use "Go to previous section" or "Save & Continue" to page forward or backward within your application. – It's important to click on the "Save & Continue" button to save your information. If you close the browser without clicking "Save & Continue," you will lose your information. 3. Select "Review" to review your profile and to make any required fixes to your information. During "Review" you can do any of the following: <ul style="list-style-type: none"> – Select "Correct Errors" to view both required and suggested fixes. <ul style="list-style-type: none"> – Required fixes are items that must be fixed to complete your profile. – Suggested fixes are items that appear irregular or inconsistent within your profile information. – Select "View Documents" to view the status of all uploaded supporting documents, as well as any missing or expired documents. – Double-click on the image in "Review Data Summary" to review a summary of your profile information. – Generate a replica of a state-specific application by selecting the state and double-clicking the image to view. 4. Proceed to STEP THREE to authorize access to your information. 	<p>Authorize Access to Your Information</p> <p>Only you can authorize who has access to your information. For new CAQH ProView users, access the "Authorize" page from the left navigation.</p> <ol style="list-style-type: none"> 1. On the "Authorize" page, you have two options to select which listed organization(s)** you would like to receive your information: <ul style="list-style-type: none"> – "All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider," <p>-OR-</p> <ul style="list-style-type: none"> – "Only the healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider, and I specify below:" <ol style="list-style-type: none"> 2. Select one and click "Save" to proceed to the next step in the process. 3. Proceed to "Next Steps – All Users" on the next page. <p><small>**If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.</small></p>

Provider Registration – CAQH Application

Next Steps – All Users



PROVIEW™

Verify Your Data Entry – Attest	Submit Supporting Documents	Maintain the Accuracy of Your Information
<p>Complete the following steps to verify the accuracy of your information and complete your attestation.</p> <ol style="list-style-type: none">1. Select “Attest” from the top navigation bar.2. Click “Review” to display a summary of the data you entered.3. Review your data summary to make sure it is complete. You may save or print your data summary.<ul style="list-style-type: none">– If you need to make changes, click “Manage Information” from the top navigation bar to select the section that needs to be revised.– If there are no changes, select “Review Complete.”4. Select “Attest” to certify that you have carefully reviewed all information contained within your profile and all information provided by you is true, correct, and complete to the best of your knowledge.	<p>After you complete your attestation, CAQH ProView enables you to upload any required supporting documents directly into the system. You can also upload your documents as you are completing your application. To do so, follow these steps:</p> <ol style="list-style-type: none">1. The “Documents” or “Review” pages will inform you what documents are needed to complete your application.2. Upload the supporting documents (e.g., DEA certificates, W-9 forms, etc.) directly to CAQH ProView. <p>Once your application is complete and your supporting documents are reviewed for accuracy, your information will be available to the organizations you authorized. You will need to check with each individual organization to determine your credentialing status.</p>	<p>Every 120 days (180 days for providers practicing in Illinois), you will receive a notification from CAQH ProView to re-attest that all of the information in your profile is still correct. To complete this requirement follow these steps:</p> <ol style="list-style-type: none">1. Go online to https://proview.caqh.org/pr at least every 120 days (180 days for IL Providers).2. Log in.3. At the home page, select “Attest.”4. Review and update your data as needed.5. Upload any applicable supporting documents.6. Click on “Attest.”

Provider Registration – CAQH Application

CAQH Solutions | **PROVIEW™**

LIVE CHAT AVAILABLE
Got questions?

HELP | CONTACT CAQH | SIGN OUT

CAQH ProView Provider Update

Steve Smith
CAQH ID# 12461848

PROFILE DATA | DOCUMENTS | **REVIEW & ATTEST**

Provider Status: First Provider Contact (11/7/2012) | Profile Data: **Incomplete**

You have made changes to your profile since your last attestation. You must attest for Participating Organizations.

Steve Smith | CAQH ID#

CHANGE PASSWORD

There are 66 items required to complete attestation.
VIEW ATTESTATION ERRORS

PRIMARY PRACTICE LOCATION: 111 Main St, Nashville, TN 37201
PRIMARY PRACTICE STATE: Tennessee

PROFILE DATA dropdown menu:

- Personal Information
- Professional IDs
- Education
- Professional Training
- Specialties
- Practice Locations
- Hospital Affiliations
- Credentialing Contacts
- Professional Liability Insurance
- Employment Information
- Professional References
- Disclosure

SUPPORTING DOCUMENTS

Missing | Upload document

Missing | Upload document

Show more >

ATTESTATION HISTORY

Steve Smith-11072012
Last attestation on 11/7/2012

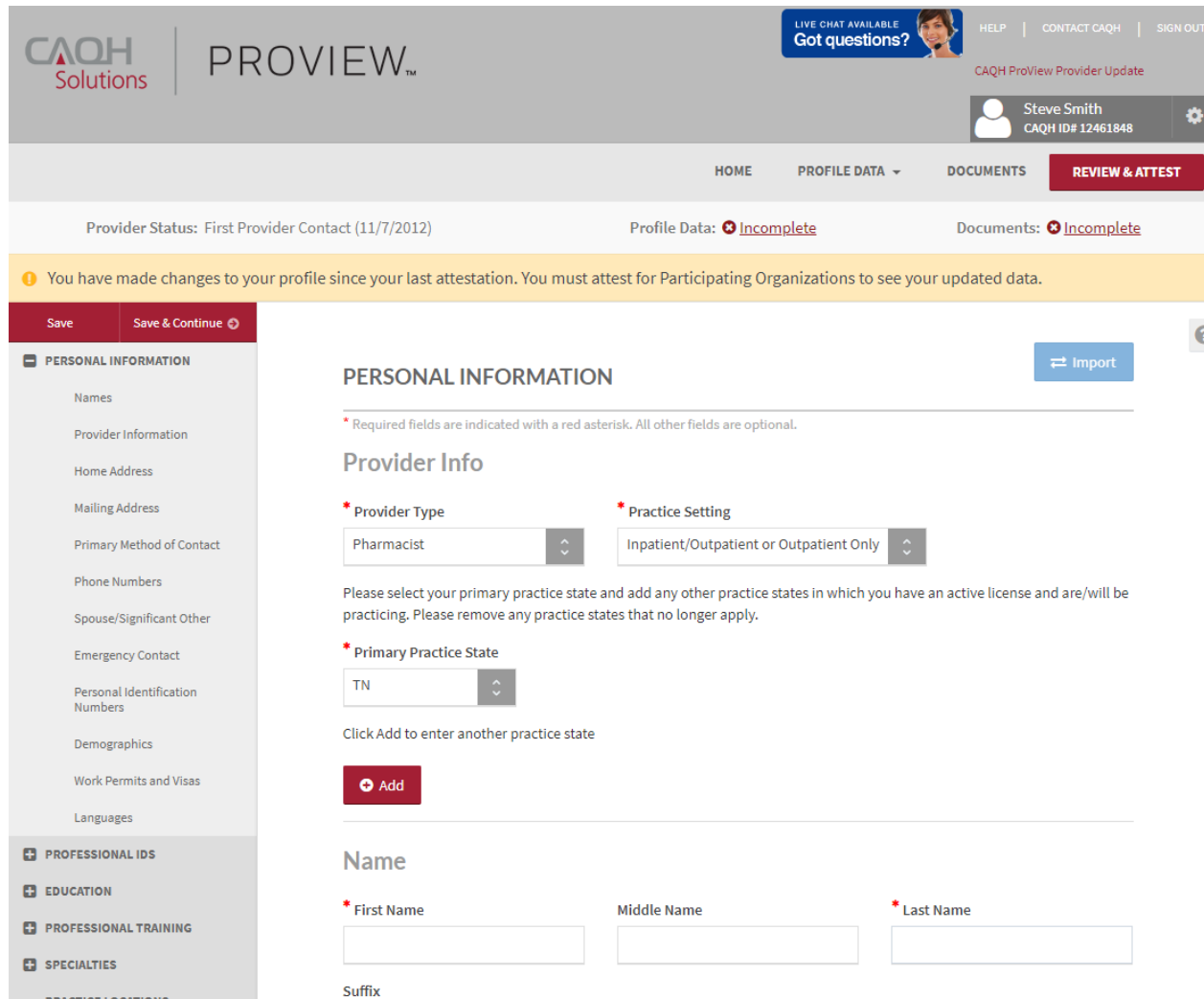
Show more >

AVAILABLE IMPORTS

No imports to display

Show more >

Provider Registration – CAQH Application



CAQH Solutions | PROVIEW™

LIVE CHAT AVAILABLE Got questions? HELP | CONTACT CAQH | SIGN OUT

CAQH ProView Provider Update

Steve Smith CAQH ID# 12461848

HOME PROFILE DATA DOCUMENTS REVIEW & ATTEST

Provider Status: First Provider Contact (11/7/2012) Profile Data: **Incomplete** Documents: **Incomplete**

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save Save & Continue

PERSONAL INFORMATION Import

Names
Provider Information
Home Address
Mailing Address
Primary Method of Contact
Phone Numbers
Spouse/Significant Other
Emergency Contact
Personal Identification Numbers
Demographics
Work Permits and Visas
Languages

PROFESSIONAL IDS
EDUCATION
PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS

PERSONAL INFORMATION

* Required fields are indicated with a red asterisk. All other fields are optional.

Provider Info

* Provider Type: Pharmacist

* Practice Setting: Inpatient/Outpatient or Outpatient Only

Please select your primary practice state and add any other practice states in which you have an active license and are/will be practicing. Please remove any practice states that no longer apply.

* Primary Practice State: TN

Click Add to enter another practice state

+ Add

Name

* First Name Middle Name * Last Name

Suffix

Provider Registration – CAQH Application

CAQH Solutions | PROVIEW™

LIVE CHAT AVAILABLE Got questions? HELP | CONTACT CAQH | SIGN OUT

CAQH ProView Provider Update

Steve Smith
CAQH ID# 12461848

HOME PROFILE DATA DOCUMENTS REVIEW & ATTEST

Provider Status: First Provider Contact (11/7/2012) Profile Data: ✖ Incomplete Documents: ✖ Incomplete

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save

PERSONAL INFORMATION

PROFESSIONAL IDS

- Professional License
- DEA Registration
- CDS
- Medicare
- Medicaid
- ECFMG
- USMLE

EDUCATION

PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING COMPLETS

PROFESSIONAL LIABILITY INSURANCE

EMPLOYMENT INFORMATION

PROFESSIONAL REFERENCES

DISCLOSURE

AUTHORIZE

PROFESSIONAL IDS

Required fields are indicated with a red asterisk. All other fields are optional.

Please add a license number for each of the practice states you listed on the Personal Information screen. If you are no longer practicing in a state, please select "No" for the question, "Do you currently practice in this state?". Where applicable, also add DEA and CDS numbers for each of your practice states.

Import

Professional License

Remove

* License State: TN

* Do you currently practice in this state?
 Yes
 No

* License Number: 12-56-65444

License Type: PC

License Status: Active

Issue Date: 01/01/2012

* Expiration Date: 01/01/2016

Click Add to enter another license

Add

Provider Registration – CAQH Application

The screenshot displays the CAQH ProView application interface. At the top, the CAQH Solutions logo and 'PROVIEW™' are visible. A navigation bar includes 'HOME', 'PROFILE DATA', 'DOCUMENTS', and 'REVIEW & ATTEST'. The user's name 'Steve Smith' and CAQH ID# '12461848' are shown in the top right. A status bar indicates 'Provider Status: First Provider Contact (11/7/2012)', 'Profile Data: Incomplete', and 'Documents: Incomplete'. A yellow notification banner states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.' The left sidebar contains a menu with categories like 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS', 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', 'DISCLOSURE', and 'AUTHORIZE'. The main content area is titled 'EDUCATION' and includes an 'Import' button. A note states: '* Required fields are indicated with a red asterisk. All other fields are optional.' The 'Graduate Type' dropdown is set to 'US/Canada Graduate'. A question asks '* Did you attend professional/medical School?' with 'Yes' and 'No' radio buttons, where 'No' is selected. Below this is the 'Undergraduate Education' section with a 'Remove' button. Fields include 'Country' (United States), '* State' (--Select--), 'School' (--Select--), and an 'Other (Not Listed)' checkbox. Address fields for 'Street 1', 'Street 2', 'City', 'Province', and 'Zip Code' are present. The bottom of the page shows 'Phone Number' and 'Fax Number' fields.

Provider Registration – CAQH Application

The screenshot displays the CAQH ProView application interface. At the top, the CAQH Solutions logo and PROVIEW™ are visible. A navigation bar includes links for HOME, PROFILE DATA, DOCUMENTS, and a prominent REVIEW & ATTEST button. The user's name, Steve Smith, and CAQH ID# 12461848 are shown in the top right. A status bar indicates the provider's status as 'First Provider Contact (11/7/2012)', profile data as 'incomplete', and documents as 'incomplete'. A yellow notification banner states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.'

The main content area is titled 'PROFESSIONAL TRAINING' and includes an 'Import' button. A note specifies: '* Required fields are indicated with a red asterisk. All other fields are optional.' Below this, instructions read: 'Please enter information about your internship, residency, and other training programs. Please be specific as possible when entering contact information, as it will be used by your authorized health plans/organizations to verify your training.'

The 'Internship' section contains a question: '* Did you do any internships?' with radio buttons for 'Yes' (selected) and 'No'. A 'Remove' button is located to the right. A note below states: 'If your Residency information was migrated from UPD to CAQH ProView but appears on the Internship section, use the "Type" field to move data from the Internship to the Residency section. Select "Residency" from the type list and then click Save & Continue.'

The form fields for the internship include: 'Type' (dropdown menu with 'Internship' selected), 'Country' (dropdown menu with '(Please Select)'), 'State' (dropdown menu with '(Please Select)'), and 'County' (dropdown menu with '(Please Select)'). Below these are fields for 'Institution/Hospital Name' (dropdown with '(Please Select)' and an 'Other (Not Listed)' checkbox), 'Affiliated University' (dropdown with '(Please Select)' and an 'Other (Not Listed)' checkbox), 'Street 1', and 'Street 2'.

A left-hand sidebar contains a navigation menu with categories: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION, PROFESSIONAL TRAINING (selected), SPECIALTIES, PRACTICE LOCATIONS, HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE, EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES, DISCLOSURE, and AUTHORIZE. The 'PROFESSIONAL TRAINING' section is expanded to show sub-items: Internship, Residency, Fellowship, Other Training, and Faculty Positions.

Provider Registration – CAQH Application

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save

- PERSONAL INFORMATION
- PROFESSIONAL IDS
- EDUCATION
- PROFESSIONAL TRAINING
- SPECIALTIES**
 - Primary Specialty
 - Secondary Specialty
 - Additional Specialty
 - Failed Board Examination
 - Certifications
 - Clinical Practice
 - Other Interests
 - Other Professional Activities
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DISCLOSURE
- AUTHORIZE

SPECIALTIES

Import

* Required fields are indicated with a red asterisk. All other fields are optional.

Primary Specialty

* Do you have any specialties?
 Yes
 No

* Primary Specialty
Pharmacist

* Board Certified?
 Yes
 No

* Name of Certifying Board
[Select]

Country: United States | State: TN | County: --Select--

Street 1: _____

Street 2: _____

City: _____ | Province: _____ | Zip Code: _____

* Initial Certification Date
Select date

* Does your board certification have an expiration date?
 Yes
 No

Do you wish to be listed in the directory under this _____
 Yes No HMO

Provider Registration – CAQH Application

The screenshot displays the CAQH ProView application interface. At the top, the CAQH Solutions logo and 'PROVIEW™' are visible. A navigation bar includes links for 'HELP', 'CONTACT CAQH', and 'SIGN OUT'. A user profile for 'Steve Smith' (CAQH ID# 12461848) is shown in the top right. Below the navigation bar, the main content area shows the user's profile status: 'Provider Status: First Provider Contact (11/7/2012)', 'Profile Data: ✖ Incomplete', and 'Documents: ✖ Incomplete'. A yellow banner message states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.' The left sidebar contains a menu with options like 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS', 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', 'DISCLOSURE', and 'AUTHORIZE'. The main content area is titled 'PRACTICE LOCATIONS' and includes instructions: 'Please add practice location information for each practice at which you currently, or will in the near future, see patients, fill in for other providers, read tests, or provide other services. If you do not practice at a location that appears in the list, please click Edit to update your status.' Below this, it says 'Make sure to enter all group/practice information in the Employment Information section of your profile.' There are two sections: 'PRACTICE LOCATIONS' with 'Import' and 'ADD' buttons, and 'ARCHIVED LOCATIONS' with a 'Show' dropdown. At the bottom of the main content area, there are 'Save and Go Back' and 'Save & Continue' buttons. The footer contains 'TERMS OF SERVICE', 'PRIVACY', 'CAQH.ORG', and '© 2018 CAQH. All rights reserved.'

Provider Registration – CAQH Application

Add Practice Location ✕

Enter your information below to create a new location

- ADDRESS**
- TAX ID
- NPI
- PRACTICE AFFILIATION**

ADDRESS

* Physician Group/Practice Name
(This is the practice name that is referenced when a patient calls to make an appointment)

My Pharmacy

* Street 1
(Example: 123 Main st., 123 Main Street NW)

123 Medicine Ave

Street 2
(Building, Suite, Office)

* City * State * Zip Code

Nashville TN 37243

* Country County Province

United States Davidson County

[Continue](#) [Not Now](#)

Primary Practice Administrative
 Other Practice Research

Provider Registration – CAQH Application

CAQH Solutions

Add Practice Location ×

Enter your information below to create a new location

ADDRESS
123 MEDICINE AVE
NASHVILLE
TN,37243-0001

TAX ID

NPI

PRACTICE AFFILIATION

TAX ID
Practice Name as it appears on the W-9
My Pharmacy

* Tax ID
12-1212121

* Type of Tax ID
 Group Individual

Is this the Primary Tax ID for this practice location?
 Yes No

Click Add to enter another Tax ID **+ Add**

Continue [Not Now](#)

Provider Registration – CAQH Application

Add Practice Location
Enter your information below to create a new location

ADDRESS
123 MEDICINE AVE
NASHVILLE
TN,37243-0001

TAX ID

NPI

PRACTICE AFFILIATION

NPI
Enter the Group/Type 2 NPI that you use when billing for services.

* Do you have an organization (Type 2) NPI?
 Yes No

Group Name

[Continue](#) [Not Now](#)

Primary Practice Administrative
 Other Practice Research

Email Address

Practice Location Website

Provider Registration – CAQH Application

CAQH Solutions

Add Practice Location

Enter your information below to create a new location

- ADDRESS**
123 MEDICINE AVE
NASHVILLE
TN,37243-0001
- TAX ID**
- NPI**
- PRACTICE AFFILIATION**

PRACTICE AFFILIATION

Do you practice at this location?
Select Yes if you currently practice at this location or will be practicing there in the near future.

Yes No

Please describe your affiliation with this location.

I see patients here at least one day per week on a regular basis.

[Continue](#) [Not Now](#)

Select date that you started practicing or will be practicing at this location in the near future.

Provider's Start Date

01/01/2018

Office Type

Primary Practice Administrative
 Other Practice Research

Provider Registration – CAQH Application

The screenshot shows the CAQH ProView Provider Update application interface. At the top, the CAQH Solutions logo and 'PROVIEW™' are visible. A navigation bar includes 'HOME', 'PROFILE DATA', 'DOCUMENTS', and 'REVIEW & ATTEST'. The user's name 'Steve Smith' and CAQH ID# '12461848' are displayed. A status bar indicates 'Provider Status: First Provider Contact (11/7/2012)', 'Profile Data: Incomplete', and 'Documents: Incomplete'. A yellow notification banner states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.' The left sidebar contains a 'Save' button and a list of menu items: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION, PROFESSIONAL TRAINING, SPECIALTIES, PRACTICE LOCATIONS (selected), HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE, EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES, DISCLOSURE, and AUTHORIZE. The main content area is titled 'PRACTICE LOCATIONS' and includes a 'Back to List' button. A note states: '* Required fields are indicated with a red asterisk. All other fields are optional.' A table lists a practice location: 'My Pharmacy' at '123 MEDICINE AVE, NASHVILLE, TN, 37243-0001'. It also shows 'Tax Id: 12-1212121' and 'NPI' with an 'Edit' link and a 'More Information' link. Below the table are tabs for 'GENERAL INFORMATION', 'HOURS', 'COVERAGE & CONTACT', 'PRACTICE LIMITATIONS', 'ACCESSIBILITY', and 'SERVICES'. The 'General Information' section is active, showing a prompt: 'Select date that you started practicing or will be practicing at this location in the near future.' It includes a required field for 'Provider's Start Date' with a date picker set to '01/01/2018'. The 'Office Type' section has four radio button options: 'Primary Practice' (selected), 'Administrative', 'Other Practice', and 'Research'.

Provider Registration – CAQH Application

The screenshot displays the CAQH ProView application interface. At the top left, the CAQH Solutions logo is visible. The main header area includes the text 'PROVIEW™' and a 'LIVE CHAT AVAILABLE Got questions?' button. On the right side of the header, there are links for 'HELP', 'CONTACT CAQH', and 'SIGN OUT'. Below the header, the user's name 'Steve Smith' and CAQH ID# '12461848' are shown. A navigation bar contains links for 'HOME', 'PROFILE DATA', 'DOCUMENTS', and a prominent 'REVIEW & ATTEST' button. The main content area shows the 'PROFESSIONAL LIABILITY INSURANCE' section, which is currently marked as 'Incomplete'. A yellow warning banner states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.' The left sidebar lists various profile sections, with 'PROFESSIONAL LIABILITY INSURANCE' selected. The main content area includes an 'Import' button, a note about required fields, and instructions for entering current carrier information. A section titled 'Manage Professional Liability Insurance' contains a question: 'Are you covered under a professional liability insurance policy?' with radio button options for 'Yes' and 'No'. Below this, there is an 'Add' button and a list of policies, with instructions on how to renew or delete records.

CAQH Solutions | PROVIEW™

LIVE CHAT AVAILABLE Got questions?

HELP | CONTACT CAQH | SIGN OUT

CAQH ProView Provider Update

Steve Smith
CAQH ID# 12461848

HOME PROFILE DATA DOCUMENTS REVIEW & ATTEST

Provider Status: First Provider Contact (11/7/2012) Profile Data: ✖ Incomplete Documents: ✖ Incomplete

! You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save

PERSONAL INFORMATION

PROFESSIONAL IDS

EDUCATION

PROFESSIONAL TRAINING

SPECIALTIES

PRACTICE LOCATIONS

HOSPITAL AFFILIATIONS

CREDENTIALING CONTACTS

PROFESSIONAL LIABILITY INSURANCE

EMPLOYMENT INFORMATION

PROFESSIONAL REFERENCES

DISCLOSURE

AUTHORIZE

PROFESSIONAL LIABILITY INSURANCE

Required fields are indicated with a red asterisk. All other fields are optional.

Please enter your current carrier information. A Professional Liability Insurance Face Sheet or Certificate of Insurance will be required for each current policy that is entered.

- It is recommended to enter 10 years of insurance information to avoid additional follow-up from your authorized organizations. Some states and credentialing organizations may have different requirements for this section.
- If you have held coverage with your current carrier for less than 10 years, enter previous carrier(s) information. Documents from previous insurance carriers do not need to be uploaded into CAQH ProView.
- Please update this section to remove historical carrier information that is greater than 10 years. It is not necessary to include information greater than 10 years.
- If you do not carry professional liability insurance, you will be required to submit a confirmation letter stating lack of coverage or providing further explanation.

Manage Professional Liability Insurance

* Are you covered under a professional liability insurance policy?

Yes

No


Add all relevant professional liability insurance records


Add

Your policies are listed below in order of Current Expiration Date.

- If you answered Yes to, "Are you covered under a professional liability insurance policy?"; you must maintain at least one current policy record (with a Current Expiration Date in the future).
- When a Current Expiration Date appears in red, that policy has expired. Click "Renew" to create an updated record with a new Current Effective Date and Current Expiration Date.
- Only Delete a policy record if it was entered in error or if it expired more than 10 years ago.

Provider Registration – CAQH Application

LIVE CHAT AVAILABLE
Got questions?[HELP](#) | [CONTACT CAQH](#) | [SIGN OUT](#)
CAQH ProView Provider Update

HOME PROFILE DATA DOCUMENTS REVIEW & ATTEST

Provider Status: First Provider Contact (11/7/2012) Profile Data: Incomplete Documents: Incomplete

You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save

- PERSONAL INFORMATION
- PROFESSIONAL IDS
- EDUCATION
- PROFESSIONAL TRAINING
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION**
- PROFESSIONAL REFERENCES
- DISCLOSURE
- AUTHORIZE

EMPLOYMENT INFORMATION

* Required fields are indicated with a red asterisk. All other fields are optional.

Please list your current employment and all relevant employment history for the past 10 years. Relevant experience includes all work performed as a health professional.

- Include any new employment that will begin within the next three months.
- If your employment history is less than ten years, list work history from your initial licensure date as a health professional.
- You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

Please note: Incomplete work history will require additional follow-up from your contracted organizations and may delay credentialing decisions.

Manage Employment Information

Add all relevant employment information and gaps, if applicable.

Add

Practice/Employer Name: My Practice PLL\C **Edit** **Delete**

Start Date: January 2015

Current Employment

Military



* Are you currently on active military duty?
 Yes
 No

Are you currently in the Reserves or National Guard?
 Yes
 No

Provider Registration – CAQH Application

The screenshot displays the CAQH ProView application interface. At the top, the CAQH Solutions logo and 'PROVIEW™' are visible. A navigation bar includes 'HOME', 'PROFILE DATA', 'DOCUMENTS', and a 'REVIEW & ATTEST' button. The user's name 'Steve Smith' and CAQH ID# '12461848' are shown in the top right. A status bar indicates 'Provider Status: First Provider Contact (11/7/2012)', 'Profile Data: Incomplete', and 'Documents: Incomplete'. A yellow notification banner states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.' The left sidebar contains a menu with categories like 'PERSONAL INFORMATION', 'PROFESSIONAL IDS', 'EDUCATION', 'PROFESSIONAL TRAINING', 'SPECIALTIES', 'PRACTICE LOCATIONS', 'HOSPITAL AFFILIATIONS', 'CREDENTIALING CONTACTS', 'PROFESSIONAL LIABILITY INSURANCE', 'EMPLOYMENT INFORMATION', 'PROFESSIONAL REFERENCES', 'DISCLOSURE', and 'AUTHORIZE'. The main content area is titled 'PROFESSIONAL REFERENCES' and includes a note: '* Required fields are indicated with a red asterisk. All other fields are optional.' Below this, the 'Reference' section shows 'No record Found. Click Add to enter Professional Reference' and an 'Add' button. At the bottom of the main area are three buttons: 'Save and Go Back', 'Save', and 'Save & Continue'. The footer contains 'TERMS OF SERVICE', 'PRIVACY', 'CAQH.ORG', and '© 2018 CAQH. All rights reserved.'


Provider Registration - CAQH Application



LIVE CHAT AVAILABLE
Got questions?

[HELP](#) | [CONTACT CAQH](#) | [SIGN OUT](#)

CAQH ProView Provider Update

 Steve Smith
CAQH ID# 12461848

[HOME](#) | [PROFILE DATA](#) - | [DOCUMENTS](#) | [REVIEW & ATTEST](#)

Provider Status: First Provider Contact (11/7/2012) | Profile Data: ✖ Incomplete | Documents: ✖ Incomplete

! You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

Save

- PERSONAL INFORMATION
- PROFESSIONAL IDS
- EDUCATION
- PROFESSIONAL TRAINING
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DISCLOSURE**
- AUTHORIZE

[CAQH](#) | [DISCLOSURE OF OWNERSHIP](#)

DISCLOSURE

* Required fields are indicated with a red asterisk. All other fields are optional.

If you do not believe a question is applicable to you, you should answer the question "No".

You are required to enter malpractice case history information if applicable. Click the "Add" button to enter a malpractice case history record.

Licensure

- * Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?
 Yes
 No
- * Has there been any challenge to your licensure, registration or certification?
 Yes
 No

Hospital Privileges and Other Affiliations

- * Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary

Provider Registration - CAQH Application

The screenshot displays the CAQH ProView application interface. At the top left, the CAQH Solutions logo is visible. The main header area includes the text 'PROVIEW™' and a navigation menu with options: HOME, PROFILE DATA (with a dropdown arrow), DOCUMENTS, and REVIEW & ATTEST (highlighted in red). A user profile for Steve Smith (CAQH ID# 12461848) is shown in the top right corner, along with a 'LIVE CHAT AVAILABLE Got questions?' button and links for HELP, CONTACT CAQH, and SIGN OUT. Below the navigation, the user's status is shown as 'Provider Status: First Provider Contact (11/7/2012)', 'Profile Data: Incomplete', and 'Documents: Incomplete'. A yellow banner message states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.'

You have a few errors to fix before attesting.
Click below to review incorrect or missing information in your application and supporting documents.

Category	System Message	Required Fixes	Suggested Fixes	Action
Application Data	The system identified errors in your application.	40	1	View Errors
Supporting Documents	The system identified missing or expired documents.	3	0	View Documents

Below the error summary, there are two icons with text labels: 'View Your Data Summary' (represented by a clipboard icon) and 'Download Your State Application' (represented by a document icon with a signature).

Provider Registration - CAQH Application

The screenshot shows the CAQH ProView application interface. At the top, there is a navigation bar with the CAQH Solutions logo, the word 'PROVIEW', and links for 'LIVE CHAT AVAILABLE Got questions?', 'HELP', 'CONTACT CAQH', and 'SIGN OUT'. Below this, a user profile for Steve Smith (CAQH ID# 12461848) is visible. The main navigation includes 'HOME', 'PROFILE DATA', 'DOCUMENTS', and a red 'REVIEW & ATTEST' button. A status bar indicates 'Provider Status: First Provider Contact (11/7/2012)', 'Profile Data: Incomplete', and 'Documents: Incomplete'. A yellow warning banner states: 'You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.'

Correct Errors

Proview has identified items in your profile that need attention. You must address these items before you attest.

REQUIRED FIXES

Personal Information


Sub Section	Field	Error
NPI	Individual NPI (Do not enter an Organization here.)	Please enter the field labeled, "Individual NPI (Do not enter an Organization here.)"

Professional IDs

Sub Section	Field	Error
Professional License	Expiration Date	Provider must have a State License for TN that is not expired. Please enter a valid Expiration Date.
Medicaid	Medicaid Number	Please enter the field labeled, "Medicaid Number"
Medicaid	State	Please enter the field labeled, "State"

Professional Training

Provider Registration - CAQH Application




PROVIEW™


LIVE CHAT AVAILABLE
Got questions?

HELP | CONTACT CAQH | SIGN OUT

CAQH ProView Provider Update



Steve Smith
CAQH ID# 12461848



HOME
PROFILE DATA ▾
DOCUMENTS
REVIEW & ATTEST


Provider Status: First Provider Contact (11/7/2012)
Profile Data: * [Incomplete](#)
Documents: * [Incomplete](#)

! You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

DOCUMENTS

The documents that support your CAQH ProView profile are listed below

- Required documents are indicated with a red *.
- Highlighted rows require your attention.
- Please upload one document into each slot. Make sure that the document you upload corresponds to the document type listed in the Document Name column.

For more information click the 

* Required

LIST OF DOCUMENTS

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Application Release	CAQH			Missing	Download Upload
* Professional Liability Insurance - Enter Policy Number in record			01/31/2018	Missing	Upload
<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> Select document type ▾ </div>	Upload any document you want to add to your list. This is an optional section.				Upload

TERMS OF SERVICE
PRIVACY
CAQH.ORG

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Provider Registration - CAQH Application

I completed the application, what's next?

- CAQH will send your application to TennCare electronically.
- TennCare will verify licensure, NPI and other critical data elements required to complete the screening process.
- Once the verification process is complete, a Medicaid ID will be assigned.
- A "Welcome to TennCare" letter will be sent to the provider electronically.
- TennCare will notify all MCOs that you are now a valid provider they are free to contract with.

Provider Registration

3. Managed Care Organization Contracting/Credentialing

- Each TennCare member is assigned to a Managed Care Organization (MCO)
- MCOs (not TennCare) actually process and pay claims for medically necessary, covered services including MTM provided to eligible TennCare members
- Providers must contract with MCOs before payment can be made

Provider Registration

3. (continued) Managed Care Organization Contracting/Credentialing

For more information on TennCare's Managed Care Organizations and how to contact them, please visit our website at:

<https://www.tn.gov/tenncare/providers.html> and click on "Managed Care Organizations" on the left.

Provider Registration

For more information concerning provider registration please contact

Provider.Registration@tn.gov by email or by calling 1-800-852-2683 option 5

Provider Registration

1. National Provider Identifier (NPI)
<https://nppes.cms.hhs.gov>
2. TennCare/Medicaid Identification Number
<https://www.tn.gov/tenncare>
(800) 852-2683 option 5
Provider.Registration@tn.gov
www.caqh.org (888) 599-1771
3. Managed Care Organizations
<https://www.tn.gov/tenncare/providers/managed-care-organizations.html>



Provider Registration

Q & A