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
March 28, 2018
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
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](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 📥
I&A User ID, used to access NPPES, EHR & PECOS
Password

SIGN IN
FORGOT USER ID OR PASSWORD?

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

*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
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:
Provider Registration

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 WebEx

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

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
## 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

<table>
<thead>
<tr>
<th>Field</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
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</tr>
<tr>
<td>Middle Name</td>
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<tr>
<td>Last Name</td>
<td></td>
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<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>* Birth Date</td>
<td></td>
</tr>
<tr>
<td>* SSN</td>
<td></td>
</tr>
</tbody>
</table>

### Professional Identification

<table>
<thead>
<tr>
<th>Field</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Type</td>
<td></td>
</tr>
<tr>
<td>Provider NPI</td>
<td></td>
</tr>
<tr>
<td>DEA</td>
<td></td>
</tr>
<tr>
<td>* License Number</td>
<td></td>
</tr>
<tr>
<td>* License State</td>
<td>Tennessee</td>
</tr>
<tr>
<td>* Primary Practice State</td>
<td>Tennessee</td>
</tr>
</tbody>
</table>

### Credentialing Contact Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>* State</td>
<td>Tennessee</td>
</tr>
<tr>
<td>* Phone No</td>
<td></td>
</tr>
<tr>
<td>* E-mail</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>* Zip (First 5)</td>
<td></td>
</tr>
<tr>
<td>Phone Extension</td>
<td></td>
</tr>
<tr>
<td>* Confirm E-mail</td>
<td></td>
</tr>
<tr>
<td>* City</td>
<td></td>
</tr>
<tr>
<td>Ext Zip (Last 4)</td>
<td></td>
</tr>
</tbody>
</table>
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
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

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
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

**Register with CAQH ProView**

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:

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.

## STEP TWO

**Complete the Application and Review Data**

1. Select “Manage Information” from the top navigation bar.
2. Enter the requested information within each section.
   - 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:
   - Select “Correct Errors” to view both required and suggested fixes.
   - 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.

## STEP THREE

**Authorize Access to Your Information**

Only you can authorize who has access to your information. For new CAQH ProView users, access the “Authorize” page from the left navigation.

1. On the “Authorize” page, you have two options to select which listed organization(s) you would like to receive your information:
   - “All healthcare organizations that indicate I am an affiliated provider or am in the process of becoming an affiliated provider.”
   - “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.”
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.

*If a Participating Organization you wish to authorize does not appear, please contact that organization and ask to be added to their provider roster.*
Provider Registration – CAQH Application

Next Steps — All Users

<table>
<thead>
<tr>
<th>Verify Your Data Entry — Attest</th>
<th>Submit Supporting Documents</th>
</tr>
</thead>
</table>
| Complete the following steps to verify the accuracy of your information and complete your attestation.  
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.  
   — 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. | 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:  
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.  
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. |

<table>
<thead>
<tr>
<th>Maintain the Accuracy of Your Information</th>
</tr>
</thead>
</table>
| 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:  
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
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.

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

Name

- First Name
- Middle Name
- Last Name

Suffix
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.

**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.

---

Professional License

- **License State**: TN
- **License Number**: 12-56-0544
- **License Type**: PC
- **License Status**: Active
- **Issue Date**: 01/01/2012
- **Expiration Date**: 01/01/2016

Click Add to enter another license
You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

**EDUCATION**

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

**Graduate Type**
- US/Canada Graduate

**Did you attend professional/medical School?**
- Yes
- No

**Undergraduate Education**

**Country**
- United States

**State**
- Select

**School**
- [Select]
- Other (Not Listed)

**Street 1**

**Street 2**

**City**

**Province**

**Zip Code**

**Phone Number**

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

PROFESSIONAL TRAINING

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

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.

Internship

- Did you do any internships?
  - Yes
  - No

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.

Type: Internship

Country: (Please Select)  State: (Please Select)  County: (Please Select)

Institution/Hospital Name:  Other (Not Listed)  Affiliated University:  Other (Not Listed)

Street 1  Street 2
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.

**SPECIALTIES**

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

### Primary Specialty

- **Do you have any specialties?**
  - Yes
  - No

- **Primary Specialty**
  - [Select]

### 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 NPI?  
- Yes
- No

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

PRACTICE LOCATIONS

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.

Make sure to enter all group/practice information in the Employment Information section of your profile.

PRACTICE LOCATIONS

ARCHIVED LOCATIONS

These are locations that you archived from your profile.

Save and Go Back  Save & Continue
Provider Registration – CAQH Application

Add Practice Location

Enter your information below to create a new location

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
  Nashville

- State
  TN

- Zip Code
  37243

- Country
  United States

- County
  Davidson County

- Province

Continue  Not Now
Add Practice Location
Enter your information below to create a new location

**ADDRESS**
123 MEDICINE AVE
NASHVILLE
TN,37243-0001

**TAX ID**

*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

Continue
Not Now
Provider Registration – CAQH Application
**Add Practice Location**
Enter your information below to create a new location.

**Practice Affiliation**

- **Do you practice at this location?**
  - Yes
  - No

- **Please describe your affiliation with this location.**
  
  I see patients here at least one day per week on a regular basis.

**Provider's Start Date**
01/01/2018

**Office Type**
- Primary Practice
- Administrative
- Other Practice
- Research
You have made changes to your profile since your last attestation. You must attest for Participating Organizations to see your updated data.

**PRACTICE LOCATIONS**

- **My Practice**
  - 123 Medicine Ave
  - Nashville, TN
  - 37243-0001

```
Tax Id: 123-123-1231
NPI: 1234567890
```

**General Information**

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

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

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

**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.

- **Practice/Employer Name:** My Practice PLLC
- **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

PROFESSIONAL REFERENCES

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

Reference

No record found.
Click Add to enter Professional Reference.

Add

Save and Go Back  Save  Save & Continue

TERMS OF SERVICE  PRIVACY  CAQH.ORG

© 2013 CAQH. All rights reserved.
Provider Registration - CAQH Application

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.

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 “Fold” button to enter a malpractice case history record.

Licensure

1. * 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

2. * Has there been any challenge to your licensure, registration or certification?
   ○ Yes
   ○ No

Hospital Privileges and Other Affiliations

3. * 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
You have a few errors to fix before attesting.

Click below to review incorrect or missing information in your application and supporting documents.

Application Data
The system identified errors in your application.

- 40 required fixes
- 1 suggested fixes

View Errors

Supporting Documents
The system identified missing or expired documents.

- 3 missing documents
- 0 expired documents

View Documents

View Your Data Summary

Download Your State Application
Correct Errors

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

REQUIRED FIXES

Personal Information

<table>
<thead>
<tr>
<th>Sub Section</th>
<th>Field</th>
<th>Error</th>
</tr>
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<tbody>
<tr>
<td>NPI</td>
<td>Individual NPI (Do not enter an Organization here)</td>
<td>Please enter the field labeled, &quot;Individual NPI (Do not enter an Organization here).&quot;</td>
</tr>
</tbody>
</table>

Professional IDs

<table>
<thead>
<tr>
<th>Sub Section</th>
<th>Field</th>
<th>Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional License</td>
<td>Expiration Date</td>
<td>Provider must have a State License for TN that is not expired. Please enter a valid expiration date.</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Medicaid Number</td>
<td>Please enter the field labeled, &quot;Medicaid Number.&quot;</td>
</tr>
<tr>
<td>Medicaid</td>
<td>State</td>
<td>Please enter the field labeled, &quot;State.&quot;</td>
</tr>
</tbody>
</table>

Professional Training
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 **i**.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>State</th>
<th>Uploaded Date</th>
<th>Expiration Date</th>
<th>Status</th>
<th>Document Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Application Release</td>
<td>CAQH</td>
<td></td>
<td></td>
<td>Missing</td>
<td>Download</td>
</tr>
<tr>
<td>* Professional Liability Insurance - Enter Policy Number in record</td>
<td></td>
<td>01/31/2018</td>
<td></td>
<td>Missing</td>
<td>Upload</td>
</tr>
</tbody>
</table>

You can upload any document you want to add to your list. This is an optional section.
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.
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
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.
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