

**Step by Step
Guide to Electronic
Registration**

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Introduction

The TennCare Electronic Registration Portal has been designed to allow all providers, Individuals, Groups (Single and Multi-Specialty) and Entities (Hospitals, DME, Transportation, Hospice, etc.) the ability to register / re-verify their provider data electronically.

This process is designed to alleviate some of the administrative burden on provider and reduce the amount of time required to assign / update provider data.

All new and existing individual, groups and entities must register / re-verify their data through the TennCare Electronic Registration system. Existing provider data has been converted and loaded into the portal database. For existing providers, once you have created and activated your account(s), you will be able to verify existing data and update / enter any data that needs to be changed or missing. Converted data is based on the provider's tax ID and NPI (if the NPI is applicable). These fields cannot be changed. Once the provider is registered / re-verified any updates must then be completed using the electronic registration portal. Paper applications and updates are no longer accepted and will be returned with instructions to register electronically.

Individual Provider Person Information

Individual Medical service provider data is received from CAQH. Groups and/or entities billing individual medical service provider(s) as ordering, prescribing or rendering providers on a claim must ensure the individual is associated with their group or entity.

In many cases this is a two step registration process. The individual must be registered on the portal at: <https://pdms.tennCare.tn.gov/ProviderPersonRegistration/Process/Register.aspx>. The individual provider only completes this process one time. The information entered here is sent to CAQH to add the provider to the TennCare / Medicaid roster. After the information is entered on the portal the individual does not need to enter any data on the portal again. Any updates needed must be done in the provider CAQH Preview profile. CAQH will send the data to TennCare to be updated in the system. If the provider attempts to enter their registration data after it has been entered, a message similar to: **"The NPI and SSN you have entered appear to have already been registered ..."**. If this message is received, the provider was previously registered and only needs to update the CAQH profile. For example:

- **Group "A"** is registering the group and individual **provider "A"** is a member of the group. **Group "A"** registers individual **provider "A"** on the portal and then registers the group. Individual provider is sent to CAQH to be added to the roster. Six months later **Group "B"** attempts to register individual **provider "A"** as the provider has now joined **Group "B"**. **Group "B"** attempts to register individual **provider "A"**. **Group "B"** receives the error message: **"The NPI and SSN you have entered appears to have already be registered ..."**

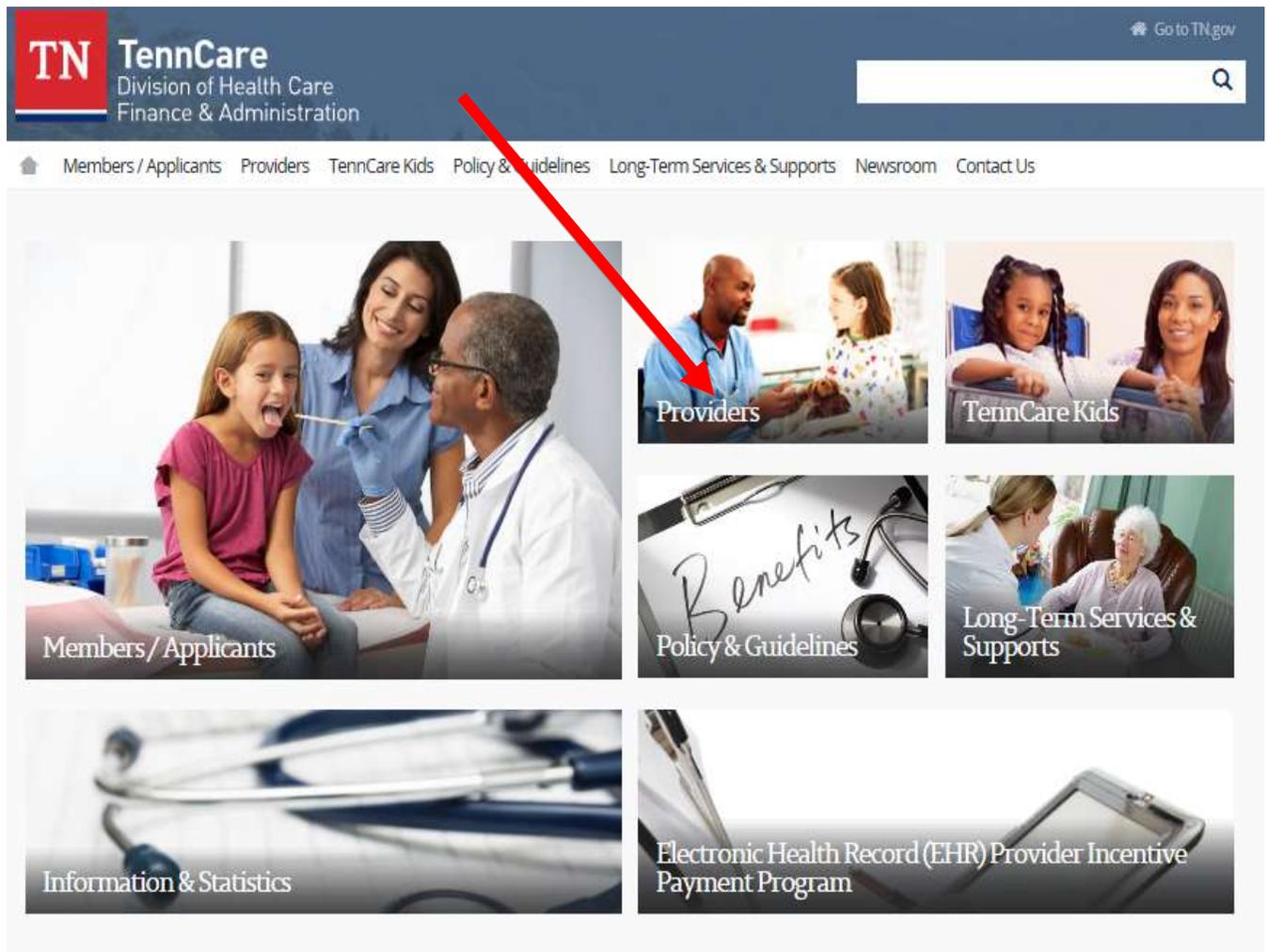
Since Individual **provider "A"** was registered previously, **Group "B"** only needs to ensure Individual **provider "A"** has added **Group "B"** as a practice location in the CAQH profile.

Group "B" would complete the electronic registration process for the group and ensure Individual Provider **"A"** is added in the "Individual Providers" section when registering. When the record is processed and the individual provider data is received, the provider will be linked / affiliated with the group / entity.

The following guide is to provide an overview of the registration process for groups and entities. This electronic system is used for all provider types. There are some sections that may not apply to you or some screens that will not be visible during the registration process as they do not pertain to your specific provider type.

To access the registration system:

- Access the web portal from www.tn.gov/tenncare.
- Click on “For Providers” on the left of the screen





Providers

Current P.O. Box List

Dental Services

Electronic Data Interchange

Literacy/Communication/Cultural Competency and Disparities in Health Care

Managed Care Organizations

Medicare/Medicaid Crossover Claims

Miscellaneous Provider Forms

Pharmacy

Primary Care Physician Enhanced Rates

Provider Educational Handouts

Provider Registration

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](#).

Provider News & Notices

- Request for Recommendations and MCO Contracting Information: [Behavioral Health Crisis Prevention, Intervention and Stabilization Services for Individuals with Intellectual and Developmental Disabilities](#)
- **Increased Medicaid Payment for Primary Care.** In accordance with Section 1202 of the Affordable Care Act, qualified Medicaid primary care providers practicing in family medicine, general internal medicine, pediatric medicine and related subspecialties who meet specified requirements will be eligible to receive enhanced reimbursement rates. This is effective for dates of service on and after January 1, 2013 through December 31, 2014. For information on [Primary Care Physician Enhanced Rates](#)
- [Provider Contractual Requirement - EQRO Quarterly Survey Participation](#)
- [Nondiscrimination Compliance Training](#)
- [TennCare Drug Safety Alert to Prescribing Providers](#)

Keep up-to-date with the latest provider news and information from TennCare! [Subscribe](#) to this free service.

Under the list of "Provider Links", on the left click "Provider Registration"

The “New and Existing Registration” page is displayed. This page describes why you need a Medicaid ID, has links to the Managed Care Organizations and the EHR Incentive Program. Below these links are the links to the registration portal for **Individuals (#1)**, **All Other Provider Registration Information (#2)**.

Providers

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

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 continue to submit paper at this time.

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. Submit Medicare/Medicaid "cross-over" claims to TennCare for consideration of Medicare copays and deductibles for our members with Medicare as a primary carrier.
2. Contract with any [TennCare Managed Care Organization](#) in order to provide medically necessary services to TennCare members.
3. 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](#) ← **# 1**
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](#) ← **# 2**

Examples of a group provider:

1. AnyTown Dental Practice (a group of General Dentists – Single Specialty)
2. Happy Valley Medical Clinic (a group of Family Practitioners, Internists and Pediatricians – Multi Specialty)
3. ABC Medical Equipment (Supplier of Durable Medical Equipment)
4. AnyCity Hospital (Acute Care Hospital)

Provider Registration/Re-validation [Frequently Asked Questions \(FAQs\)](#)

Single or Multi-Specialty Provider Registration/Re-validation [Frequently Asked Questions \(FAQ\)](#)

We welcome the opportunity to work with you to provide medically necessary health care services to eligible TennCare members.

If you have additional questions or need assistance, please call toll free: 800-852-2683 Monday to Friday 8 a.m. - 4:30 p.m. CST.

Section One

Creating User Accounts

This section describes how to create a user account. It is critical to ensure the correct category and provider type is chosen when creating an account. Choosing an incorrect provider type can have significant delays in the registration process as well as affect payments. If billing is done with your NPI and the NPI is used to bill for multiple provider types, it is imperative the registration is completed as the provider type that needs the highest level of data input. For instance, if a hospital has a professional component within the hospital and bills both the hospital and professional component with the same NPI, the provider should register the hospital and add the individual providers who bill the professional component during the registration. Hospitals that do not bill the professional component with the same NPI do not have to list individual providers when registering.

Clicking on **"All Other Provider Registration Information"** from the home page will load the login page.

The first step will be to:

- Click "Create Account"

- Choose a response to "Are you an existing TennCare provider"?

From the “Category” drop-down menu, choose the provider category for which the registration is requested. If you are an “Individual Provider (Medical Services Only)”, you will need to **first** register and receive your Medicaid ID as outlined in the “Individual Provider” description in the beginning of this document. Individual Providers only register on this site when directed by the Department of Intellectual and Developmental Disabilities (DIDD). Individual providers can only add DIDD services through this portal after a Medicaid ID is assigned based on the CAQH DATA.

All other providers should choose the “Category” for their provider type.

The next pages and screens show the various categories, provider types and specialties. **(Figures 1 – 4B)**

Figure 1, Figure 1A & Figure 1B: show the Provider types and Specialties available if the category chosen is an “Individual Provider (Medical Services Only)”. Only individual providers, who have registered on this individual provider registration site, completed their CAQH profile, receive their Medicaid and have a DIDD referral should register here. Figure 1B error message is received when an attempt is made to register prior to obtaining a Medicaid ID.

The screenshot shows the 'TennCare Provider Registration Portal' with the following elements:

- Header: TennCare logo, Darin Gordon, Deputy Commissioner, and Governor Bill Haslam.
- Navigation: Links for Home, Contact Us, Create Account, and Log In.
- Progress: 'Enter Provider Info' (highlighted in green), 'Create User ID & Password', and 'Confirmation'.
- Instruction: 'Get started by filling out the form below'.
- Form Fields:
 - Are you an existing TennCare provider? (Yes/No radio buttons)
 - Category*: Individual Provider (Medical Services Only) (dropdown)
 - Provider Type*: Individual Provider (Medical Services Only) (dropdown)
 - Tax ID/SSN*: Group, Entity/Facility, Non-Medical Service Providers (dropdown)
 - NPI*: (dropdown)
 - First Name/Last Name*: (text input)
- Buttons: 'Next' and 'Cancel'.
- Annotation: A blue box with the text 'FIGURE 1' is overlaid on the bottom left of the form area.

This screenshot is similar to Figure 1 but shows the 'Provider Type*' dropdown menu expanded to display a list of specialties:

- Alcohol/Drug Counselor
- Audiologist
- Certified Registered Nurse Anesthetist
- Clinical Psychologist
- Clinical Social Worker
- Doctor of Chiropractic (DC)
- Doctor of Dental Medicine (DMD)
- Doctor of Dental Surgery (DDS)
- Doctor of Podiatric Medicine (DPM)
- HCBS Provider
- Marriage/Family Therapist
- Medical Doctor (MD)
- Midwife
- Neuropsychologist
- Non Medical Transportation Provider
- Nurse Midwife
- Nurse Practitioner
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Doctor (DO)
- Pharmacist
- Physical Therapist
- Physician Assistant

Other elements include the 'Next' and 'Cancel' buttons, a blue box labeled 'FIGURE 1A' on the left, and an 'Entrust' security seal at the bottom center.

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TennCare Provider Registration Portal

TennCare Home
Home
Contact Us
Create Account
Log In

Enter Provider Info Create User ID & Password Confirmation

Get started by filling out the form below

* You are not yet registered as a Provider with TennCare. Please contact TennCare Provider Services at 1-800-852-2683 or Provider.Registration@tn.gov.

Are you an existing TennCare provider? Yes No

Category* Individual Provider (Medical Services Only) ▾

Provider Type* Doctor of Dental Medicine (DMD) ▾

Tax ID/SSN* 236598450

NPI* 1234567890

First Name/Last Name* smith

FIGURE 1B Next Cancel

Individual providers who have not registered at:
<https://pdms.tennCare.tn.gov/ProviderPersonRegistration/Process/Register.aspx>
 will receive this message. They must be registered as individual providers, complete their CAQH / Proview profile and receive their Medicaid ID before they can register on this site for additional services.

Figure 2, Figure 2A & Figure 2B: show the Provider types and Specialties available if the category chosen is a “Group”.

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TennCare Provider Registration Portal

[TennCare Home](#)
[Home](#)
[Contact Us](#)
[Create Account](#)
[Log In](#)

Enter Provider Info | Create User ID & Password | Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Group

Provider Type* [Dropdown]

Primary Specialty* Multi-Specialty

Tax ID* Single-Specialty

NPI (If applicable) [Text Box]

Organization Name* [Text Box]

FIGURE 2

Next | Cancel

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[TennCare Home](#)
[Home](#)
[Contact Us](#)
[Create Account](#)
[Log In](#)

Enter Provider Info | Create User ID & Password | Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Group

Provider Type* Single-Specialty

Primary Specialty* [Dropdown]

Tax ID* [Text Box]

NPI (If applicable) [Text Box]

Organization Name* [Text Box]

FIGURE 2A

Next | Cancel

FIGURE 2B

Once you choose the provider type choose the provider specialty. Multi-Specialty Groups will only have one option. In the example above “Single-Specialty was chosen. In the drop-down for “Provider Specialty”, choose the specialty for the group. If unable to locate your specialty choose a specialty which most closely matches the group or contact the TennCare Call Center at 800-852-2683 for guidance.

Figure 3, Figure 3A & Figure3B: show the Provider types and Specialties available if the category chosen is an “Entity / Facility”.

TennCare Provider Registration Portal

Enter Provider Info | Create User ID & Password | Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Entity/Facility

Provider Type* Individual Provider (Medical Services Only)

Primary Specialty* Group

Tax ID* Entity/Facility

NPI (If applicable) Non-Medical Service Providers

Organization Name*

FIGURE 3 Next Cancel

TennCare Provider Registration Portal

Enter Provider Info | Create User ID & Password | Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Entity/Facility

Provider Type* Hospital

Primary Specialty* Ambulatory Surgical Center (ASC)

Tax ID* DME/Medical Supply Dealer

NPI (If applicable) End-Stage Renal Disease (RSD) Clinic

Organization Name* Extended Care Facility

Federally Qualified Health Clinic

Home Health Agency

Hospice

Hospital

Laboratory

Rehabilitation Facility

Rural Health Clinic

Transportation Provider

X-Ray Clinic

FIGURE 3A Next Cancel

The Entity/Facility category lists all the provider types which can be registered as Entities/Facilities. The specialties shown on the next screen are for a hospital facility. The specialties that will be displayed will correspond to the type chosen. Not all specialties are shown for every provider type.



TennCare Provider Registration Portal

[TennCare Home](#)
[Home](#)
[Contact Us](#)
[Create Account](#)
[Log In](#)

Enter Provider Info Create User ID & Password Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Entity/Facility

Provider Type* Hospital

Primary Specialty*

- Tax ID*
- NPI (If applicable)
- Organization Name*
- Acute Care (281PC2000X)
- Acute Care (282N00000X)
- Acute Care (282NW0100X)
- Acute Care (282E00000X)
- Acute Care (275N00000X)
- Acute Care (284300000X)
- Acute Care (2865C1500X)
- Acute Care (2865M2000X)
- Acute Care (2865X1600X)
- Acute Care (287300000X)
- Acute Care (286500000X)
- Acute Care (273100000X)
- Acute Care (281P00000X)
- Acute Care - Rural (282NR1301X)
- Children's Specialty (282NC2000X)
- Critical Access (282N00000X)
- Critical Access (282NC0060X)
- Emergency (282N00000X)
- Mental Health Inpatient Hospitals Over 65 (283Q00000X)
- Mental Health Inpatient Hospitals Under 21 (283Q00000X)
- Psychiatric (283Q00000X)
- Psychiatric (273R00000X)
- Rehabilitation (283X00000X)
- Rehabilitation (283XC2000X)
- Rehabilitation (273Y00000X)
- Rehabilitation (276400000X)
- Residential Treatment Center (323P00000X)

This list shows the specialties available for hospitals.

FIGURE 3B



Figure 4, Figure 4A & Figure 4B: show the Provider types and Specialties available if the category chosen is a “Non-Medical Service Providers”.

The screenshot shows the 'TennCare Provider Registration Portal' with a navigation menu on the left containing links for 'TennCare Home', 'Home', 'Contact Us', 'Create Account', and 'Log In'. The main content area has three tabs: 'Enter Provider Info' (active), 'Create User ID & Password', and 'Confirmation'. A red banner reads 'Get started by filling out the form below'. Below this is a question: 'Are you an existing TennCare provider?' with radio buttons for 'Yes' and 'No' (selected). The 'Category' dropdown is set to 'Non-Medical Service Providers' and is circled in red. The dropdown menu is open, showing a list of provider types: 'Provider-type*', 'Primary Specialty*', 'Tax ID*', 'NPI (If applicable)', and 'Organization Name*'. The list includes: 'HCBS - Adult Day Care', 'HCBS - Emerg. Response System Companies', 'HCBS - Home Delivered Meal', 'HCBS - Home Modification', 'HCBS - In Home Supportive Care (Pest Control, etc.)', 'HCBS - Personal Care Services (In-Home Respite, etc.)', 'Public Health Agency', 'School Corporation', and 'Transportation Provider (non-medical)'. At the bottom are 'Next' and 'Cancel' buttons. A blue box labeled 'FIGURE 4' is overlaid on the bottom left of the form area.

This screenshot is identical to Figure 4, but the 'Provider Type*' dropdown menu is open, and 'Transportation Provider (non-medical)' is selected and highlighted in blue. The 'Category*' dropdown remains set to 'Non-Medical Service Providers'. The rest of the page layout, including the navigation menu, tabs, and buttons, is the same as in Figure 4. A blue box labeled 'FIGURE 4A' is overlaid on the bottom left of the form area.



TennCare Provider Registration Portal

[TennCare Home](#)
[Home](#)
[Contact Us](#)
[Create Account](#)
[Log In](#)

Enter Provider Info

Create User ID & Password

Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Non-Medical Service Providers

Provider Type* Transportation Provider (non-medical)

Primary Specialty*

Tax ID*

NPI (If applicable)
Organization Name*

- Bus (347B00000X)
- Common Carrier (Ambulatory) (343900000X)
- Common Carrier (Non-ambulatory) (343900000X)
- Common Carrier (Non-ambulatory) (347D00000X)
- Common Carrier (Non-ambulatory) (344800000X)
- Taxi (344600000X)
- Volunteer (343900000X)

FIGURE 4B

Next

Cancel

- After you have chosen your “Category”, “Provider Type” and “Primary Specialty”:
- Enter your tax ID XXXXXXXXX
- Enter the NPI if applicable. (Some provider types are not required to have a NPI. These are primarily the Non-Medical Service Providers).
- Enter the name of the group/entity.

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Enter Provider Info | Create User ID & Password | Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Non-Medical Service Providers

Provider Type* HCBS - Personal Care Services (In-Home Respite, etc.)

Primary Specialty* HCBS - Personal Care Services (In-Home Respite, etc.) (251J00000X)

Tax ID* 147258369

NPI (If applicable)

Organization Name* New Service Provider LLC

Next Cancel

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TennCare Provider Registration Portal

Enter Provider Info | Create User ID & Password | Confirmation

Get started by filling out the form below

Are you an existing TennCare provider? Yes No

Category* Non-Medical Service Providers

Provider Type* HCBS - Personal Care Services (In-Home Respite, etc.)

Primary Specialty* HCBS - Personal Care Services (In-Home Respite, etc.) (251J00000X)

Tax ID* 147258369

Based on your tax ID, you are eligible for DIDD Services. Please enter your Application number.

Application No* 16-001-00

NPI (If applicable)

Organization Name* New Service Provider LLC

Service Location Zip Code* 37243

Next Cancel

If you are a new provider and have received notification you have been approved to render DIDD services you will see this message and be able to enter the application number which was supplied to you. If you have not been approved for DIDD services you will not see this message. The application number must be entered exactly as shown in the DIDD letter

If you are an individual provider you will not be able to enter your application number or register for DIDD services until your individual record has processed and you have received a Medicaid ID.

All new providers must enter their zip codes.

- Click Next

If you checked yes to the question: “Are you an existing TennCare provider?” and receive the message as indicated in the picture below:

The screenshot shows the TennCare Provider Registration Portal. At the top, there is a header with the TennCare logo, the name of the Deputy Commissioner, and the Governor's name. The main title is "TennCare Provider Registration Portal". On the left, there is a navigation menu with links: "TennCare Home", "Home", "Contact Us", "Create Account", and "Log In". The main content area has three tabs: "Enter Provider Info" (highlighted in green), "Create User ID & Password", and "Confirmation". A red banner with white text says "Please start by filling out the form below". Below this, a red error message is displayed: "* You indicated you are an existing TennCare provider but we are unable to locate your record with the information, please verify your entries. If you have entered the correct information and are still receiving this message, please contact TennCare Provider Services at 1-800-852-2683 or Provider.Registration@tn.gov". Below the error message is a question: "Are you an existing TennCare provider?" with radio buttons for "Yes" (selected) and "No". Below this are several form fields: "Category*" (Non-Medical Service Providers), "Provider Type*" (HCBS - Personal Care Services (In-Home Respite, etc.)), "Primary Specialty*" (HCBS - Personal Care Services (In-Home Respite, etc.) (251J00000X)), "Tax ID*" (147258369), "Application No*" (16-001-00), "NPI (If applicable)", "Organization Name*" (New Service Provider LLC), and "Service Location Zip Code*" (37243). At the bottom right, there are "Next" and "Cancel" buttons.

Please contact Provider Services before moving forward if you receive the message displayed above and are an existing provider.

- The Create User ID & Password page is where you will establish your user ID and contact information. The contact person listed should be the person to be contacted if there are any questions concerning the registration. This is also the person who will receive the group and individual welcome letters via email. Choose a user name to be associated with your group. **Passwords must be a minimum of five characters in length, contain one uppercase, one lower case, a number and one special character.** Choose your security questions / answers.

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TennCare Provider Registration Portal

Enter Provider Info | **Create User ID & Password** | Confirmation

Please enter your contact information

Contact Name* John Smith
 Title* Contact Manager
 Phone Number* (615) 222-3333
 Extension
 Email Address* blah@blah.com
 Confirm Email blah@blah.com

Create your user id and password

User ID* SvcProv
 Password* ●●●●●●●●
 Confirm Password* ●●●●●●●●

Answer your security question

Security Question* In what city did you meet your spouse / significant other?
 Answer* [REDACTED]
 Security Question* What is your maternal grandmother's maiden name?
 Answer* [REDACTED]

Previous Register Cancel

Enter the information on this screen to create the user ID and password

- Once the contact information has been entered, click “Register”
- You will see a confirmation screen (below) if your registration was successful. You will then receive an email to activate your account before you are able to log in.

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Enter Provider Info | Create User ID & Password | **Confirmation**

Confirmation - Next Steps

Your online account registration was successful.
 A confirmation email was sent to the email address used during registration.
 Please refer to the email for instructions on activating your account.

Return to Home Page

- Access your email and click on the link to activate your account.

Section Two

Accessing Account

- Once the account has been activated via the link provided in the email, the login page will open up.
- Enter the ID and password you just created and click “Log In” to continue.

The screenshot shows the 'TennCare Provider Registration Portal' login page. At the top, there is a banner with the TennCare logo on the left, the text 'TennCare Darin Gordon, Deputy Commissioner' in the center, and a photo of Governor Bill Haslam with the text 'GOVERNOR Bill Haslam Visit Bill's Web Site' on the right. Below the banner, the page title is 'TennCare Provider Registration Portal'. On the left side, there is a navigation menu with links: 'TennCare Home', 'Home', 'Contact Us', 'Create Account', and 'Log In'. The main content area is titled 'Log In'. It contains the following text: 'If you are a Provider Person (individual practitioner) click [here](#). Please enter your User ID and Password. [Create Account](#) if you don't have an account.' Below this is a form titled 'Account Information' with two input fields: 'User ID' containing 'SvcProv' and 'Password' containing a series of dots. There are two links below the form: '[Forgot Password?](#)' and '[Forgot User ID?](#)'. At the bottom of the form is a blue 'Log In' button.

The registration home page will open up. The remainder of this documentation demonstrates a new provider registration. If the new registration does not include DIDD services the option under “Manage My Account” will show “Begin New Registration” (**Figure 1**). If the registration is for a new provider who has received a “Referral Number” from DIDD, the option under “Manage My Account” will show “Add DIDD Services” (**Figure 2**).

This example will show the registration process for a new provider who is also registering for DIDD services as it includes the information needed for registering for DIDD services in addition to all the information needed for a provider who is not registering for DIDD services.

(Existing individuals who have registered, groups and entities will see “Continue My Registration and / or Add DIDD Services” along with your Effective Date and Medicaid ID)

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TennCare Provider Registration Portal

User: Jack Smith (SvcProv2) Thursday, July 02, 2015 Home Logout

[TennCare Home](#)
[Home](#)
[My Profile](#)
[Contact Us](#)
[Log Out](#)

Home

TennCare Registration Information

End Date

TennCare Status

Application Status

Medicaid ID

Manage My Account

[Begin New Registration](#)

[Update My Profile](#)

[Documents and Reports](#)

Communications

Subject	NPI	Date
TennCare Provider Account Created	9875456112	07/02/2015

First

FIGURE 1

Providers who **are not** signing up or adding DIDD services will see the following under manage my account.

Providers who **are** signing up for or adding DIDD services will see the following under "Manage My Account". While the screen displays "Add DIDD Services", the information entered will allow the provider to provide DIDD Services and complete the process for other services associated with the group or entity.

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TennCare Provider Registration Portal

User: John Smith (SvcProv) Wednesday, July 01, 2015 Home Logout

[TennCare Home](#)
[Home](#)
[My Profile](#)
[Contact Us](#)
[Log Out](#)

Home

TennCare Registration Information

End Date

TennCare Status

Application Status

Medicaid ID

Manage My Account

[Add DIDD Services](#)

[Update My Profile](#)

[Documents and Reports](#)

Communications

Subject	NPI	Date
TennCare Provider Account Created		07/01/2015

FIGURE 2

- Click "Begin New Registration" or "Add DIDD Services".

Section Three

Identification

IDENTIFICATION SECTION

All new / revalidation request will be with screens similar to this one. Depending on the provider type chosen during the create account step will determine what sections will need to be completed. Not all provider types will see all sections. All providers will be required to complete: Identification, Practice Locations, Owner Information, Substitute W-9, ACH and Agreements sections. The Individual provider's link appears on some provider types, such as Hospital. While it appears you can click "next" without entering any individual providers, However, if the NPI you are using is used to submit the professional claims as well as the UB claims, the individual providers must be listed on this page. This applies to hospitals or other entities that use the same NPI for both the hospital and / or group component within the hospital.

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TennCare Provider Registration Portal

User: John Smith (SvcProv) Wednesday, July 01, 2015 [Home](#) [Logout](#)

Provider Name		Screen Errors	
Application Type	DIDD Referral		
Application Status			
View			

Identification

Organization Information

No organization information found. +

Primary Contact Information

No primary contact information found. +

Uploaded Documents

Name

Description

Identification

Provider File

- Identification
- Licenses & Classifications
- Practice Locations
- Services
- Individual Providers
- Owner Information
- Substitute W9 Form
- ACH Authorization
- Agreements
- Contracts

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There is also an "Uploaded Documents" window available on most pages. Required documents can be uploaded at any time in this window.

To get started, click on the **Green +** sign at the right of the screen.

The screenshot displays the TennCare Provider Registration Portal. At the top, the header includes the TennCare logo, the name of the Deputy Commissioner, Darin Gordon, and the Governor, Bill Haslam. The main title is "TennCare Provider Registration Portal". Below the header, the user information shows "User: John Smith (ScvProv)" and the date "Wednesday, June 17, 2015". There are links for "Home" and "Logout".

The main content area is divided into several sections. On the left, there is a sidebar with navigation links: "TennCare Home", "Home", "My Profile", "Contact Us", "Log Out", and a "Provider File" section with sub-links for "Identification", "Licenses & Classifications", "Practice Locations", "Services", "Individual Providers", "Owner Information", "Substitute W9 Form", "ACH Authorization", "Agreements", and "Contracts".

The main content area is titled "Identification" and contains three sections: "Organization Information", "Primary Contact Information", and "Uploaded Documents". Each of the first two sections has a message "No organization information found." and "No primary contact information found." respectively, with a green plus sign (+) at the bottom right of each section. The "Uploaded Documents" section has a "Browse..." button, a "Name" input field, a "Description" input field, and an "Upload file" button.

Two arrows point from the text above to the green plus signs in the "Organization Information" and "Primary Contact Information" sections, which are circled in red.

Organizational Information

- To begin, click on the green plus sign under “Organization Information”.
- Enter the Business Name as it is reported to the IRS for tax purposes.
- If the group also utilizes a Doing Business As name, you should enter the DBA name in the space provided.
- The NPI (if applicable) and Tax ID will already be populated and cannot be changed. (A change to an NPI or Tax ID indicates to our system that an ownership change has occurred. You will need to complete a new registration if there is an NPI change or log in and choose “Ownership Change” from your registration home page if there has been a change in ownership.) ***(If you are also a DIDD provider, you must also contact the DIDD Provider Enrollment Coordinator at Provider.Changes@tn.gov and the DIDD Licensure Coordinator for the affected Region to discuss ownership changes before the new registration for DIDD services can occur).***
- The Category and Provider Type chosen will be displayed.
- Enter the requested effective date. If the effective date is in the future the system will assign the processing date as effective date. If the requested effective date is more than 12 months prior to current date we may require additional information.

TennCare
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TennCare Provider Registration Portal

User: John Smith (SciProv) | Wednesday, June 17, 2015

Provider Name: Application Type: DIDD Referral

Application Status: View

Screen Errors

Return Reasons

Organization Information

Provider

Legal Business Name* New Service Provider (org)
Business Name as it appears on your IRS assignment letter.

DBA

NPI

Tax ID* 147258369

Category Non-Medical Service Providers

Provider Type HCBS - Personal Care Services (In-Home Respite, etc.)

Requested Effective Date* 06/01/2015

Save Cancel

Documents

Name

Description

Upload file

Identification

Callout 1: If there is a DBA or NPI enter them as well and click save

Callout 2: The "Requested Effective Date" cannot be greater than current date. This is different than the contract dates for DIDD

- Click Save

You should now see the information entered for your organization populated.



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TennCare Provider Registration Portal

User: John Smith (SvcProv)
Wednesday, July 01, 2015

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Provider Name New Service Provider (Oranization)

Application Type DIDD Referral

Application Status Not Submitted

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Save

Next

Identification

Organization Information

Legal Name	DBA NPI Tax ID	Provider Type	Effective Date
New Service Provider (Organization)	147258369	HCBS - Personal Care Services (In-Home Respite, etc.)	

Primary Contact Information

Primary Contact Name	Title	Phone Number	Extension	EmailAddress
John Contact	Primary Manager	(615) 222-3333		blah@Blah.com

Uploaded Documents

No uploaded documents found.

Name

Description

Upload file

Identification (25256)

Save

Next

Electronic Registration Guide
Version 2, Rev. 1
August 14, 2015

Page 30

Primary Contact Information

- Click the green plus sign on the right hand side of the page.

The screenshot displays the TennCare Provider Registration Portal. At the top, it features the TennCare logo, the name of the Deputy Commissioner, Darin Gordon, and the Governor, Bill Haslam. The main heading is "TennCare Provider Registration Portal". Below this, a user information bar shows "User: John Smith (SvcProv)" and the date "Wednesday, July 01, 2015", along with "Home" and "Logout" links.

The main content area is divided into several sections:

- Provider Information:** Includes "Provider Name", "Application Type: DIDD Referral", and "Application Status" with a "View" link.
- Screen Errors:** A section for reporting errors.
- Return Reasons:** A section for reporting return reasons.
- Identification Section:** Contains a table for "Organization Information" and a "Primary Contact Information" section.

The "Organization Information" table has the following data:

Legal Name	DBA NPITax ID	Provider Type	Effective Date
New Service Provider	147258369	HCBS - Personal Care Services (In-Home Respite, etc.)	

The "Primary Contact Information" section displays the message "No primary contact information found." and a green plus sign (+) in a small box on the right, which is circled in black. A red arrow points from the plus sign down to the "Upload file" button in the "Uploaded Documents" section below.

The "Uploaded Documents" section includes a "Browse..." button, a "Name" field, a "Description" field, and an "Upload file" button.

At the bottom of the page, there are "Save" and "Next" buttons.

- Click the "+" sign and enter the "Primary Contact Information".

TennCare
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TennCare Provider Registration Portal

User: John Smith (SvcProv) Wednesday, July 01, 2015 Home Logout

Provider Name
Application Type: DIDD Referral
Application Status: View

Screen Errors

Primary Contact Information

Provider

Name* John Contact

The Primary Contact is the main person responsible for the information submitted to TennCare.

Title Primary Manager

Address* 310 Great Circle Rd

Suite/Dept/Floor

City* Nashville

State* Tennessee

Zip* 37243

Ext Zip

Phone Number* (615) 222-3333

Extension

Fax Number () - -

Email Address* blah@Blah.com

Save **Cancel**

Save **Next**

Effective Date

Services (In-Home Respite, etc.)

Save **Next**

Identification

Name

Description

Upload file

Save **Next**

- All fields containing an asterisk will need to be completed. The address information entered here should be the address information as reported on the W-9 to the IRS.
- Click Save

TennCare Provider Registration Portal

User: John Smith (ScvProv)

Wednesday, June 17, 2015

 Home
  Logout

Provider Name
Application Type DIDD Referral
Application Status
 View

Screen Errors

Return Reasons

[TennCare Home](#)

As you completed the sections on each page the green plus signs change to an "edit" and history button. Click "Save" then "Next"

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- [Individual Providers](#)
- [Owner Information](#)
- [Substitute W9 Form](#)
- [ACH Authorization](#)
- [Agreements](#)
- [Contracts](#)

Identification Save Next

Organization Information

Legal Name	DBA	NPI	Tax ID	Provider Type	Effective Date
New Service Provider		147258369		HCBS - Personal Care Services (In-Home Respite, etc.)	

Primary Contact Information

Primary Contact Name	Title	Phone Number	Extension	EmailAddress
New Service Provider (Primary)	Primary Manager	(615) 222-3333		Primary@blah.com

Uploaded Documents

Browse...

Name
 Description

Upload file

Identification Save Next

User: John Smith (ScvProv) Wednesday, June 17, 2015 [Home](#) [Logout](#)

Provider Name
Application Type DIDD Referral
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 - [Individual Providers](#)
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[Save](#) [Previous](#) [Next](#)

Licenses & Classifications

Provider Type: HCBS - Personal Care Services (In-Home Respite, etc.)

Specialties and Taxonomies

Primary Specialty	Primary Taxonomy
HCBS - Personal Care Services (In-Home Respite, etc.)	251300000X
No additional records found	

+

Licenses

No licenses found

+

Miscellaneous

As you click "Save" and "Next" you should see green  check marks. This indicates you have completed the section with no errors. If there are errors or required fields missing they will be displayed at the top of the page in the "Screen Errors" box in **RED**.

Uploaded Documents

No uploaded documents found.

[Browse...](#)

Name

Description

[Upload file](#)

[Save](#) [Previous](#) [Next](#)

Section Four

License & Classifications

This section is not required for all provider types. This link will only show if required based on the provider type which was chosen during registration.



TennCare Provider Registration Portal

User: John Smith (SvcProv)

Wednesday, July 01, 2015

Home Logout

Provider Name
Application Type DIDD Referral
Application Status
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Provider File

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Licenses & Classifications

[Save](#) [Previous](#) [Next](#)

Provider Type: HCBS - Personal Care Services (In-Home Respite, etc.)

Specialties and Taxonomies

Primary Specialty	Primary Taxonomy
HCBS - Personal Care Services (In-Home Respite, etc.)	251J00000X

No additional records found

Licenses

No licenses found

Miscellaneous

No Medicare number found

No Other State Medicaid Number found

Uploaded Documents

No uploaded documents found.

[Browse...](#)

Name

Description

[Upload file](#)

Licenses & Classifications

[Save](#) [Previous](#) [Next](#)

Click on the "+" sign to add licenses and any other information such as Medicare Numbers, etc. License must be entered for DIDD Services. If a required field is not completed an error message will be displayed at the top of this page.

The screenshot shows the 'TennCare Provider Registration Portal' interface. At the top, it displays the user 'John Smith (SvcProv)' and the date 'Thursday, July 02, 2015'. The main content area is titled 'Licenses & Classifications' and shows a form for editing a license. A dropdown menu is open, listing various license types such as 'Federally Qualified Health Center', 'Home Healthy Agency', 'Hospital', 'Physician Assistant', and 'Residential / Institutional Home Administrator'. The 'Residential / Institutional Home Administrator' option is currently selected. The form also includes fields for 'Number', 'Type', 'State' (set to Tennessee), 'Issue Date' (1/1/2015), and 'Expiration Date' (12/31/2017). A red arrow points from a text box to the dropdown menu.

Choose the type of license being entered. Enter the license number, license type from the drop-down menu, State, Issue & Expiration date.

Once complete click "Save", then click "Next".



TennCare Provider Registration Portal

User: John Smith (SvcProv)

Thursday, July 02, 2015

[Home](#) [Logout](#)

Provider Name New Service Provider (Organization)
Application Type DIDD Referral
Application Status Not Submitted
[View](#) [Edit](#)

Screen Errors
 ** Please upload the following (minimum 2 uploads required):
 -Proof of Liability Insurance, \$500,00.00 (Required)
 -Documentation verifying financial capacity to operate (line of credit, tax return, etc (Required))

Return Reasons

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Provider File

- Identification
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Licenses & Classifications

[Save](#) [Previous](#) [Next](#)

Provider Type: HCBS - Personal Care Services (In-Home Respite, etc.)

Specialties and Taxonomies

Primary Specialty	Primary Taxonomy
HCBS - Personal Care Services (In-Home Respite, etc.)	251J00000X

No additional records found

Licenses

License Number	License Type	License State	Issue Date	Expiration Date
12345	Residential / Institutional Home Administrato	TN	1/1/2015	12/31/2017

Miscellaneous

No Medicare number found

No Medicaid Number found

Documents

No uploaded documents found.

[Browse...](#)

Name

Description

[Upload file](#)

Licenses & Classifications (25256)

[Save](#) [Previous](#) [Next](#)

Depending on the provider type chosen there may be specific uploads required. If required uploads are not found, you will receive screen errors similar to the one above. Upload required documents and proceed.

Not all Provider Types will have this section; only the ones where a License or Certification is required will see this page.

Section Five

Practice Locations

Note: This section must be completed by everyone

PRACTICE LOCATION SECTION

Provider Name New Service Provider (Organization)
Application Type DIDD Referral
Application Status Not Submitted
[View](#) [Edit](#)

Screen Errors

Return Reasons

Practice Locations [Save](#) [Previous](#) [Next](#)

Primary Practice Location
 No primary practice location found. [+](#)

Billing / Payment Contact Information
 No billing payment contact information found. [+](#)

Correspondence Information
 No correspondence information found. [+](#)

Additional Practice Locations [+](#)

Upload file

Description	File Name	Username
	Insurance Document_2.pdf	SvcProv
	License_1.pdf	SvcProv

As each section is completed, a green check mark will appear indicating successful completion.

Click the green plus sign and add the Primary Practice, Billing / Payment and Correspondence information / addresses. Any additional location addresses can be entered if desired. If the registration includes DIDD services, there must be at least one location listed for each region in which the provider will be participating.

There is an option to check "Same as Practice Location" in the Billing and Correspondence section. Checking this box will pre-populate the section with the information entered on the Practice Locations section. Complete the other required elements and click "Save".

User: John Smith (ScvProv) Wednesday, June 17, 2015 [Home](#) [Logout](#)

Provider Name New Service Provider Application Type DIDD Referral Application Status Not Submitted View Edit	Screen Errors <hr/> Return Reasons
--	---

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Practice Locations [Save](#) [Previous](#) [Next](#)

Primary Practice Location

Primary Practice Name	Primary Practice Address	City	State
New Service Location - East	123 Main Street	Knoxville	TN

Billing / Payment Contact Information

Billing Contact Name	Pay To / Check Payable To Name	Billing Contact Email Address	Phone Number
New Service Location - East	New Service Location	ServiceEast@blah.com	(865) 333-4444

Correspondence Information

Name	Address	Email Address	Phone Number
New Service Location - East	123 Main Street	ServiceEast@blah.com	(865) 333-4444

Additional Practice Locations

Defined as a physical location that uses the same NPI and/or Tax ID as a Primary Practice Location. Additional Practice Locations must be linked to the Primary Practice Location.

Additional Practice Name	Additional Practice Address	Additional Practice Phone Number
New Service Location - West	456 West Ave	(901) 321-4567
New Service Location - Middle	155 West End Ave	(615) 555-1212

Uploaded Documents

Name	Description	File Name	Username
Insurance		Insurance Document.pdf	ScvProv
Residential license		License.pdf	ScvProv

[Browse...](#)

Name

Description

[Upload file](#)

Practice Locations (23737) [Save](#) [Previous](#) [Next](#)

Once all addresses are entered, choose "Save" then "Next" for the next section.

Section Six

Services

(DIDD Only)

The information in this section applies only to providers who have received an approval notice to provide DIDD services. If the provider has not received a referral, this section will not be displayed during the registration process.

Note: You will only see this screen if you are registering to provide DIDD services.

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TennCare Provider Registration Portal

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Provider Name: New Service Provider
Application Type: DIDD Referral
Application Status: Not Submitted
View: Edit

Screen Errors:

Services Save Previous Next

Eligible Services

Instructions: The services included in your contract are listed below; please indicate whether or not you are agreeing to provide these services by checking the "Participate?" check box.

Service Type	Participate?
Behavior Services	<input type="checkbox"/>
Day Services - Community Based Day	<input type="checkbox"/>
Day Services - In-Home Day (Day Services - Community Based Day)	<input type="checkbox"/>
Specialized Medical Equipment/Supplies and Assisive Technology (Day Services - Community Based Day)	<input type="checkbox"/>
Day Services - Facility Based Day	<input type="checkbox"/>
Day Services - Supported Employment	<input type="checkbox"/>
Dental/Anesthesia Services	<input type="checkbox"/>
Environmental Accessibility Modifcations	<input type="checkbox"/>
Family Model Residential Support	<input type="checkbox"/>
Nursing Services	<input type="checkbox"/>
Medical Residential Services (Nursing Services)	<input type="checkbox"/>
Nutrition Services	<input type="checkbox"/>

Uploaded Documents

Name	Description	File Name	Username
Insurance		Insurance Document.pdf	ScvProv
Residential license		License.pdf	ScvProv

Browse... Name: Description:

Upload file Save Previous Next

Services (23737)

This screen will list all of the services DIDD has approved for the provider. The original letter, sent / emailed to the provider from DIDD would have listed these services. The provider should only choose the services for which they have received all licenses, certifications and/or classifications. Other services for which the provider is/was approved can be added at a later date if approved by DIDD once any license or classifications are received. You will only be approved for services for which you have a license.

Choose which service for which you wish to participate by clicking the appropriate check box under "Participate?"

(See below)

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Provider Name New Service Provider
Application Type DIDD Referral
Application Status Not Submitted
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Services

[Save](#) [Previous](#) [Next](#)

Eligible Services

Instructions: The services included in your contract are listed below; please indicate whether or not you are agreeing to provide these services by checking the 'Participate?' check box.

Service Type	Participate?
Behavior Services	<input checked="" type="checkbox"/>

Licenses
Please indicate which license applies to the service.

12345 - Residential / Institutional Home Administrator

Locations
Please indicate the location where these services will be performed. If the address is not listed, please return to the Practice Locations page to review your entries. Your Primary and Additional Practice Locations entered on the Practice Locations page are listed here.

Location	Region
<input type="checkbox"/> New Service Location - East Address: 123 Main Street, , Knoxville, TN, 37920	
<input type="checkbox"/> New Service Location - West Address: 456 West Ave, , Memphis, TN, 37501	
<input type="checkbox"/> New Service Location - Middle Address: 155 West End Ave, , Nashville, TN, 37213	

Day Services - Community Based Day

Day Services - In-Home Day (Day Services - Community Based Day)

Specialized Medical Equipment/Supplies and Assstive Technology (Day Services - Community Based Day)

Day Services - Facility Based Day

Day Services - Supported Employment

Dental/Anesthesia Services

Environmental Accessibility Modifications

Family Model Residential Support

Nursing Services

Medical Residential Services (Nursing Services)

Nutrition Services

Note: Your initial approval letter will indicate which region(s) services have been approved. It is critical you choose only the address and region for which the service is approved. If your letter states you are only approved to do a specific service in a specific region then make sure only the region and address pertaining to that service is chosen. If you choose a service in a region for which you have not been approved, your application will be returned and cause delays with your registration request.

Once you choose to participate the service type expands so the appropriate license, region and location can be chosen. Choose the license for the appropriate service, the region(s) where the service will be provided and the corresponding region address.

If all documentation has not been received for some services, leave blank. Contract will be based on the services that are checked and documentation verified by DIDD. In the example able there are two services selected. One service, Behavior Services, will be done across all three regions. Specialized Medical Equipment/Supplies and Assistive Technology (Day Services - Community Based Day) will only be done in one region. Once you have completed selecting your services, location and region, click "Save" and "Next"

Section Seven

Individual Providers

All single / multi-specialty groups must enter the individual providers who are associated with their group in this section. In addition if the NPI used for billing is also the same NPI being used to submit a professional service in addition to a Hospital (UB) service the individual providers should be entered here as well. If the registration request is being done for a hospital and the professional component is billed under a different NPI, click “Next” in this section and leave blank. You only need to list providers who are “rendering”, ordering / prescribing or attending providers on this screen.

INDIVIDUAL PROVIDER SECTION

User: John Smith (SvcProv)

Thursday, July 02, 2015

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Application Type DIDD Referral
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Individual Providers Associated with Your Group

[Save](#) [Previous](#) [Next](#)

Individual Providers Associated with Your Group

In the table below, please enter or confirm each individual provider that is associated with your group.

No affiliations found.

Partial or Full search using Name and/or NPI. When both fields are used to search, the grid will be filtered by both Name and NPI.

Name
 NPI

[Search Associated Providers](#)

[Clear Search Filter](#)

'Affiliation Status' Definitions

Confirmed - Individual's CAQH provider file has confirmed the group/provider relationship.

Pending CAQH Confirmation - Individual's CAQH provider file has NOT confirmed the group/provider relationship.

Pending CAQH Registration - Individual provider must register with TennCare / CAQH.

Pending Confirmation - Individual's CAQH provider file has been received confirming the group/provider relationship. Additional system processing required to confirm. No provider action needed.

Pending Removal - You have indicated the provider should no longer be listed under your Group.

Provider not Found - Individual must register with TennCare / CAQH.

Removed by Group - A previous registration submission to TennCare removed the provider from your Group.

Removed by Individual - Individual's CAQH provider file no longer contains your Group information.

Termed - Individual's TennCare registration is no longer active.

Uploaded Documents

Name	Description	File Name	Username
Insurance		Insurance Document_2.pdf	SvcProv
License		License_1.pdf	SvcProv

[Browse...](#)

Name
 Description

[Upload file](#)

Individual Providers Associated with Your Group (25256)

[Save](#) [Previous](#) [Next](#)

Some provider types will not need to enter data on this screen. You only need to enter individual providers where billing will be submitted for professional services of the group/entity being registered. For example, if the registration being completed is for a hospital and the hospital also bills professional services with the same NPI, the individual must be included on this screen. This only applies to those providers who bill both UB and professional services with the same NPI.

If professional services are billed with a separate NPI, individual providers do not need to be listed on this screen. Click "Next" to advance to the next section.

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TennCare Provider Registration Portal

User: John Smith (SvcProv) Thursday, July 02, 2015 [Home](#) [Logout](#)

Provider Name New Service Provider (Organization)
Application Type DIDD Referral
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Screen Errors

Return Reasons

Add Group Member

Provider Name*

NPI*

Start Date*

End Date

Only enter the End Date when the individual provider has left your group; **otherwise, leave blank.**

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'Affiliation Status' Definitions

Confirmed - Individual's CAQH provider file has confirmed the group/provider relationship.

Pending CAQH Confirmation - Individual's CAQH provider file has NOT confirmed the group/provider relationship.

Pending CAQH Registration - Individual provider must register with TennCare / CAQH.

Pending Confirmation - Individual's CAQH provider file has been received confirming the group/provider relationship. Additional system processing required to confirm. No provider action needed.

Pending Removal - You have indicated the provider should no longer be listed under your Group.

Provider not Found - Individual must register with TennCare / CAQH.

To add a provider click on the green plus  sign. Enter the provider Name, NPI and start date. Leave the end date blank unless a provider is to be termed from the group / entity **NOTE:** The start date cannot be greater than the current date of registration. Click "Save". If there are additional providers that need to be added to the group, continue to click the green plus  sign and add providers.

User: John Smith (SvcProv) Thursday, July 02, 2015 [Home](#) [Logout](#)

<p>Provider Name New Service Provider (Organization) Application Type DIDD Referral Application Status Not Submitted View Edit</p>	<p>Screen Errors</p> <hr/> <p>Return Reasons</p>
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Individual Providers Associated with Your Group

[Save](#) [Previous](#) [Next](#)

Individual Providers Associated with Your Group

In the table below, please enter or confirm each individual provider that is associated with your group.

Provider Name	NPI	Start Date	End Date	Affiliation Status
Janie Jones	1657895222	6/1/2015		Provider Not Found
Joe Provider	1158879545	7/1/2015		Provider Not Found

Partial or Full search using Name and/or NPI. When both fields are used in the search, the grid will be filtered by both Name and NPI.

Name

NPI

[Search Associated Providers](#)
[Clear Search Filter](#)

- #### 'Affiliation Status' Definitions
- Confirmed** - Individual's CAQH provider file has confirmed the group/provider relationship.
 - Pending CAQH Confirmation** - Individual's CAQH provider file has NOT confirmed the group/provider relationship.
 - Pending CAQH Registration** - Individual provider must register with TennCare / CAQH.
 - Pending Confirmation** - Individual's CAQH provider file has been received confirming the group/provider relationship. Additional system processing required to confirm. No provider action needed.
 - Pending Removal** - You have indicated the provider should no longer be listed under your Group.
 - Provider not found** - Individual must register with TennCare / CAQH.
 - Removed by Group** - A previous registration submission to TennCare removed the provider from your Group.
 - Removed by Individual** - Individual's CAQH provider file no longer contains your Group information.
 - Termed** - Individual's TennCare registration is no longer active.

Uploaded Documents

Name	Description	File Name	Username
Insurance		Insurance Document_2.pdf	SvcProv
License		License_1.pdf	SvcProv

[Browse...](#)

Name

Description

[Upload file](#)

Individual Providers Associated with Your Group (25256)

[Save](#) [Previous](#) [Next](#)

As the providers are added, there will be an affiliation status displayed. The definition of the statuses is listed below the search filter. All individual providers are also required to be registered on the individual registration site: <https://pdms.tennCare.tn.gov/ProviderPersonRegistration/Process/Register.aspx> in order to add them to the CAQH roster and receive their data. An individual only needs to register on the site above once. This adds them to the roster and CAQH sends the provider's profile. All updates for the individual will be done in CAQH. The provider must ensure the practice location is listed in their CAQH profile before they will be affiliated with the group or entity.

Once all providers are added to this page, click "Save" then "Next".

Section Eight

Owner Information

All providers are required to complete this section in its entirety. Failure to complete this section accurately can result in significant delays of registration.

OWNER INFORMATION SECTION

In this section, you will provide the ownership and disclosure information required for the group. A group can be owned by an organization or individual. It is critical that this section be completed accurately to prevent your registration from being returned for additional information. There are links, definitions, and other information to assist in the completion of this section. At a “**minimum**” the table below indicates what is required.

	For Profit Corp or LLC	Non Profit
Ownership (only if entity is a corporation)	→ At least one person or organization “Type” with percentage of ownership listed. (Not 0%)	Not Required
Control Interest	→ At least one person with the “Title” of Trustee, Director or Manager.	→ At least one person with the “Title “of Trustee or Director.
Managing Employees	→ At least one person where “Type” is listed as Managing Employee.	→ At least one person where “Type” is listed as Managing Employee.

Many mistakes are made in this section and will cause significant delays in registrations.

TennCare Provider Registration Portal

User: John Smith (ScvProv)

Thursday, June 18, 2015

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Provider Name New Service Provider Application Type DIDD Referral Application Status Not Submitted View Edit	Screen Errors
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Owner Information

[Save](#) [Previous](#) [Next](#)

Click on the section header to expand or collapse the panel.

Instructions

The Disclosure of Ownership online form is required when:

- Requesting a new TennCare/Medicaid number for a Provider Entity; or
- Re-validation; or
- If there are significant changes to the information required on the form
 - Examples: Ownership change, the addition of a new managing employee, or the change of the business location

Please answer all questions as of the current date. Completely answer the applicable questions. If a question is not applicable please respond N/A for that question. No questions should be left blank. The SSN must be provided. Tennessee Code Annotated § 4-4-125 creates an exception to the public records act by prohibiting state agencies from disclosing Social Security Numbers.

Please refer to the links below for additional information:

- <http://www.tn.gov/tenncare/forms/disclosurefaq.pdf>
- <http://www.tn.gov/tenncare/forms/convenientlawlibrary.pdf>

+ Definitions

+ Identifying Information

+ Owner Information

+ Questions

Uploaded Documents

Name	Description	File Name	Username
Home Modification License		Construction License.pdf	ScvProv
Insurance		Insurance Document.pdf	ScvProv
Nutrition License.pdf		Nutrition License.pdf	ScvProv
Residential license		License.pdf	ScvProv

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Owner Information (23737)

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This section must be completed by all providers. The "+" signs will expand each section. The next couple of screen prints show the areas which must be completed.

+ Definitions

+ Identifying Information

Name of Person Completing the Form

Phone Number () -

+ Owner Information

No owner information found. +

+ Questions

Uploaded Documents

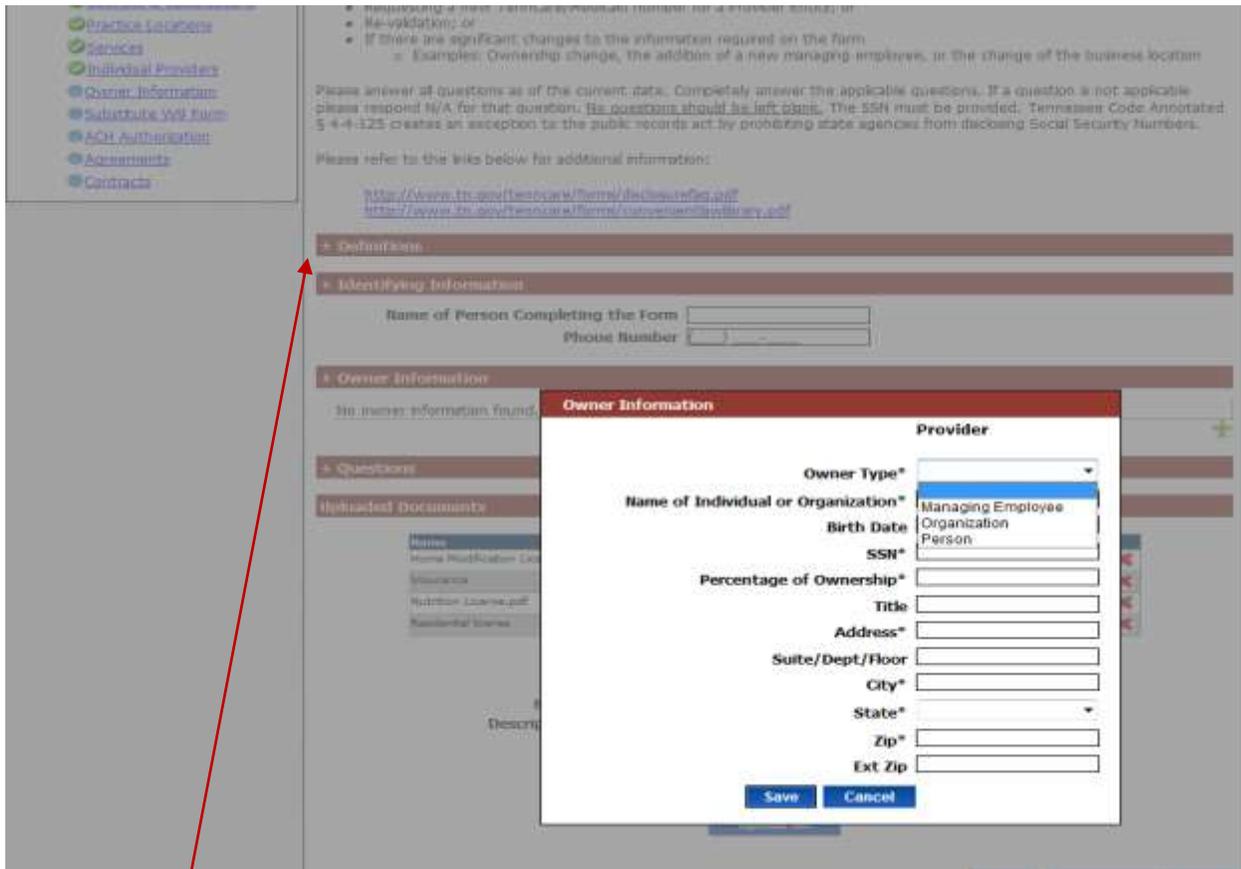
Name	Description	File Name	Username
Home Modification License		Construction License.pdf	ScvProv
Insurance		Insurance Document.pdf	ScvProv
Nutrition License.pdf		Nutrition License.pdf	ScvProv
Residential license		License.pdf	ScvProv

Name

Description

Owner Information (23737)

Enter the name and phone number of the person completing the form. Click the “+” under owner information.



Add the list of Owner(s), Board of Director(s) and / or Managing Employee(s). Continue to click the “+” sign until you have added all the owner(s) for the organization / entity. For information and definition of the categories click on the “+” sign next to definitions. Addresses that are entered should be the home address of the Owner(s) not the business address.

General information:

For Profit Corporations or LLC – should have at least one person or organization under “Owner Type” with a percentage of ownership listed greater than zero. In addition, there should be at least one person listed under “Owner Type” with a “Title” of Trustee, Director or Manager. There should also be at least one person where the “Owner Type” is listed as Managing Employee.

Non Profit Organizations / Entities –There should be at least one person listed under “Owner Type” with a “Title” of Trustee or Director. There should also be at least one person where the “Owner Type” is listed as Managing Employee.

The definitions section describes the types of owners. If an organization(s) owns the group you **must also add the board of directors, trustees, managing employees**, etc. **These lists cannot be uploaded.**

If the ownership section is not correct the registration will be returned and could delay assignment of the Medicaid ID.

<http://www.tn.gov/tenncare/forms/disclosurefaq.pdf>
<http://www.tn.gov/tenncare/forms/convenientlawlibrary.pdf>

+ Definitions

+ Identifying Information

- Owner Information

Type	Name	Title	Percentage
Organization	Service Provider Corp	Owner	100
Person	J Person	Director	0
Managing Employee	Ima Here	Office Manager	0

- Questions

Question 1: Is any person listed in the Ownership / Control Information section above related to another person in the above Ownership / Control Information section?
 Yes No

Question 2: Does any person or entity listed in the Ownership / Control Information section above have an Ownership or Control Interest in any other Provider Entity?
 Yes No

Question 3: Have any of the persons or entities listed in the Ownership / Control Information section above been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, Tricare or the CHIP services program since the inception of these programs?
 Yes No

Question 4: Have any of the persons or entities listed in the Ownership / Control Information section above ever been debarred from participation in Federal Government contracts?
 Yes No

Question 5: Have any of the persons or entities listed in the Ownership / Control Information section above ever been excluded from participation in Federal health care programs (Medicare, Medicaid, CHIP or Tricare) in the past?
 Yes No

Question 6: Have any of the persons or entities listed in the Ownership / Control Information section above ever been terminated from a State's Medicaid or CHIP program for reasons having to do with Program Integrity (fraud or abuse)?
 Yes No

Question 7: Have any of the persons or entities listed in the Ownership / Control Information section above ever have Civil Monetary Penalties (CMPs) assessed against them?
 Yes No

Once the ownership information has been saved, click the “+” sign next to questions and answer all disclosure questions. There may be additional information required when a question is answered. If additional information is needed a new window will open allowing the data to be entered. Once all questions have been answered click “Save” and then “Next”.

Section Nine

Substitute W-9

All providers will complete this section

Many registrations are returned as a result of this section being completed inaccurately. As with all sections it is critical the correct category is chosen. The category must match with what is filed with the IRS.

Substitute W-9 Section

- Choose the appropriate category from the list. Please choose the category based on how the practice W-9 is completed and taxes are filed. Remember, a single practitioner can be a group of one and a corporation with one provider as the member.


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Darin Gordon, Deputy Commissioner


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TennCare Provider Registration Portal

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Substitute W9 Form

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Information from the Identification page displayed below.
Corrections to this information must be made in the Organization Identification and Primary Contact sections of the Identification page.

Legal Business New Service Provider	City Nashville
Name	State TN
DBA	Zip 37243
Address 310 Great Circle Rd	Tax ID 147258369
Suite/Dept/Floor Primary Contact	

Select the most appropriate category below:

- 1. Joint Account (two or more individuals)
- 2. Custodian account of a minor
- 3. Revocable savings trust (grantor is also trustee); OR So-called trust account that is not a legal or valid trust under state law
- 4. Sole proprietorship (using social security number for the taxpayer ID)
- 5. Sole proprietorship (using a federal employee identification number for the taxpayer ID)
- 6. A valid trust, estate, or pension trust
- 7. Corporation
- 8. Association, club, religious, charitable, educational, or other no-profit organization (for entities that are exempt from federal tax, use category 10)
- 9. Partnership
- 10. Government agencies and organizations that are tax exempt under the Internal Revenue Service guidelines (i.e., IRC501 (c)3 entities

Uploaded Documents

Name	Description	File Name	Username
Home Modification License		Construction License.pdf	ScvProv
Insurance		Insurance Document.pdf	ScvProv
Nutrition License.pdf		Nutrition License.pdf	ScvProv
Residential license		License.pdf	ScvProv

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Substitute W9 Form (23737)

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Choose the appropriate IRS W-9 category. Verify the Legal Business Name. This should be the same name as listed with the IRS when filing taxes. If any information is incorrect, click on "Identification" and make any needed changes in the "Organizational Information" before completing submission to TennCare. Click "Save" then "Next".

Section Ten

ACH Authorization

ACH Authorization

If you expect to receive payments directly from TennCare, choose "Yes". If you will only be contracting with one of the Managed Care Organizations (MCOs), the Dental Benefits Manager (DBM) and / or the Pharmacy Benefits Manager (PBM) you can select "No".

If you will be submitting Medicare Cross-Over claims, Supplemental Pool Payments or Electronic Health Record (EHR) payments, you will need to check yes and complete the banking / EFT information and upload a voided check or bank letter. The screen on the following page shows what fields are needed if "Yes" is selected.

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Do you expect to receive payments directly from TennCare (For example: Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?
 Yes No

Uploaded Documents

Name	Description	File Name	Username
Home Modification License		Construction License.pdf	ScvProv
Insurance		Insurance Document.pdf	ScvProv
Nutrition License.pdf		Nutrition License.pdf	ScvProv
Residential license		License.pdf	ScvProv

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- If you answer “Yes” to the ACH question you will then be required complete the EFT section.



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ACH Authorization

Do you expect to receive payments directly from TennCare (For example: Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?

Yes No

Please enter your banking information below.

Banking Information

No banking information found. +

EFT Contact

No EFT contact found. +

Remittance Information

*The remittance information will be sent to the address below.
 If corrections need to be made to the information below, please return to the Practice Location Billing/Payment section.*

Billing Contact Name	New Service Location - East
Pay To / Check Payable To Name	New Service Location
Billing Address	123 Main Street
Suite/Dept/Floor	
City	Knoxville
State	TN
Zip	37920
Ext Zip	
Email Address	ServiceEast@blah.com

I confirm this remittance address is correct.

Uploaded Documents

Name	Description	File Name	Username
Home Modification License		Construction License.pdf	ScvProv  
Insurance		Insurance Document.pdf	ScvProv  
Nutrition License.pdf		Nutrition License.pdf	ScvProv  
Residential license		License.pdf	ScvProv  

Name

Description

Click the green plus  sign and enter the banking information.

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Provider Name: New Service Provider (Organization)
Application Type: DIDD Referral
Application Status: Not Submitted
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Banking Information

Provider

Bank Name*

Branch*

City*

State*

Bank Contact Person*

Phone Number*

Extension

ACH Transit / ABA Number*

Confirm ACH Transit / ABA Number*

Account Number*

Confirm Account Number*

Account Type* Checking Savings

Account Signatory Name*

Account Signatory Name represents the primary individual authorized to sign banking transactions for your facility
Please upload a voided check, savings deposit slip or bank letter to complete the ACH Authorization.

[Save](#) [Cancel](#)

ACH A

Do you Pool Pay Contract? Yes

Remitt

The remittance information will be sent to the address below.
If corrections need to be made to the information below, please return to the Practice Location Billing/Payment section.

Billing Contact Name: New Service Location - East
Pay To / Check Payable To Name: New Service Location - East
Billing Address: 123 Main Street
Suite/Dept./Floor:
City: Knoxville
State: TN
Zip: 37901
Ext. Zip:
Email Address: ServiceEast@blah.com

I confirm this remittance address is correct.

Uploaded Documents

Name	Description	File Name	Username
Insurance		Insurance Document_3.pdf	SvcProv
License		License_1.pdf	SvcProv

Name:
Description:

ACH Authorization (25256)

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Be sure to enter the name of the person who has the authority to sign checks, not the name of the group/entity



- If you answer "Yes" then you will be asked to register your banking information for EFT.

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Do you expect to receive payments directly from TennCare (For example: Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?
 Yes No

Please enter your banking information below.

Banking Information

No banking information found. +

EFT Contact

No EFT contact found. +

Remittance Information

The remittance information will be sent to the address below.
 If corrections need to be made to the information below, please return to the Practice Location Billing/Payment section.

Billing Contact Name New Service Location - East
Pay To / Check Payable To Name New Service Location
Billing Address 123 Main Street
Suite/Dept/Floor
City Knoxville
State TN
Zip 37920
Ext Zip
Email Address ServiceEast@blah.com

I confirm this remittance address is correct.

Uploaded Documents

Name	Description	File Name	Username
Home Modification License		Construction License.pdf	ScvProv
Insurance		Insurance Document.pdf	ScvProv
Nutrition License.pdf		Nutrition License.pdf	ScvProv
Residential license		License.pdf	ScvProv

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Click the green plus sign and enter the EFT Contact information.



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EFT Contact Information

Provider

EFT Contact Name*

Phone Number*

Extension

Email Address*

Banking

Bank Name	City	Account Number	Account Type
My Bank USA	Nashville	*****	Checking

EFT Contact

No EFT contact found.

Remittance Information

*The remittance information will be sent to the address below.
If corrections need to be made to the information below, please return to the Practice Location Billing/Payment section.*

Billing Contact Name	New Service Location - East
Pay To / Check Payable To Name	New Service Location - East
Billing Address	123 Main Street
Suite/Dept/Floor	
City	Knoxville
State	TN
Zip	37901
Ext Zip	
Email Address	ServiceEast@blah.com

I confirm this remittance address is correct.

Uploaded Documents

Name	Description	File Name	Username
Insurance		Insurance Document_2.pdf	SvcProv
License		License_1.pdf	SvcProv

Name

Description

ACH Authorization (25256)

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ACH Authorization

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Do you expect to receive payments directly from TennCare (For example: Medicare Crossover Claims, Supplemental Pool Payments, Electronic Health Records Payments, etc.) as opposed to only payments from the Managed Care Contractors?
 Yes No

Please enter your banking information below.

Banking Information

Bank Name	City	Account Number	Account Type
My Bank USA	Nashville	*****	Checking

EFT Contact

EFT Contact Name	Phone Number	Ext	E-mail Address
Sally Contact	(615) 222-3333		Sally@Blah.com

Remittance Information

*The remittance information will be sent to the address below.
 If corrections need to be made to the information below, please return to the Practice Location Billing/Payment section.*

Billing Contact Name	New Service Location - East
Pay To / Check Payable To Name	New Service Location - East
Billing Address	123 Main Street
Suite/Dept/Floor	
City	Knoxville
State	TN
Zip	37901
Ext Zip	
E-mail Address	ServiceEast@blah.com

I confirm this remittance address is correct.

Uploaded Documents

Name	Description	File Name	Username
Bank Letter		Bank Letter.pdf	SvcProv
Insurance		Insurance Document_2.pdf	SvcProv
License		License_1.pdf	SvcProv

Name
Description

File Uploaded: Bank Letter.pdf

ACH Authorization (25256) [Save](#) [Previous](#) [Next](#)

Once the EFT Contact has been saved, confirm the Remittance Information and "click" the check box.

Upload a Bank Letter OR voided check. Bank letter must be within the last six months.

Then click "Save" and "Next"

Section Eleven

Agreements

Agreements Section

This is the final section to be completed prior to submitting to TennCare for those providers who are not required to sign a contract. Each time changes or updates are made; this section will have to be completed. The four links must be opened and reviewed before the “I agree...” button can be checked. As each link is opened and reviewed, click the “I agree” box to acknowledge and accept conditions. Open and accept all agreements. If the “Contracts” link is visible, the provider will have to complete the “Contract” prior to submitting.

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Agreements

Provider Participation Agreement

By signing the Provider Participation Agreement, the applicant agrees to adhere to all the conditions listed and is aware that the applicant may be denied entry to or revoked from the program if any conditions are violated.

[Click here to view the entire agreement.](#) I agree to the terms and conditions in the Participation Agreement.

Ownership Disclosure Acknowledgement

By checking 'I accept' I certify that I have read the Ownership Disclosure Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I attest I can legally bind this Provider Entity, and that all the information provided in the Ownership section of this application is true and accurate to the best of my knowledge.

W9 Acknowledgement

By checking 'I accept' I certify that I have read the W9 Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I have read and agree to the certification statement for my W9 information.

ACH Acknowledgement

By checking 'I accept' I certify that I have read the ACH Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I attest the bank information provided is the business account.

Signature



Image above: [Save](#)

Enter password:

Each link must be opened before the acknowledgement can be accepted.

Name	Description	File Name	Username
Bank Letter		Bank Letter.pdf	SvcProv
Insurance		Insurance Document_2.pdf	SvcProv
License		License_1.pdf	SvcProv

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Name

Description

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Provider Name New Service Provider (Organization) Application Type DIDD Referral Application Status Not Submitted View Edit	Screen Errors Return Reasons
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Agreements [Save](#) [Previous](#) [Next](#)

Provider Participation Agreement

By signing the Provider Participation Agreement, the applicant agrees to adhere to all the conditions listed and is aware that the applicant may be denied entry to or revoked from the program if any conditions are violated.

[Click here to view the entire agreement.](#) I agree to the terms and conditions in the Participation Agreement.

Ownership Disclosure Acknowledgement

By checking 'I accept' I certify that I have read the Ownership Disclosure Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I attest I can legally bind this Provider Entity, and that all the information provided in the Ownership section of this application is true and accurate to the best of my knowledge.

W9 Acknowledgement

By checking 'I accept' I certify that I have read the W9 Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I have read and agree to the certification statement for my W9 information.

ACH Acknowledgement:

I accept' I certify that I have read the ACH Acknowledgement on behalf of myself or the entity that I represent and by this certification agree to bind myself or said entity by these provisions.

[Click here to view the entire agreement.](#) I attest the bank information provided is the business account.



Enter the characters in the image above: [Save](#)

Enter password:

Uploaded documents

Name	Description	File Name	Username		
Bank Letter		Bank Letter.pdf	SvcProv		
Insurance		Insurance Document_2.pdf	SvcProv		
License		License_1.pdf	SvcProv		

[Browse...](#)

Name

Description

[Upload file](#)

Agreements (25256) [Save](#) [Previous](#) [Next](#)

Enter the **green** security characters and click "Save". If the provider has a contacts page which needs to be signed click "Next" otherwise the message below should be displayed. (Go to the "Contracts" Section of this document if you are required to complete the contracts section).

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User: John Smith (SvcProv) Monday, July 06, 2015 [Home](#) [Logout](#)

Provider Name New Service Provider (Organization)
Application Type DIDD Referral
Application Status Not Submitted
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[TennCare Home](#) **Actions:** [Submit to TennCare](#)

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See below for information on how to obtain a signature. Once your review is complete, you must click 'Submit to TennCare' at the top of the Agreements page to submit your application.

[OK](#)

Contract History
No contract history found.

Uploaded Documents

Name	Description	File Name	Username		
Bank Letter		Bank Letter.pdf	SvcProv	Search	Delete
Insurance		Insurance Document_2.pdf	SvcProv	Search	Delete
License		License_1.pdf	SvcProv	Search	Delete

[Browse...](#)

Name
Description

[Upload file](#)

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If the provider does not have a contracts page to acknowledge, then the following message will appear.

Click "OK". The registration request has not been completed until the next step is complete.



TennCare Provider Registration Portal

User: John Smith (SvcProv)

Monday, July 06, 2015



Home



Logout

Provider Name New Service Provider (Organization)
Application Type DIDD Referral
Application Status Not Submitted
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- [Practice Locations](#)
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Contract Information

Instructions: See below to view and sign your contract. Any changes to the services you are providing will generate a new contract. When the final signature is obtained your contract will be updated in your provider file. Save a copy of this contract for your records

Signee	Date Signed
Provider	07/06/2015
DIDD Commissioner	
Provider Services Commissioner	

[View Referral](#)

[View Current Contract](#)

Contract History

No contract history found.

Uploaded Documents

Name	Description	File Name	Username		
Bank Letter		Bank Letter.pdf	SvcProv		
Insurance		Insurance Document_2.pdf	SvcProv		
License		License_1.pdf	SvcProv		

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Description

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Contracts (25256)

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Click the "Submit to TennCare" button at the top of the page. This will send the data to TennCare for processing.

 **TennCare**
Darin Gordon, Deputy Commissioner

 GOVERNOR
Bill Haslam
[Visit Bill's Web Site](#)

TennCare Provider Registration Portal

User: John Smith (SvcProv) Monday, July 06, 2015 [Home](#) [Logout](#)

TennCare Home Home My Profile Contact Us Log Out	<h4>Submission Confirmation</h4> <p>Congratulations! You have successfully submitted your Registration to TennCare. Thank You. Please allow at least 10 days for processing before attempting to submit any changes.</p> <p>Return to Home Page</p>
--	---

Your registration has now been submitted to TennCare for processing. If there are no issues with the registration, a welcome letter for the group will be submitted to the email address entered during registration. Please allow 5 business days for processing before inquiring as to the status of processing.

Section Twelve

Contracts

This section will not apply to all providers. This section will not be displayed on registration request.



TennCare Provider Registration Portal

User: John Smith (SvcProv)

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Contract Information

Instructions: See below to view and sign your contract. Any changes to the services you are providing will generate a new contract. When the final signature is obtained your contract will be updated in your provider file. Save a copy of this contract for your records

No contract signatures were found.

[View Referral](#)

[View Current Contract](#)

Contract History

No contract history found.

Uploaded Documents

Name	Description	File Name	Username		
Bank Letter		Bank Letter.pdf	SvcProv		
Insurance		Insurance Document_2.pdf	SvcProv		
License		License_1.pdf	SvcProv		

[Browse...](#)

Name

Description

[Upload file](#)

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For those providers who are required to have a signed contract on file with the State or DIDD, this page will be displayed. The contract is being built in the background during the registration process. Once the provider has completed their registration, they must sign the contract. Until the contract is signed the screen will look like the one above. To view the contract prior to electronically signing it, click "View Current Contract". This will allow the contract to be viewed prior to signature. Once the contract has been reviewed, click "Sign Contract"

The screenshot shows the TennCare Provider Registration Portal. At the top, there is a header with the TennCare logo, the name of the Deputy Commissioner, and the Governor's name. Below the header, the user's name and the current date are displayed. A navigation bar includes 'Home' and 'Logout' links. The main content area is divided into a left sidebar with a 'Provider File' menu and a main section titled 'Contracts'. The 'Contracts' section has buttons for 'Sign Contract' and 'Previous'. Below this, there are three sub-sections: 'Contract Information', 'Contract History', and 'Uploaded Documents'. The 'Contract Information' section contains instructions and a search box that shows 'No contract signatures were found.' with 'View Referral' and 'View Current Contract' buttons. The 'Contract History' section shows 'No contract history found.' The 'Uploaded Documents' section contains a table of uploaded files and a form for uploading a new document.

Electronic Signature Modal:

Contract Begin Date* 1/1/2016
Contract End Date* 12/31/2018
 Sign Contract
 Save Cancel

Contracts Section:

Contract Information
 Instructions: See below to view and sign your contract. Any changes to the services you are providing will generate a new contract. When the final signature is obtained your contract will be updated in your provider file. Save a copy of this contract for your records

No contract signatures were found.

View Referral View Current Contract

Contract History
 No contract history found.

Uploaded Documents

Name	Description	File Name	Username
Bank Letter		Bank Letter.pdf	SvcProv
Insurance		Insurance Document_2.pdf	SvcProv
License		License_1.pdf	SvcProv

Name
 Description

Upload file

Contracts (25256)

Click "Sign Contract". The effective "Contract Begin Date" and "Contract End Date" will be displayed. Note: The begin date of the contract will always be the later of the "Contract Begin Date" or last signature date on the contract.

As each approval is completed the Contract Signature Date will show along with a PDF version the signatures. Once the Provider has signed the contract it cannot be revised unless it is "returned to the provider" for requested changes. After all signatures are complete the contracts cannot be changed without an amendment and / or new contract.

TennCare
Darin Gordon, Deputy Commissioner

GOVERNOR
Bill Haslam
Visit Bill's Web Site

TennCare Provider Registration Portal

User: John Smith (SvcProv) Monday, July 06, 2015 [Home](#) [Logout](#)

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Actions: [Submit to TennCare](#)

Contracts

Contract Information

Instructions: See below for the final signature is obtained.

Once your review is complete, **you must click 'Submit to TennCare' at the top of the Agreements page to submit your application.**

[OK](#)

[Sign Contract](#) [Previous](#)

to the services you are providing will generate a new contract. When you save a provider file. Save a copy of this contract for your records

Date Signed
07/06/2015

DIDD Commissioner
 Provider Services Commissioner

[View Referral](#) [View Current Contract](#)

Contract History

No contract history found.

Documents

Name	Description	File Name	Username		
Bank Letter		Bank Letter.pdf	SvcProv	Search	Delete
Insurance		Insurance Document_2.pdf	SvcProv	Search	Delete
License		License_1.pdf	SvcProv	Search	Delete

[Browse...](#)

Name

Description

[Upload file](#)

Contracts (25256) [Sign Contract](#) [Previous](#)

Click "OK". The registration request has not been completed until the next step has been completed.



TennCare Provider Registration Portal

User: John Smith (SvcProv)

Monday, July 06, 2015



Home



Logout

Provider Name New Service Provider (Organization)
Application Type DIDD Referral
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Actions:

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Instructions: See below to view and sign your contract. Any ~~changes to the services you are providing~~ will generate a new contract. When the final signature is obtained your contract will be updated in your provider file. Save a copy of this contract for your records

Signee	Date Signed
Provider	07/06/2015
DIDD Commissioner	
Provider Services Commissioner	

[View Referral](#)

[View Current Contract](#)

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License		License_1.pdf	SvcProv		

[Browse...](#)

Name

Description

[Upload file](#)

Contracts (25256)

[Sign Contract](#)

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Click the "Submit to TennCare" button at the top of the page. This will send the data to TennCare for processing.

The following screen will be displayed upon the successful completion to TennCare

The screenshot displays the TennCare Provider Registration Portal. At the top left is the TennCare logo with the text "TennCare" and "Darin Gordon, Deputy Commissioner". At the top right is a photo of Governor Bill Haslam with the text "GOVERNOR Bill Haslam" and "Visit Bill's Web Site". The main heading is "TennCare Provider Registration Portal". Below this is a navigation bar with "User: John Smith (SvcProv)", the date "Monday, July 06, 2015", and links for "Home" and "Logout". On the left side, there is a menu with links: "TennCare Home", "Home", "My Profile", "Contact Us", and "Log Out". The main content area is titled "Submission Confirmation" and contains the text: "Congratulations! You have successfully submitted your Registration to TennCare. Thank You. Please allow at least 10 days for processing before attempting to submit any changes." Below this text is a blue button labeled "Return to Home Page".

Your registration has now been submitted to TennCare for processing. If there are no issues with the registration, a welcome letter for the group will be submitted to the email address entered during registration. Please allow 5 business days for processing before inquiring as to the status of processing.

Individuals who are associated with the group / entity will now be affiliated after the group / entity is registered / re-verified. All individual provider(s), who are to be affiliated to the group / entity must a: Register as an individual provider on the Individual Provider Registration site at: <https://pdms.tennCare.tn.gov/ProviderPersonRegistration/Process/Register.aspx> to have their information sent and requested from CAQH and b: must be listed as an individual provider on the "Individual Providers" registration record. There are definitions of the provider statuses listed on the "Individual Providers" page. A confirmation email should be received within 5 business days after the group is registered. Please allow up to 10 business days for complete processing for the group and affiliation of individual providers to the group. If your registration request is not complete after 10 business days, please contact the TennCare Call Center at 800-852-2683 or email: Provider.Registration@tn.gov for assistance.

Thank you for your participation in the TennCare program and for serving the healthcare needs of TennCare enrollees.