HOUSE STAFF WITH NO INDIVIDUAL LICENSE

For House Staff who do not have an individual license, registration/ TennCare/Medicaid IDs do not need to be obtained individually. GME completes Provider Registration with the State of TN for all unlicensed House Staff, which TN uses to assign individual Medicaid IDs.

HOUSE STAFF WITH AN INDIVIDUAL LICENSE

Resident/Fellows who have an individual medical license and are seeking a TennCare/Medicaid ID must register as outlined below in “Provider Registration”. Individual registration cannot be completed with a future start date/prior to your VUMC start date.

https://proview.caqh.org/Login/
Credentialing Office Address - Unless you have been credentialed through Provider Support Services, please use the GME office address below. If you have been credentialed through Provider Support Services and have a secondary faculty appointment you may find that you have already been registered when you try to enter your information. If not, please proceed to obtain the Medicaid ID and complete the CAQH registration.
THE CAQH PROFILE HAS TO BE ATTESTED EVERY 120 DAYS- CHECK THE EMAIL ADDRESS FOR ALL CORRESPONDENCE

Vanderbilt University Medical Center
Graduate Medical Education
303 Light Hall
Nashville, TN 37232-5283
Phone: (615) 322-4916
Fax: (615) 343-1496
Email Address: per above, we encourage you to use your own email address
At this point, you will need to check the email you used to set up your account.

You should receive your CAQH ACCOUNT NUMBER and a link to log in.
CREATE A CAQH ACCOUNT
ONLY ADD SOCIAL AND NPI ON THE PAGE
Next section will be your security questions. You choose your questions and answers.

Do not share this information.
Now log into your account to add information. Make sure you fill out all the Red asterisks.
Address
Add a reliable address where you receive physical mail, in case your practice location changes.

Home Address

Street 1

Street 2

City

Nashville

State

TN

Zip Code

Country

Select

County

Select

Mailing

Add provider’s mailing address.
Contact Information
CACI sends out system reminders to help you keep your profile current. In addition, Participating Organizations may need to reach you directly if they have questions about your profile.

**Primary Email**

Additional Emails: Add additional email address.

Provider's Phone Number: Add provider's phone number.

Personal Identification Numbers

**Social Security Number**

**Individual NPI**
The Individual (Type I) NPI is used by Participating Organizations and other entities to accurately and efficiently identify you. If you do not know your NPI or you need to request one, visit the [NPI Provider Enrollment](https://npi.cmn.org).

Foreign National Identification Number:

Unique Physician Identification Number:

ADD NPI

ADD FNIN

ADD UPIN
Demographics

- **Gender Identity** [ ] I do not have this information.
  - Female
- **Birth Date**
  - 01/01/1945
- **Birth City**
- **Birth State**
  - Select
- **Birth Country**
  - Select

- **Race/Ethnicity**
  - The following options are based on the industry standard, FHIR. Select all that apply.
    - [ ] American Indian or Alaska Native
    - [ ] Asian (Asian Indian, Bangladeshi, Bhutanese...)
    - [ ] Black or African American (Black, African American, African...)
    - [ ] Hispanic or Latino (Spanish, Mexican, Central American...)
    - [ ] Native Hawaiian or Other Pacific Islander (Polynesian, Micronesian, Melanesian)
    - [ ] White (European, Middle Eastern or North African, Arab)
    - [ ] Prefer Not to Say
  - [ ] I do not have the information to answer.
  - Please provide a response.

Birth Country

- Select

- **Race/Ethnicity**
  - The following options are based on the industry standard, FHIR. Select all that apply.
    - [ ] American Indian or Alaska Native
    - [ ] Asian (Asian Indian, Bangladeshi, Bhutanese...)
    - [ ] Black or African American (Black, African American, African...)
    - [ ] Hispanic or Latino (Spanish, Mexican, Central American...)
    - [ ] Native Hawaiian or Other Pacific Islander (Polynesian, Micronesian, Melanesian)
    - [ ] White (European, Middle Eastern or North African, Arab)
    - [ ] Prefer Not to Say
  - [ ] I do not have the information to answer.
  - Please provide a response.

Languages

- **Non-English Languages Spoken by Provider**

- [ ] Save
- [ ] Save & Continue
ADD your License and DEA on the selected lines—THIS MUST BE COMPLETED.
DEA - Only use your personal DEA # (and not your VUMC GME DEA). If you do not have one, there is a place for you to select NO DEA, and you may add one later.
PRACTICE LOCATIONS

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

Please review the missing information highlighted below.
- Please enter at least one practice location
  - You have selected Tennessee as a practice state but you have not indicated that you practice at a location in Tennessee. Please add a practice location in Tennessee or remove Tennessee as a practice state.

Practice Locations

| All Categories | Search |

No Changes to Location | Archive Location

Add Location

| Name | Address | Affiliation Description | Last Confirmed Date | Location Managed By |

This table is empty. Please add a listing.

10 items per page | 0 of 0

Save and Go Back | Save | Save & Continue

HOSPITAL AFFILIATIONS

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

If there are hospitals where you have current or pending admitting privileges, current or pending arrangements, or a different non-admitting affiliation, enter them below.

Admitting Privileges
Add if you can admit patients on an unrestricted, limited, or temporary basis. This also includes hospitals where you have pending admitting privileges.

Enter an admitting privilege

Add

Admitting Arrangements
Add if you have an admitting arrangement where another provider or hospitalist group admits for you. This also includes hospitals where you have pending admitting arrangements.

Enter an admitting arrangement

Add

Non-Admitting Affiliations
Add if you are affiliated with a hospital, but you cannot admit. This may be called "courtesy" or "consulting" privileges at some hospitals. Please also enter in pending non-admitting hospital affiliations.

Enter a non-admitting affiliation

Add
Professional Liability Insurance – Complete Professional Liability coverage is provided by the Vanderbilt University Medical Center Self-Insured Trust and the Trust is named Trust 41. The address is Risk and Insurance Management, 3322 West End Avenue #1100, Nashville, TN 37203. Incident Limit is $5,500,000 and the Aggregate Limit is “Amount in excess of $20,000,000”. GME will provide a file to the coordinators containing your Certificates of Coverage as soon as available from Risk Management and these are also available upon request from the GME office. Please check with your coordinator for a scanned copy which must be uploaded to complete the CAQH process.
EMPLOYMENT INFORMATION

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

- Practice / Employer Name

- Street 1

- Country

- City

- State

- Zip Code

- Phone Number

- Fax Number

- Start Date

- Is this your current employer?
  - Yes
  - No

Gap Records

Gap History now links to Education and Professional Training. Health plans and other organizations often require Gap Records that explain academic training/leave. To save you time, the CAQH Credentialing Suite will create a Gap Record in the Employment Information section once start and end dates are added.

You must document any gaps in employment longer than 6 months (jobs not related to your profession, family leave, etc.) within the past 10 years.

- Add an explanation for employment gaps longer than 6 months

Military

- Are you currently on active military duty?
  - Yes
  - No

- Are you currently in the Reserves or National Guard?
  - Yes
  - No
Please complete all the disclosure questions and hit save and continue
Please complete all the disclosure questions and hit save and continue.
In the next section select Yes and check the box below to be accepted by Medicaid.

Please ATTEST before documents can be added.

Once Attestation is approved, you will be able to add documents. Please see example below.

These 4 items should be added as seen below.
After you upload documents. Check back the next day to make sure all documents where approved and if all are approved, Attest again. This will finish up the process for CAQH.

**THE CAQH PROFILE HAS TO BE ATTESTED EVERY 120 DAYS**
How to Create an Individual Registration in PDMS:

Step 1: Login to the TennCare Registration portal.

https://pdms.tennicare.tn.gov/Account/Login.aspx
Step 2: Click on the “TennCare CAQH Roster Registration” link.

Step 3: Fill out the Registration Information, then click continue.
Step 4: Registration Agreement. Enter Characters and click I Agree.

Step 5: Registration Submission Verification
Step 6: Ensure CAQH has the practice location entered with the correct information along with all sections filled out and ensure attestation is done or the Registration will not process.
How to Add an Affiliation to a Registration:

Step 1:
Login to the TennCare portal with the group login.

Step 2:
Click on the add affiliation link.
Step 3:
Click the green + sign on the right hand side.

Step 4:
Enter new affiliation information and save.