MEDICAID/TENNCARE ENROLLMENT FOR RESIDENT/FELLOW

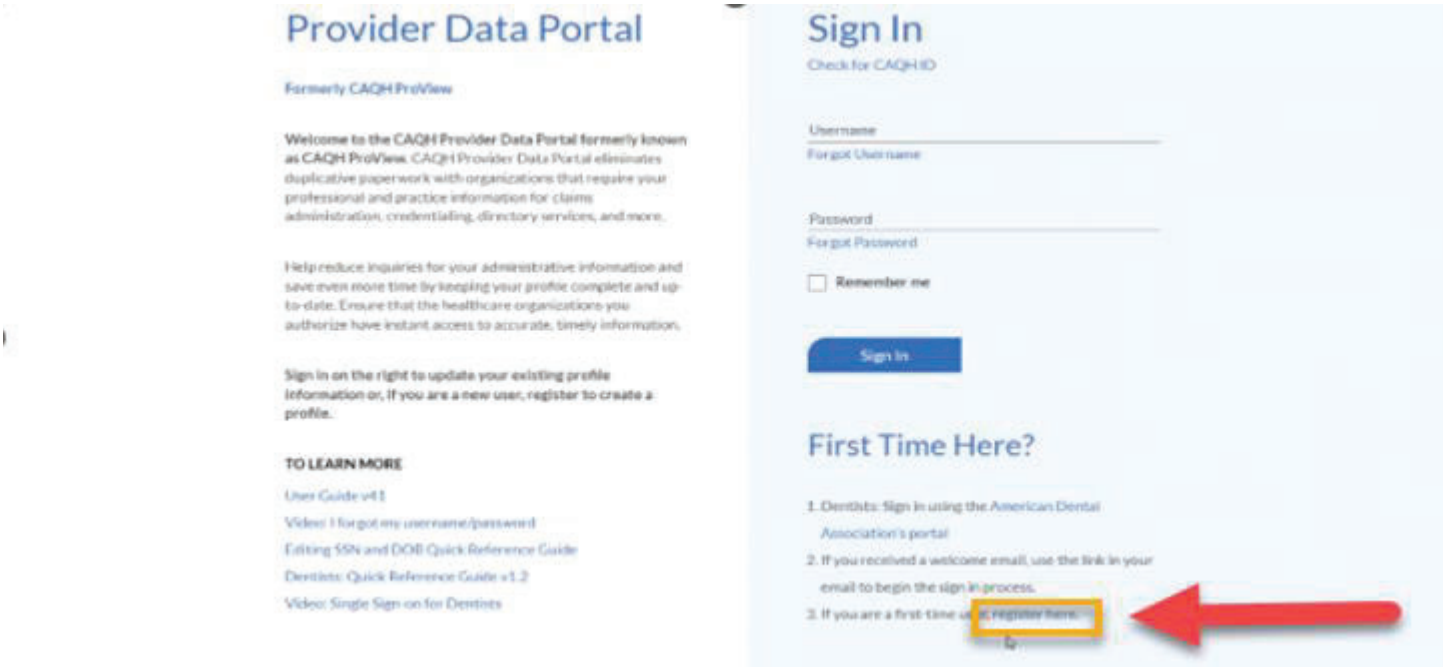
HOUSE STAFF WITH NO INDIVIDUAL LICENSE

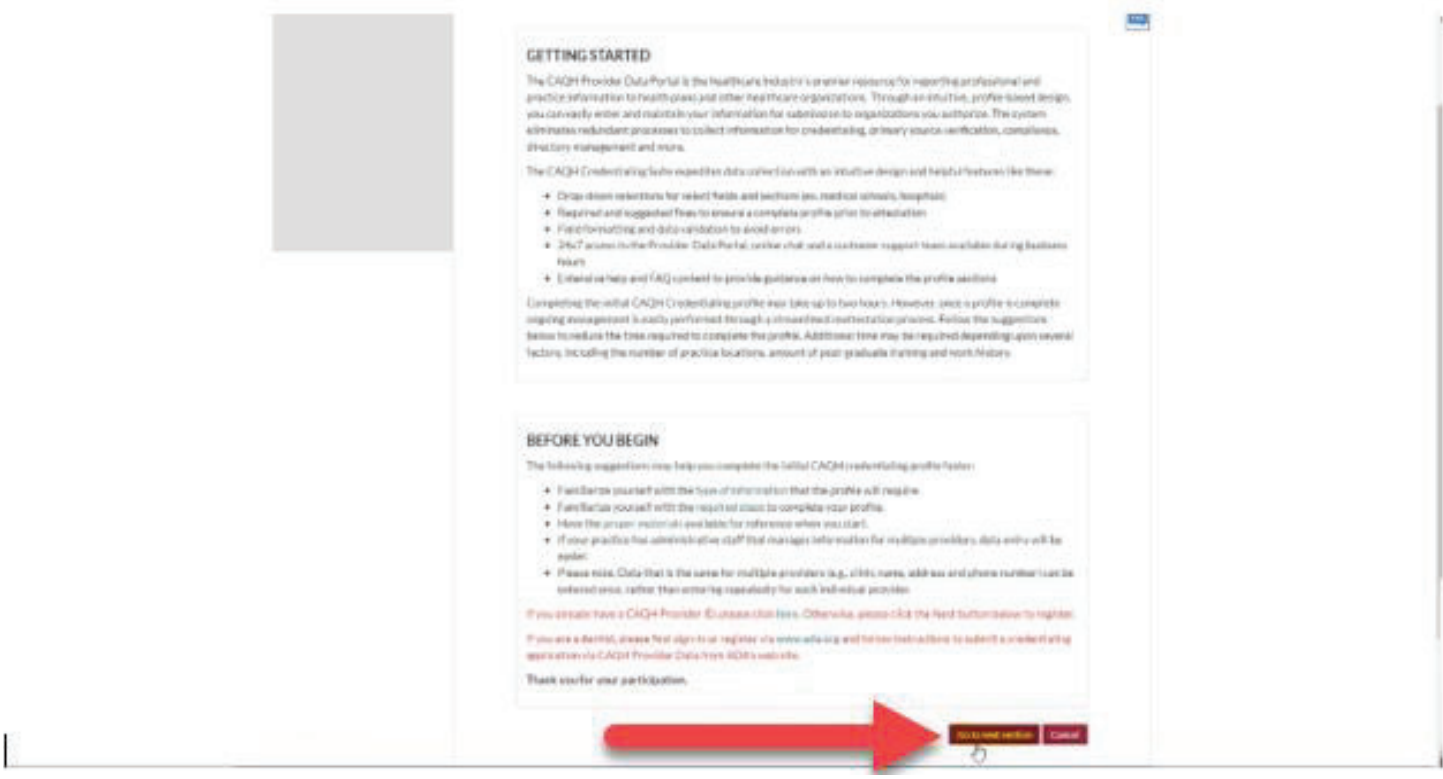
For House Staff who do not have an individual license, registration/ Tenncare/Medicaid IDs do not need to be obtained individually. GME completes Provider Registration with the State of TN for all unlicensed House Staff, which TN uses to assign individual Medicaid IDs.

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/



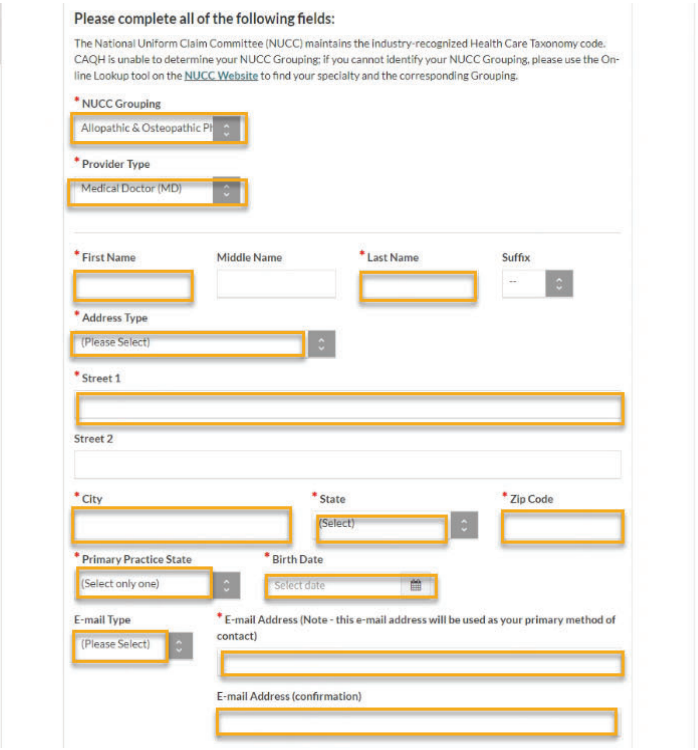


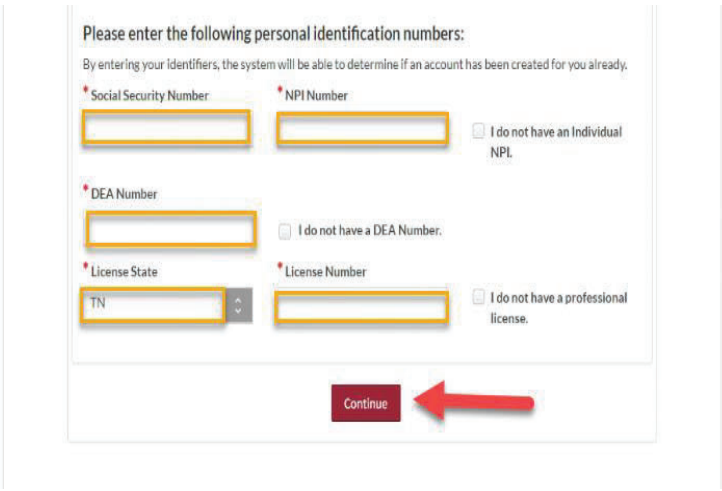
GO TO NEXT SECTION

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.

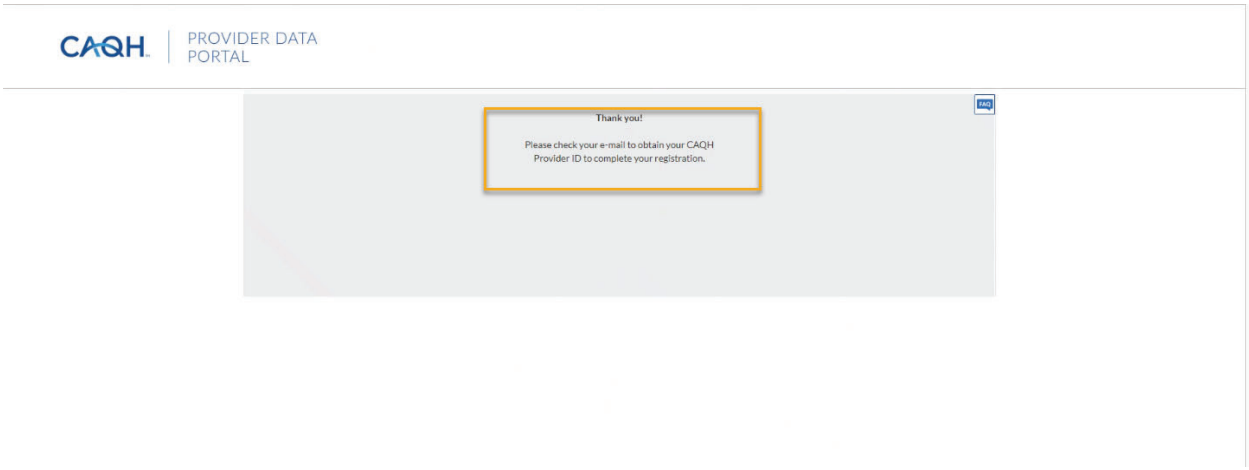
THE CAQH PROFILE HAS TO BE ATTESTED EVERY 120 DAYS- CHECK THE EMAIL ADDRESS FOR ALL CORRESPONDENCE

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



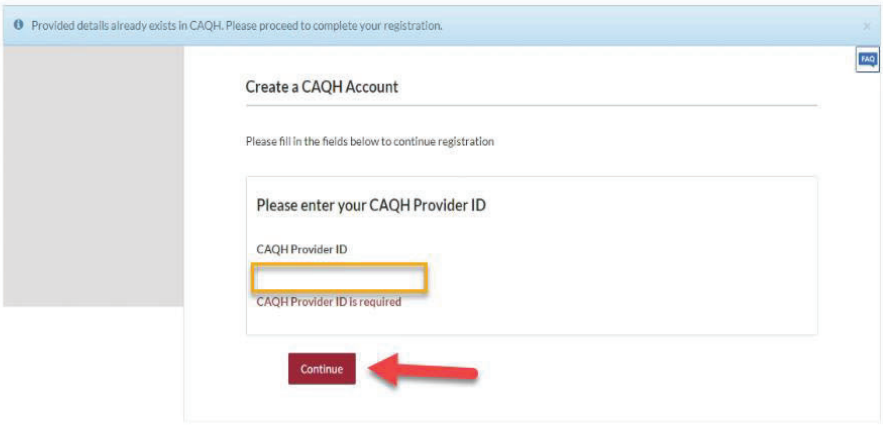


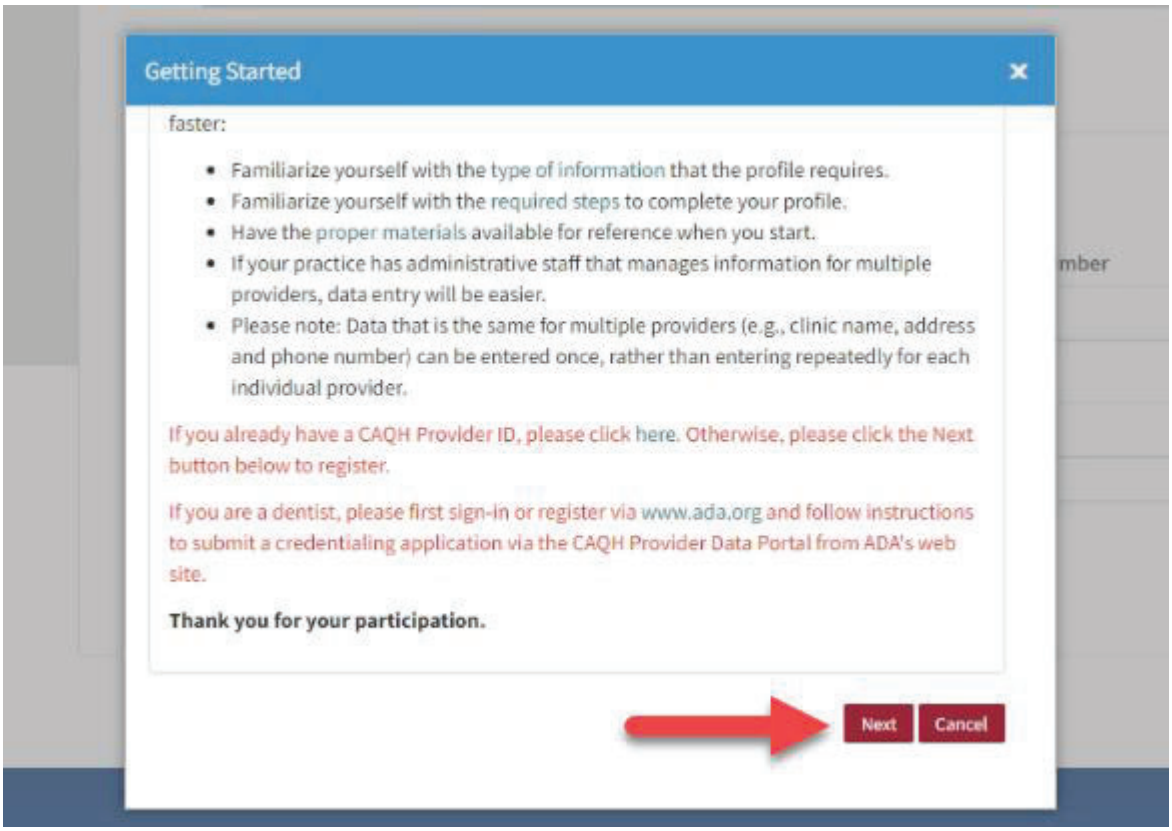
At this point, you will need to check the email you used to set up your account



You should receive your CAQH ACCOUNT NUMBER and a link to log in.

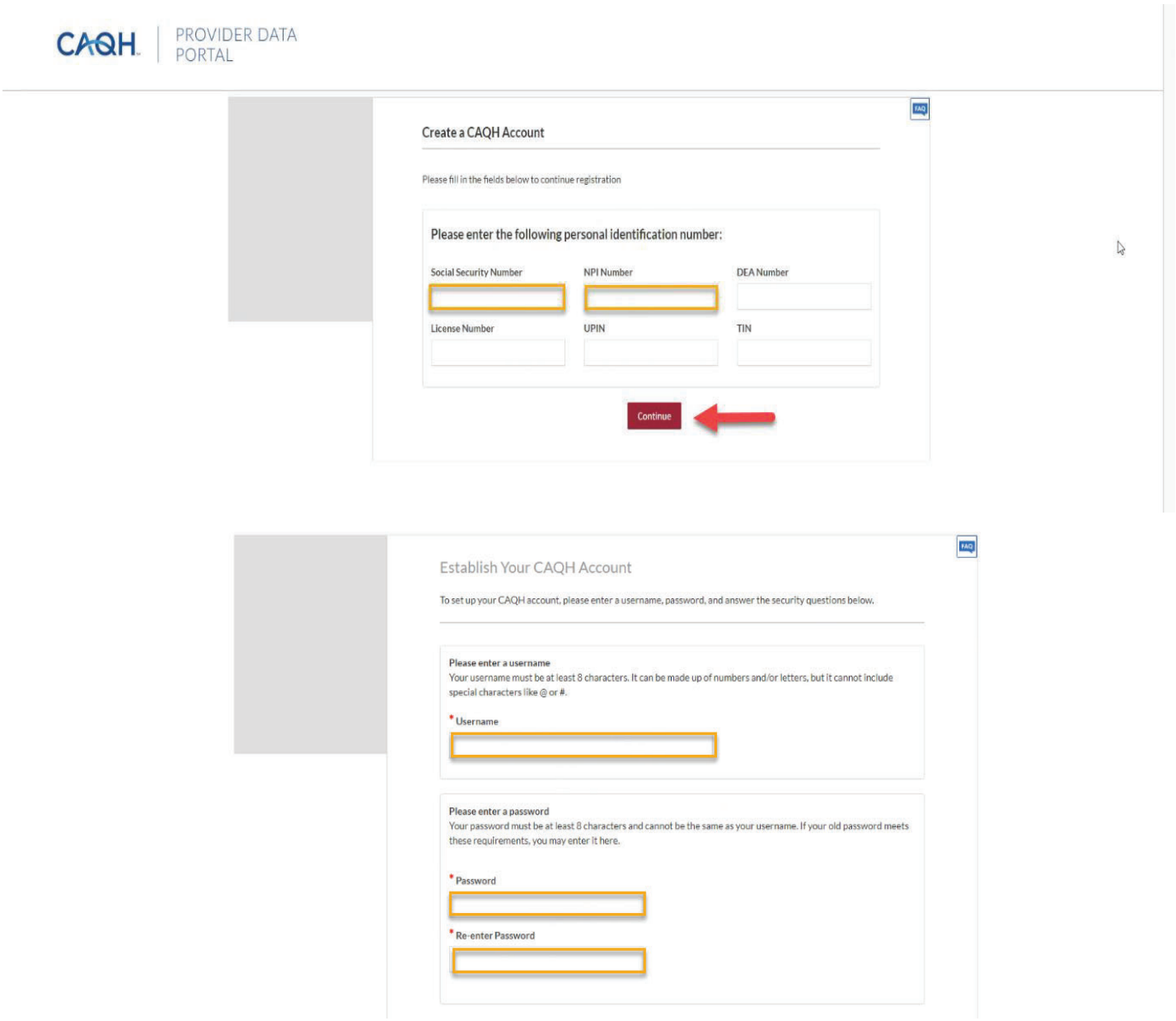
CAQH | PROVIDER DATA PORTAL





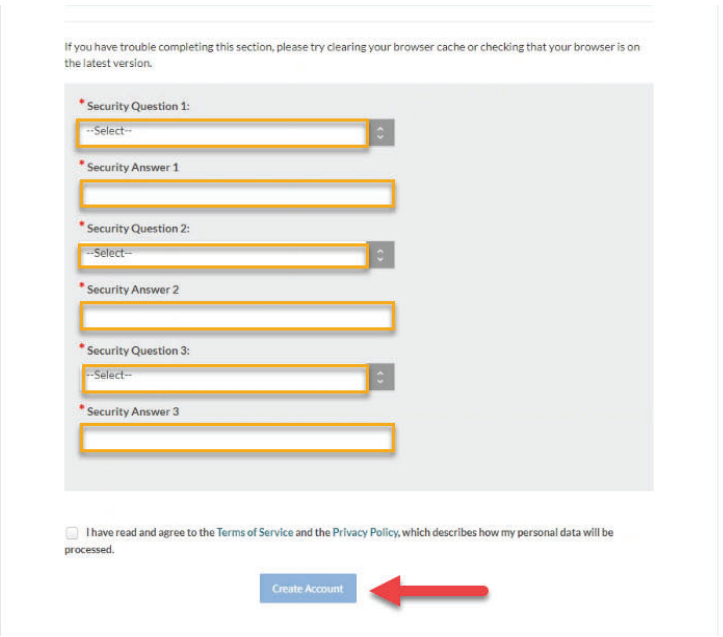
CREATE A CAQH ACCOUNT

ONLY ADD SOCIAL AND NPI ON THE PAGE

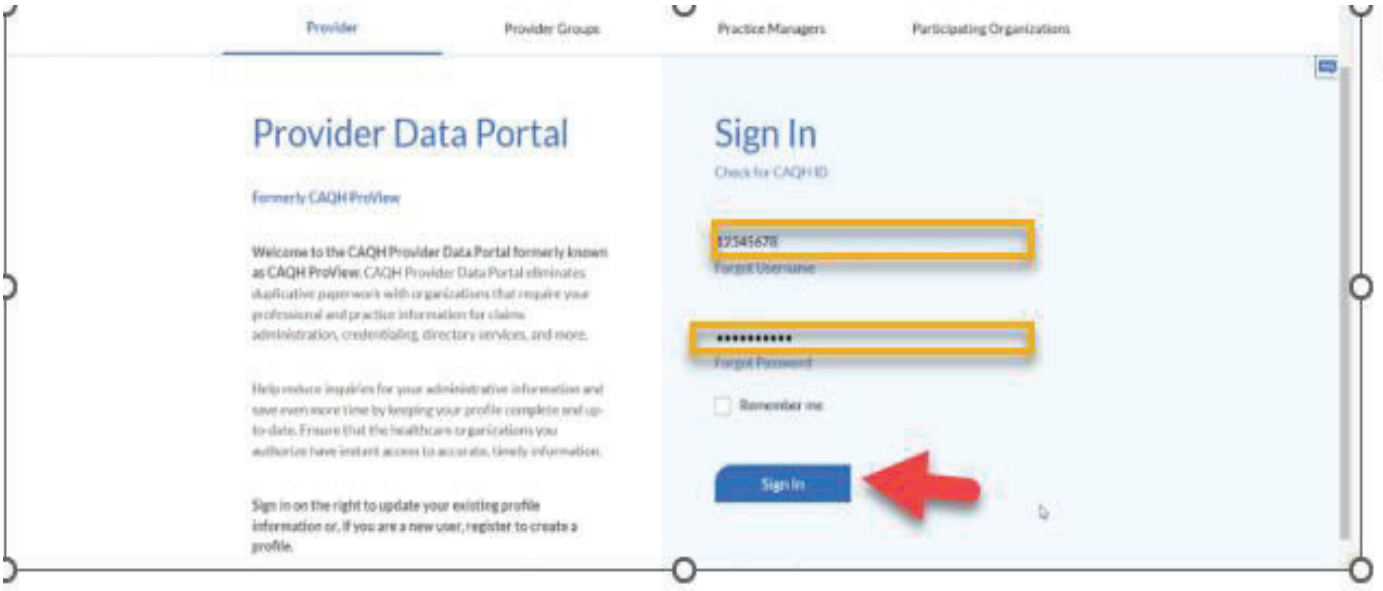


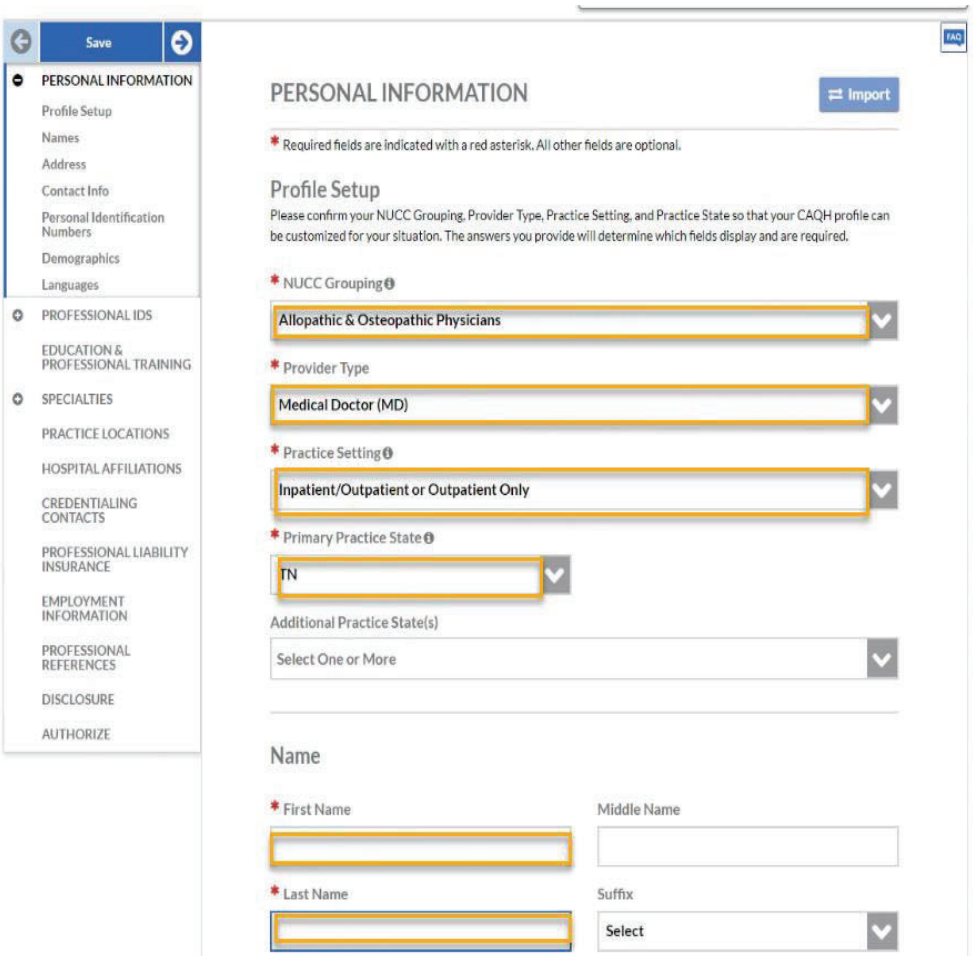
Next section will be your security questions. You choose your questions and answers.

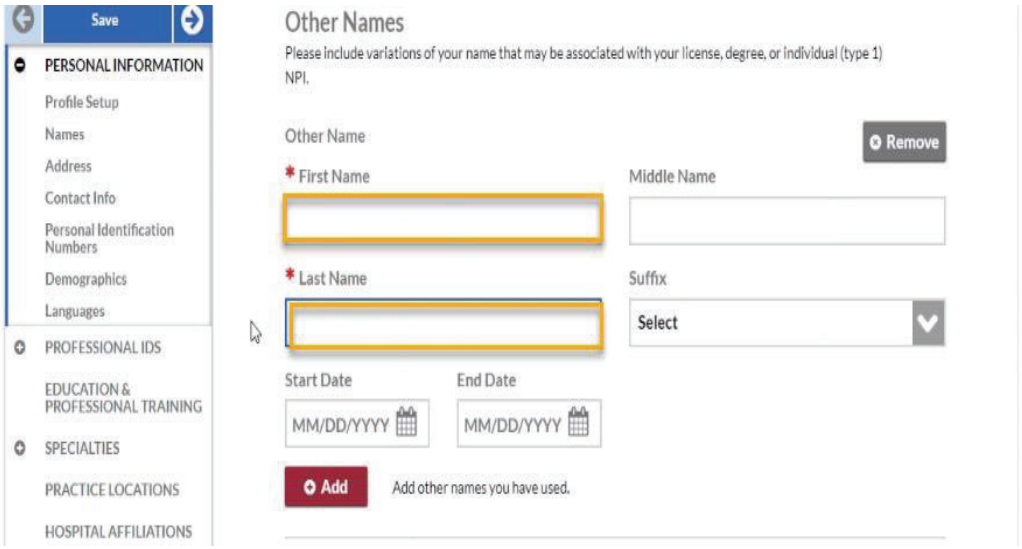
Do not share this information.



Now log into to your account to add information. Make sure you fill out all the Red asterisks.




Save
PERSONAL INFORMATION
Profile Setup
Names
Address
Contact Info
Personal Identification Numbers
Demographics
Languages
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
PERSONAL INFORMATION
Import
* Required fields are indicated with a red asterisk. All other fields are optional.
Profile Setup
Please confirm your NUCC Grouping, Provider Type, Practice Setting, and Practice State so that your CAQH profile can be customized for your situation. The answers you provide will determine which fields display and are required.
* NUCC Grouping
Allopathic & Osteopathic Physicians
* Provider Type
Medical Doctor (MD)
* Practice Setting
Inpatient/Outpatient or Outpatient Only
* Primary Practice State
TN
Additional Practice State(s)
Select One or More
Name
* First Name
Middle Name
* Last Name
Suffix
Select


Save
PERSONAL INFORMATION
Profile Setup
Names
Address
Contact Info
Personal Identification Numbers
Demographics
Languages
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
Other Names
Please include variations of your name that may be associated with your license, degree, or individual (type 1) NPI.
Other Name
Remove
* First Name
Middle Name
* Last Name
Suffix
Select
Start Date
End Date
MM/DD/YYYY
MM/DD/YYYY
Add
Add other names you have used.

Address

Add a reliable address where you receive physical mail, in case your practice location changes.

Home Address

Remove

Street 1

Street 2

City

Nashville

State

TN

Zip Code

_____-____

Country

Select

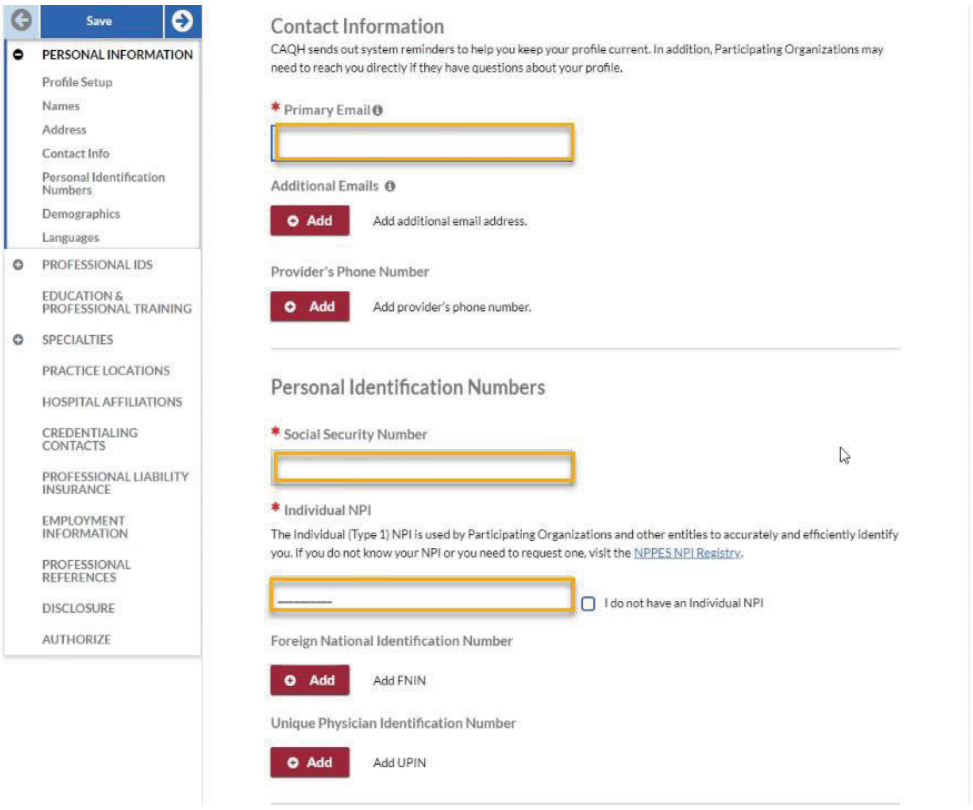
County

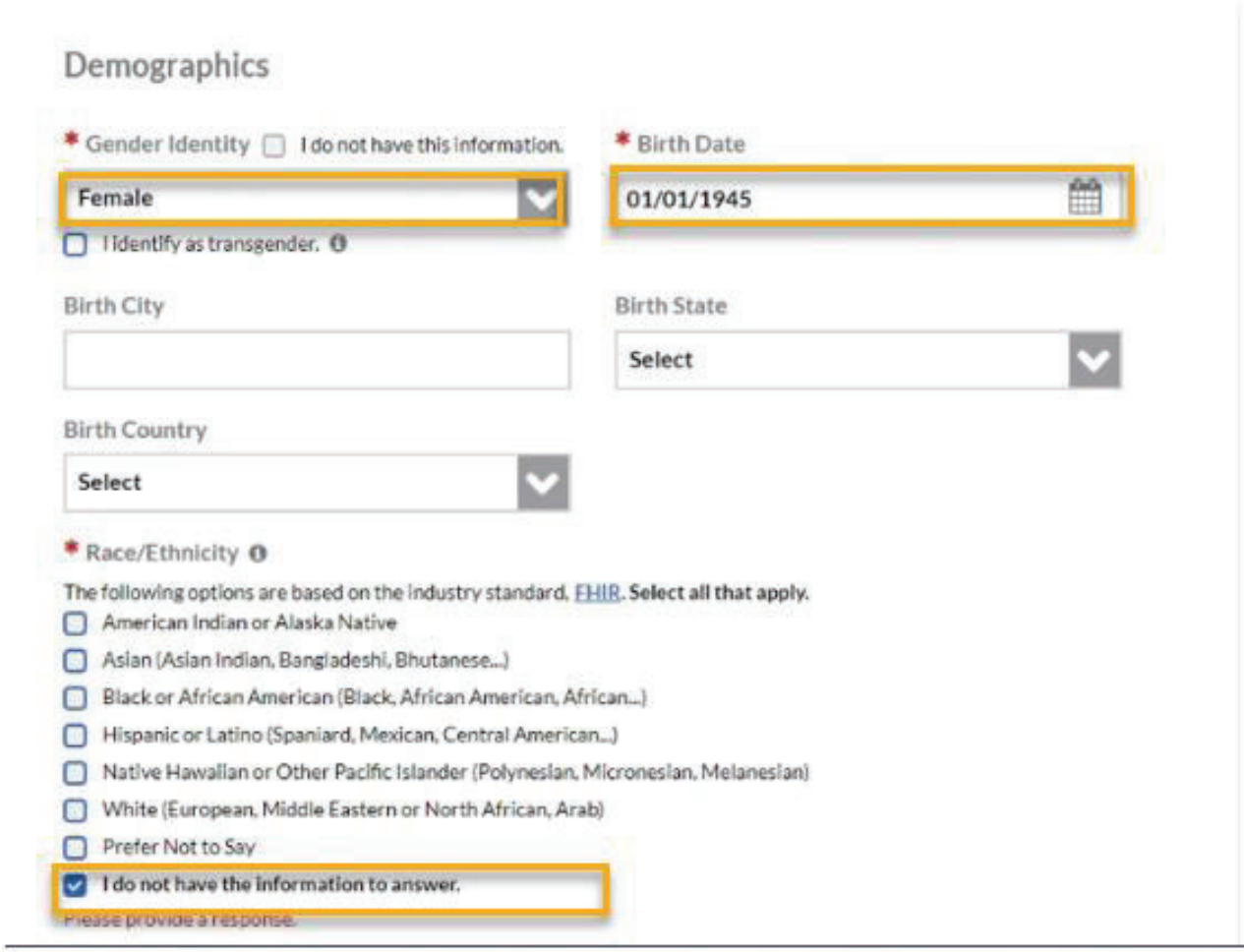
Select

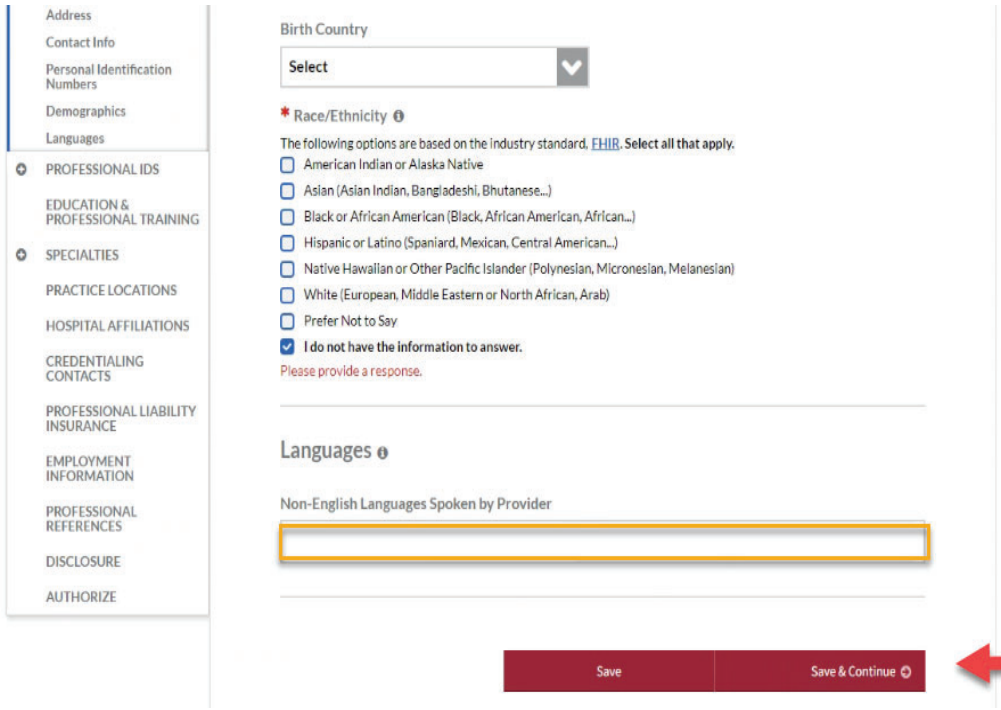
Mailing

Add

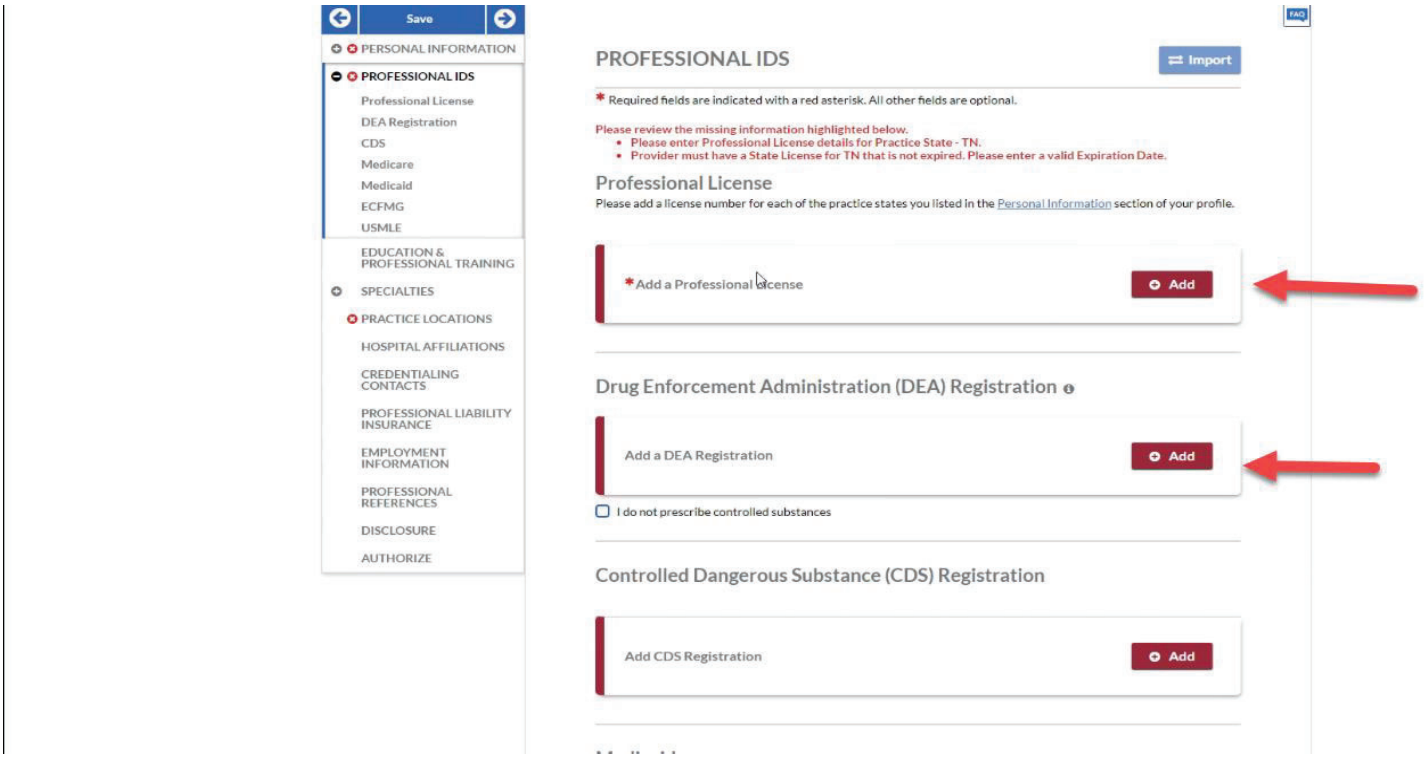
Add provider's mailing address.

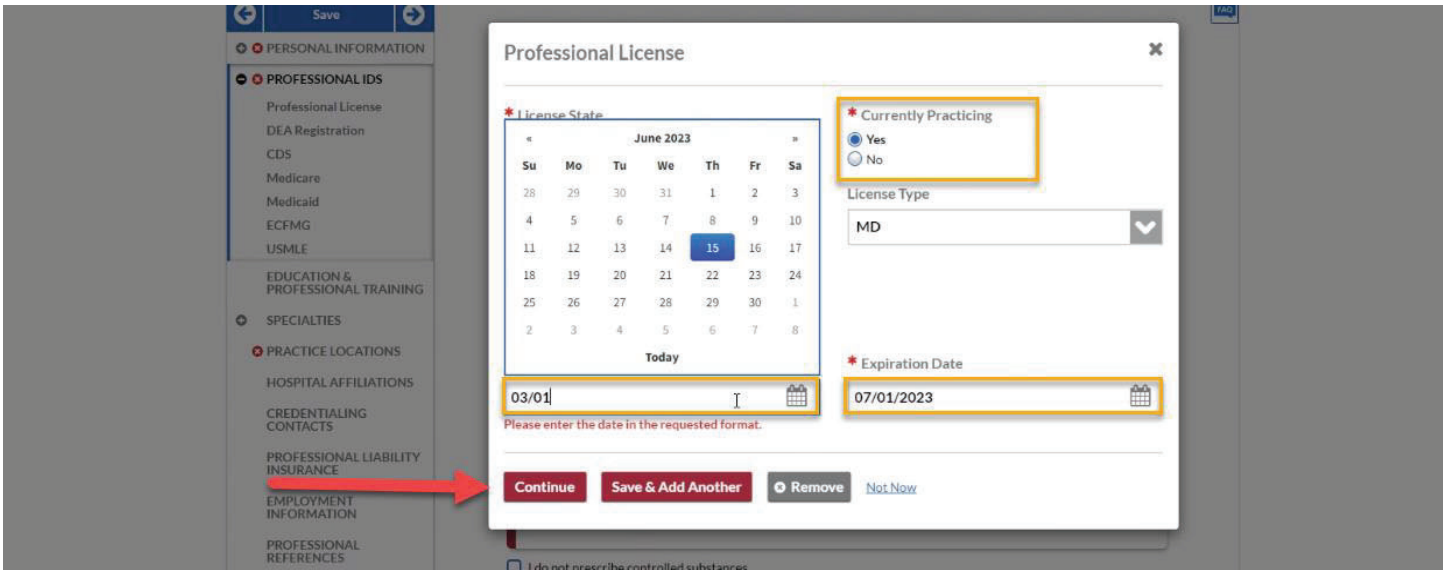

Save
PERSONAL INFORMATION
Profile Setup
Names
Address
Contact Info
Personal Identification Numbers
Demographics
Languages
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
Contact Information
CAQH 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
Add additional email address.
Provider's Phone Number
Add
Add provider's phone number.
Personal Identification Numbers
* Social Security Number
* Individual NPI
The Individual (Type 1) 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 NPPES NPI Registry.
I do not have an Individual NPI
Foreign National Identification Number
Add
Add FNIN
Unique Physician Identification Number
Add
Add UPIN


Demographics
* Gender Identity
I do not have this information.
Female
I identify as transgender.
* 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 (Spaniard, 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.

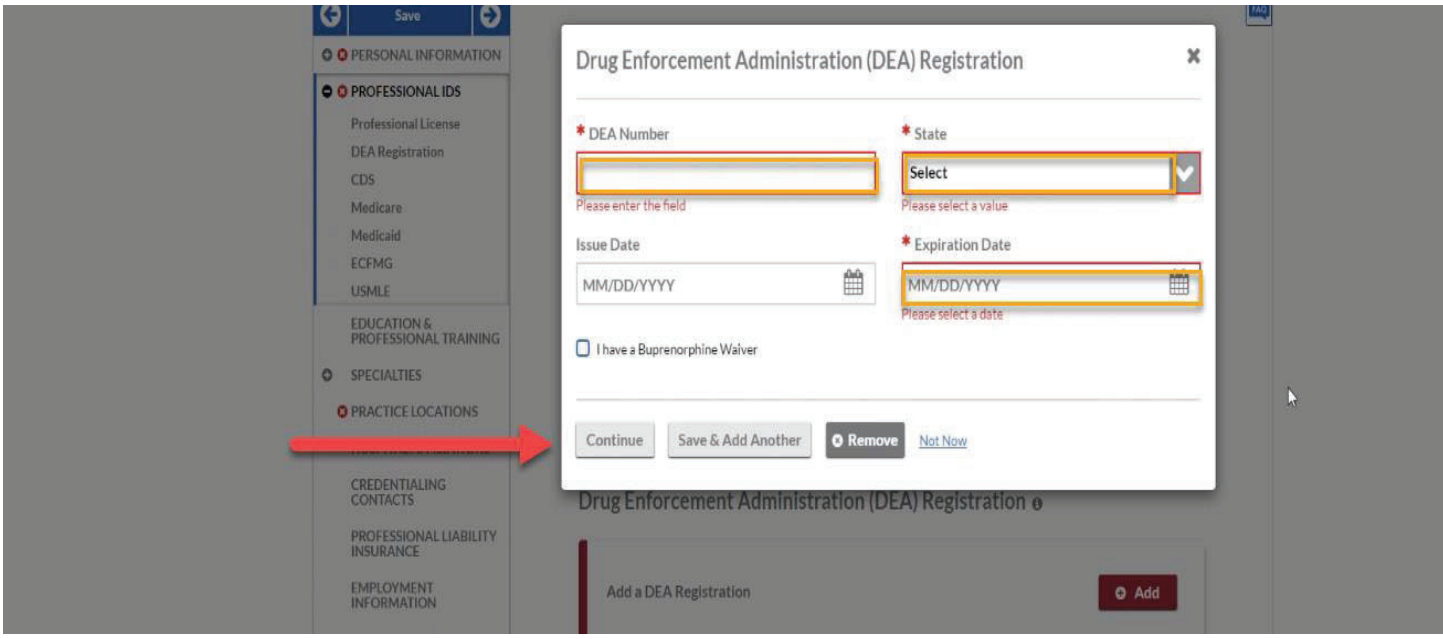

Address
Contact Info
Personal Identification Numbers
Demographics
Languages
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
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 (Spaniard, 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

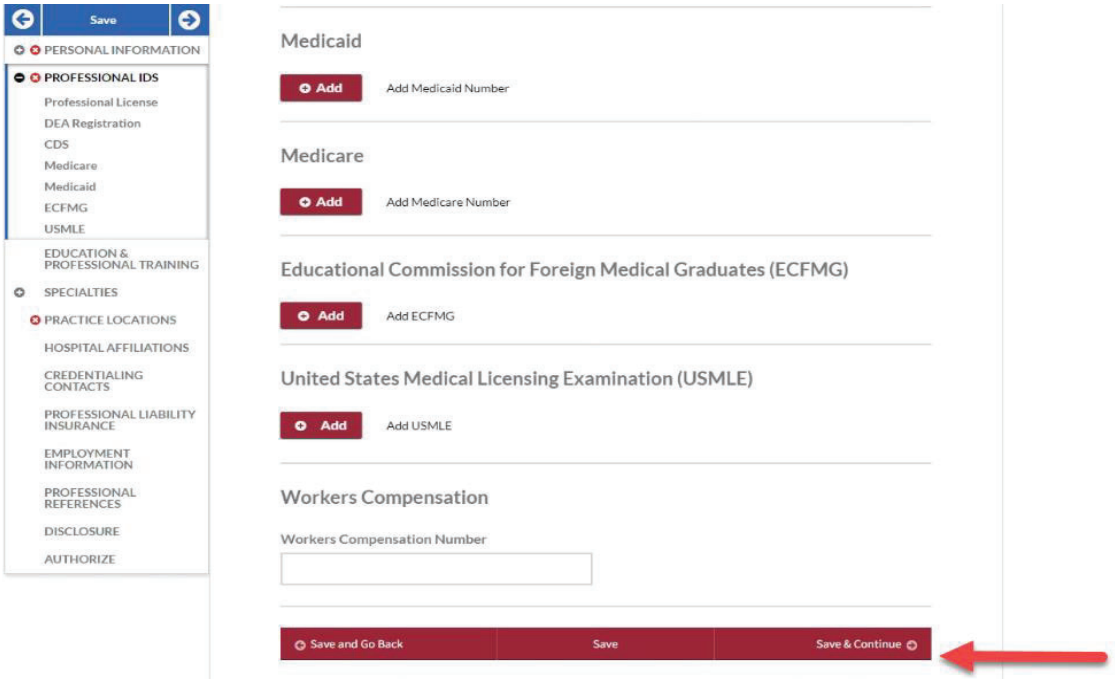
ADD your License and DEA on the selected lines-THIS MUST BE COMPLETED

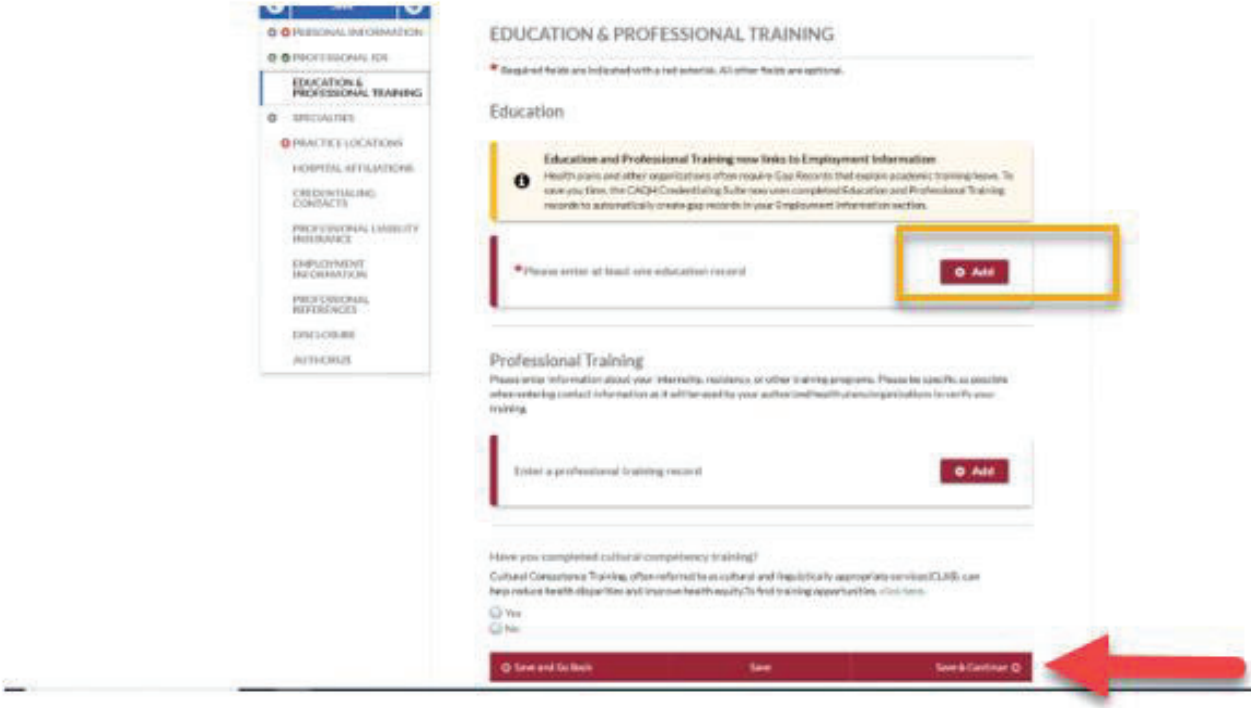


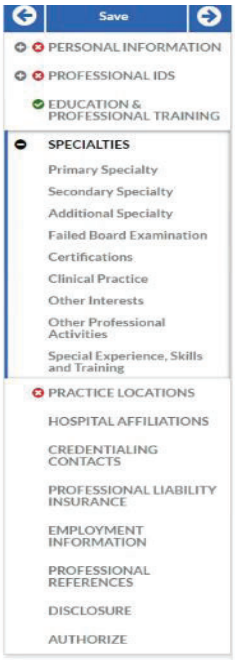


DEA - Only use your personal DEA # (and not your VUMC GME DEA). If you do not have one, there is a place for you to select NO DEA , and you may add one later.

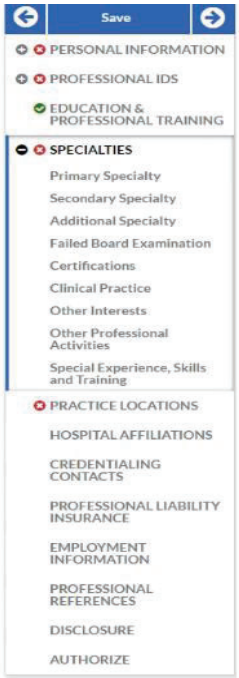


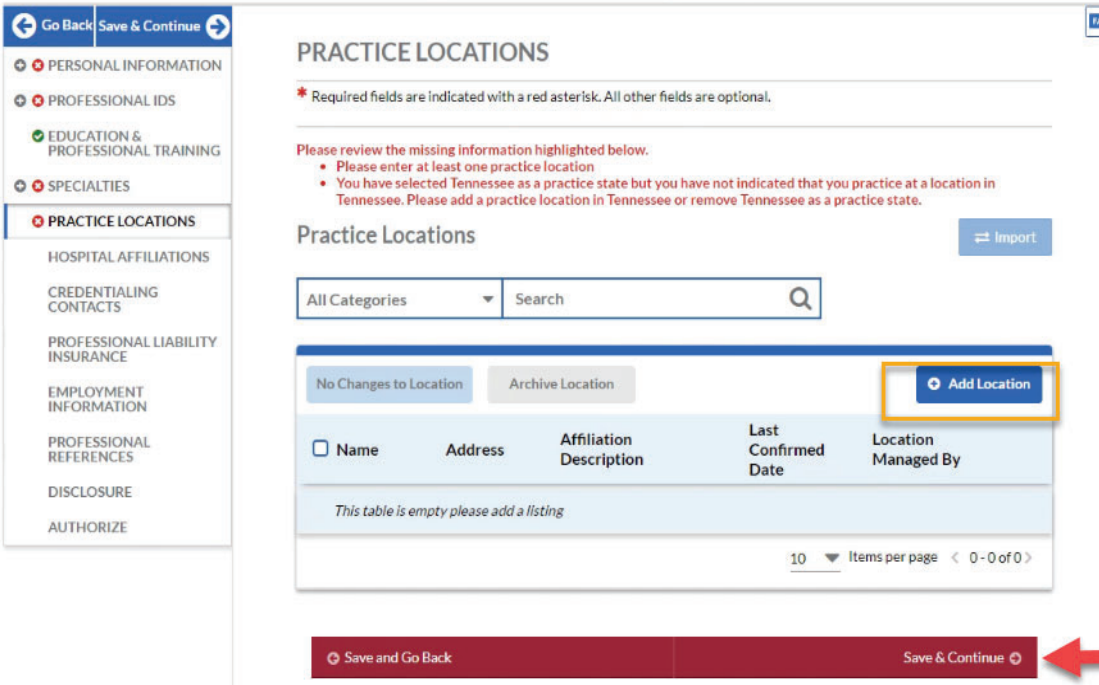


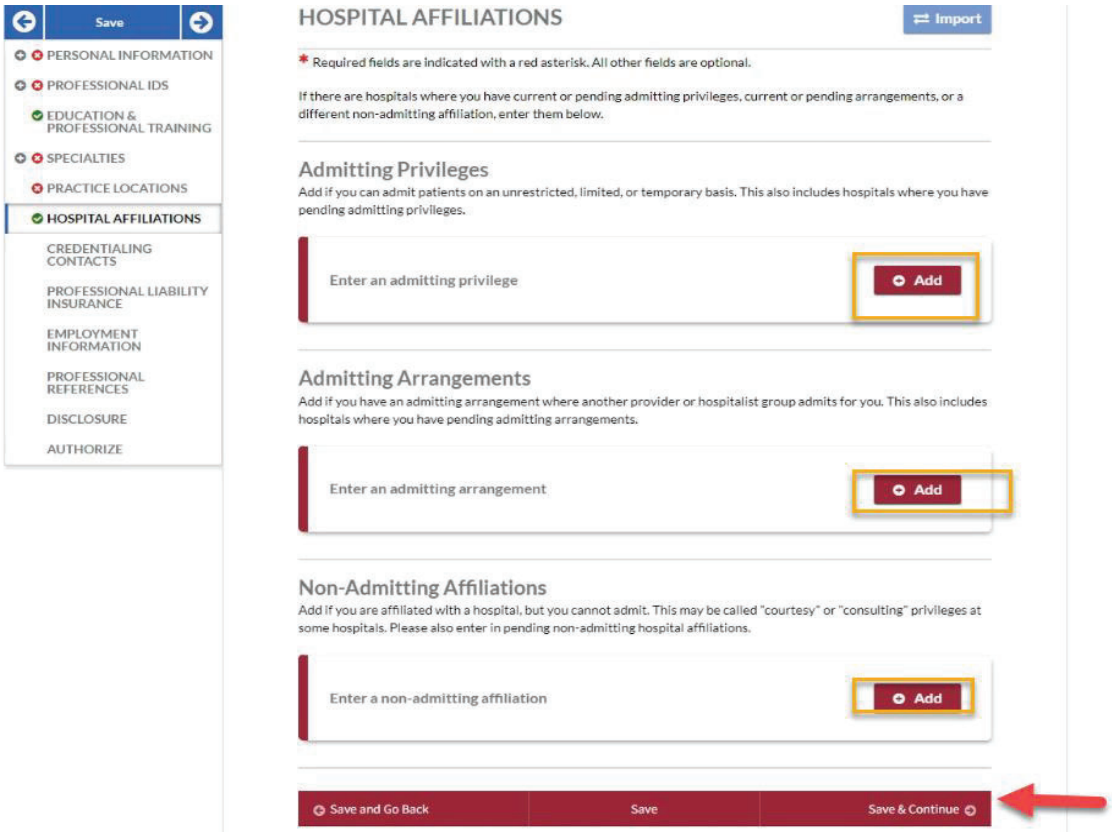

PERSONAL INFORMATION
PROFESSIONAL ID#
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
EDUCATION & PROFESSIONAL TRAINING
Education
Education and Professional Training now links to Employment Information
Add
Professional Training
Add
Have you completed cultural competency training?
Yes
No
Save and Go Back
Save
Save & Continue

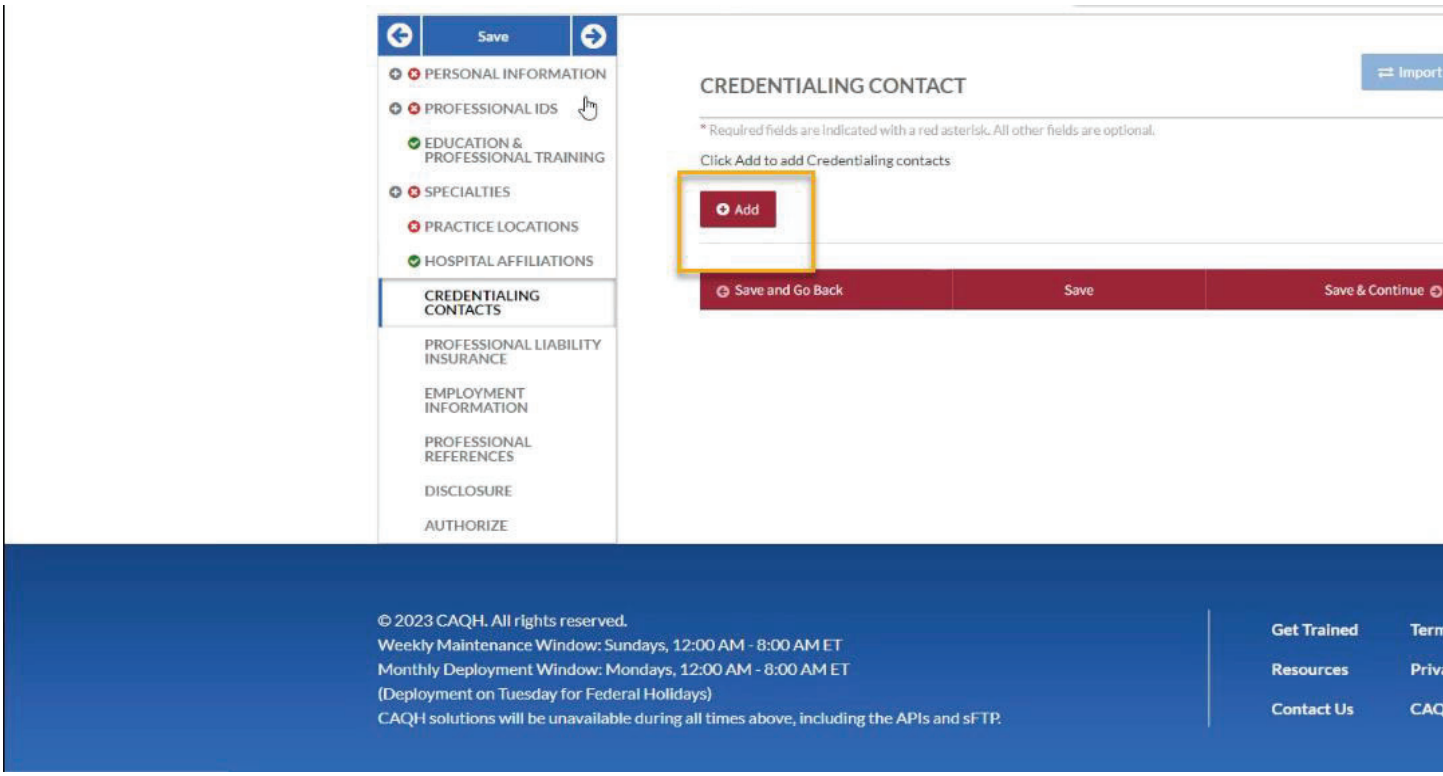

Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
Primary Specialty
Secondary Specialty
Additional Specialty
Failed Board Examination
Certifications
Clinical Practice
Other Interests
Other Professional Activities
Special Experience, Skills and Training
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE

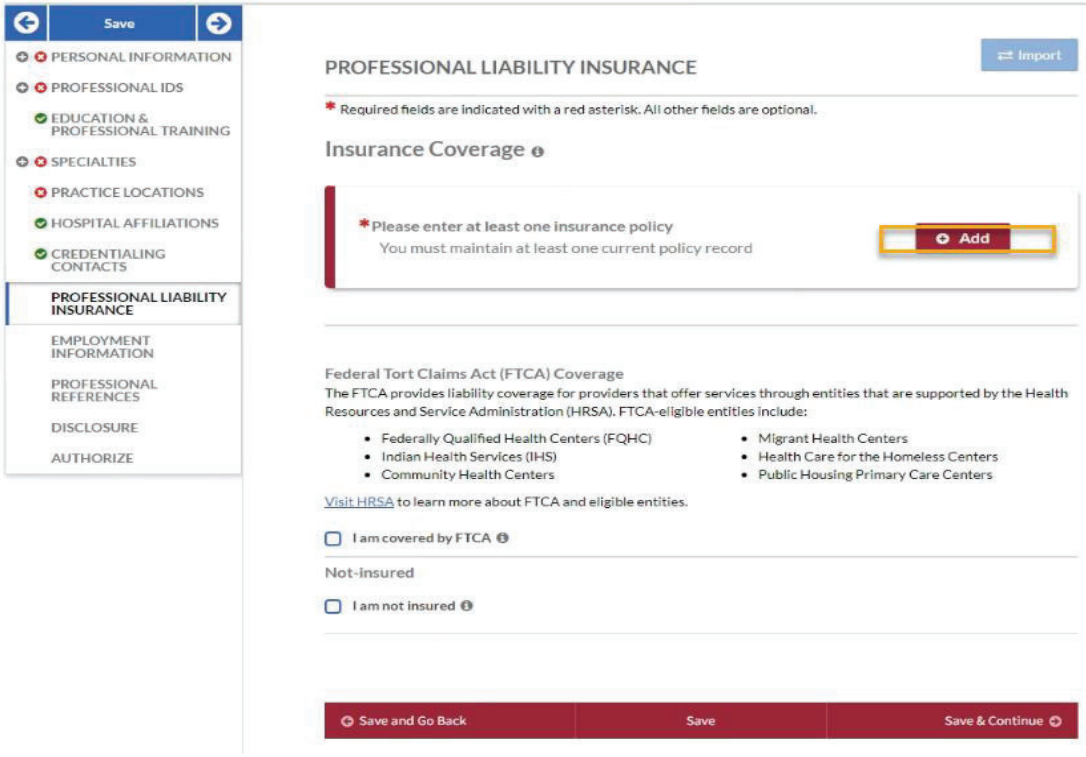
Import
SPECIALTIES
* Required fields are indicated with a red asterisk. All other fields are optional.
Primary Specialty
* Primary Specialty
[Select]
Board certification requirements go above and beyond state licensing requirements. The "Board Certified" title recognizes providers that acquired certification to demonstrate an expertise in a particular specialty. This certification process is voluntary and not to be confused with the examinations taken to meet the requirements needed to apply for a license to practice in your state.
* Board Certified?
Yes
No
Do you wish to be listed in the directory under this primary specialty?
Yes No HMO
Yes No PPO
Yes No POS
Secondary Specialty
* Do you have a Secondary Specialty?
Yes
No
CERTIFICATIONS
* Do you have Certifications?
Yes
No
Other Interests
Provide additional areas of professional practice
Adolescents
Children
Children in the Care or Custody of DCF (Department of Children and Families)
Child Welfare
Homelessness
Lesbian, Gay, Bisexual (LGB)
Military and Veterans
Transgender
Youth Affiliated With DYS (Department of Youth Services) Either Detained or Committed
Blindness Or Visual Impairment
Deafness Or Hard-of-hearing
People with Disabilities
Physical Disabilities
Area of Expertise
Anger Management
Anxiety
Attention Deficit/Hyperactivity Disorder (ADHD)
Autism Spectrum Disorders
Bipolar Disorder
Chronic Illness
Co-occurring Disorders
Depression
Gender Dysphoria
Gender Non-Conformity
Geriatric Behavioral Health
HIV/AIDS
Obsessive Compulsive Disorder (OCD)
Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS)
Serious Mental Illness
Sleep Disorders
Substance Abuse
Trauma
Other
Treatment Options
Dialectical Behavioral Therapy (DBT)
Group Therapy
Marriage and Family Therapy
Medical Illness and Therapy
Medication Management and Therapy
Neuropsychological Testing (Adolescents)
Neuropsychological Testing (Children)
Play Therapy
Postpartum Depression and/or Psychosis
Psychological Testing (Adolescents)
Psychological Testing (Children)
Save and Go Back
Save
Save & Continue


Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
Primary Specialty
Secondary Specialty
Additional Specialty
Failed Board Examination
Certifications
Clinical Practice
Other Interests
Other Professional Activities
Special Experience, Skills and Training
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE

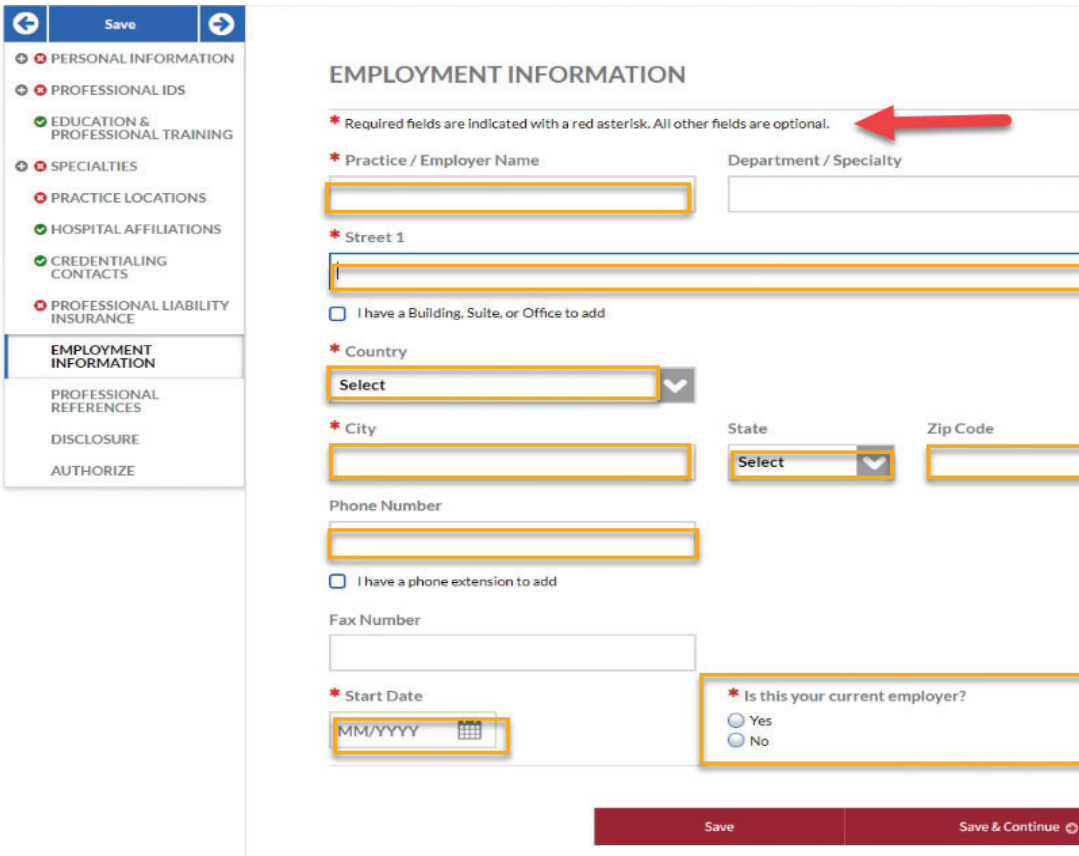

Go Back
Save & Continue
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
PRACTICE LOCATIONS
* Required 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
Import
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 - 0 of 0
Save and Go Back
Save & Continue

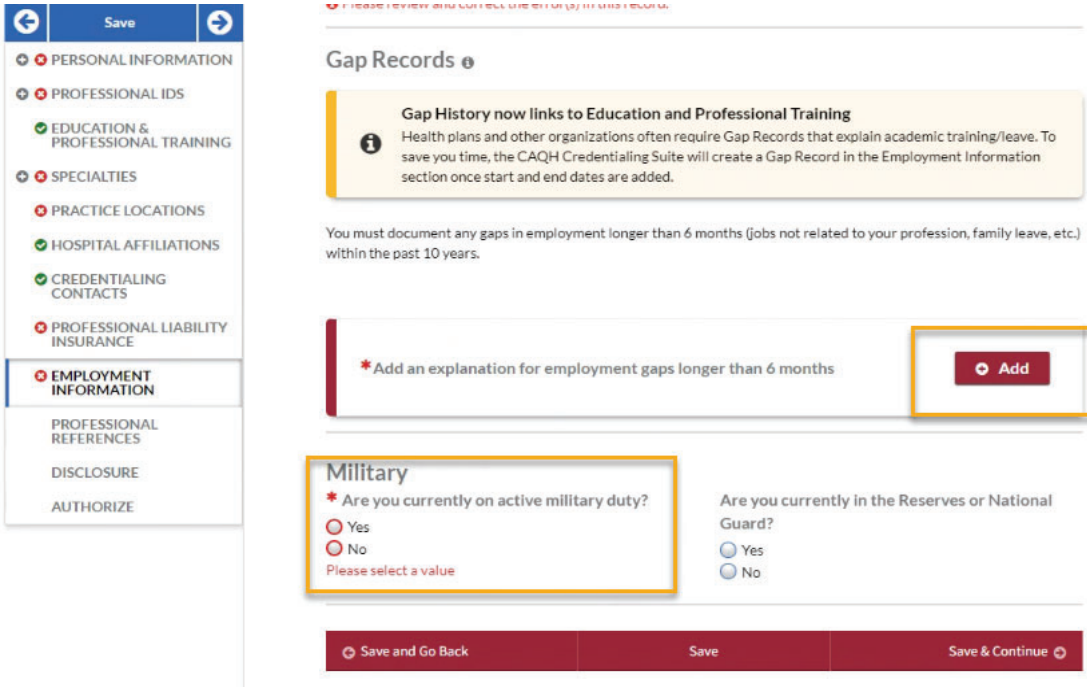

Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
HOSPITAL AFFILIATIONS
Import
* Required fields 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
Save and Go Back
Save
Save & Continue

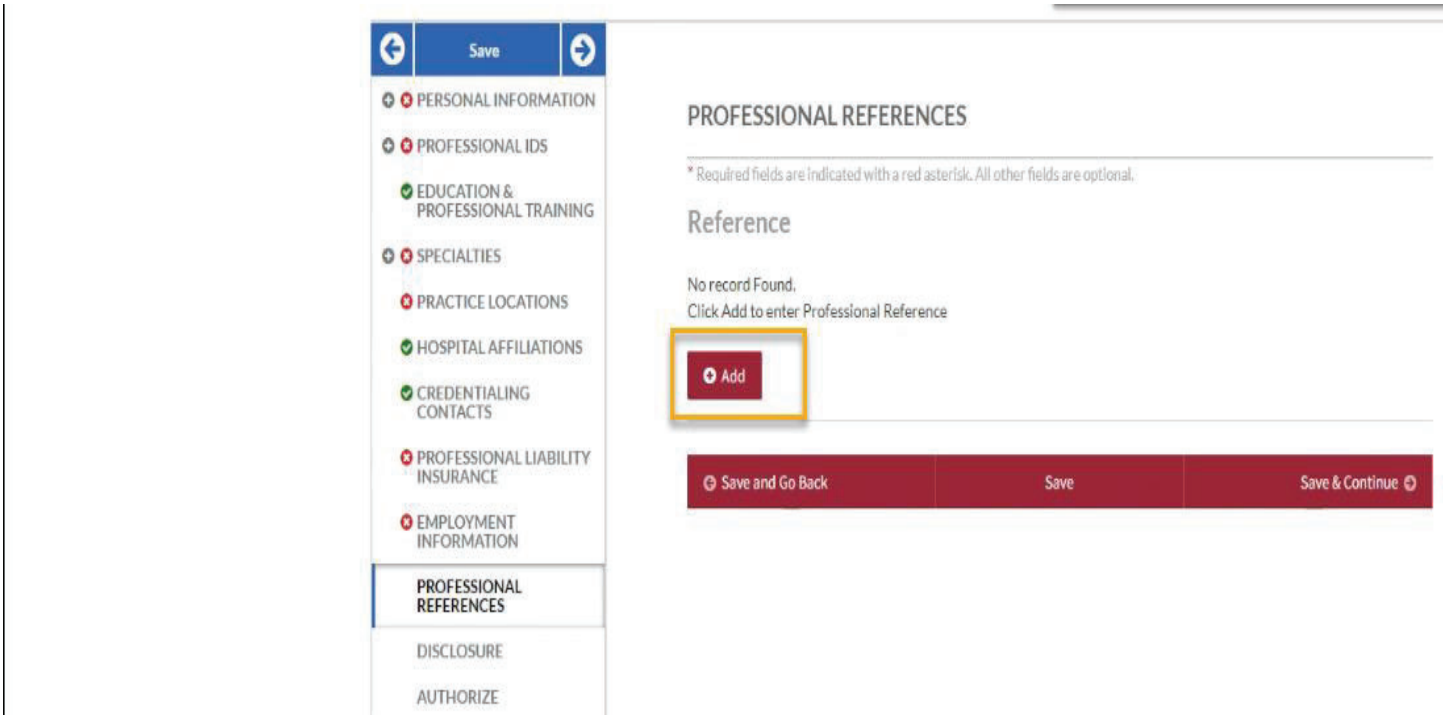




- Professional Liability Insurance – Complete Professional Liability coverage is provided by the Vanderbilt University Medical Center Self-Insured Trust and the Trust is named Trust 41. The address is Risk and Insurance Management, 3322 West End Avenue #1100, Nashville, TN 37203. Incident Limit is $5,500,000 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

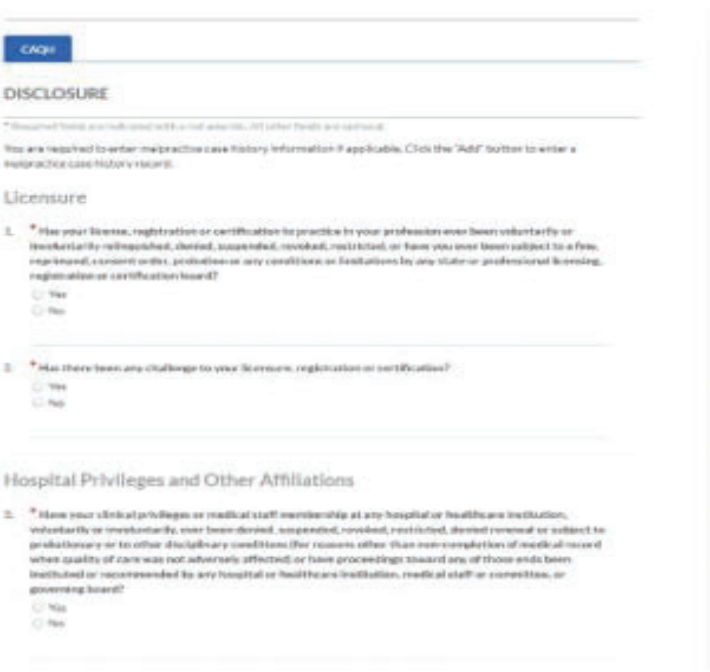

Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
EMPLOYMENT INFORMATION
* Required fields are indicated with a red asterisk. All other fields are optional.
* Practice / Employer Name
Department / Specialty
* Street 1
I have a Building, Suite, or Office to add
* Country
Select
* City
State
Select
Zip Code
Phone Number
I have a phone extension to add
Fax Number
* Start Date
MM/YYYY
* Is this your current employer?
Yes
No
Save
Save & Continue


Save
PERSONAL INFORMATION
PROFESSIONAL IDS
EDUCATION & PROFESSIONAL TRAINING
SPECIALTIES
PRACTICE LOCATIONS
HOSPITAL AFFILIATIONS
CREDENTIALING CONTACTS
PROFESSIONAL LIABILITY INSURANCE
EMPLOYMENT INFORMATION
PROFESSIONAL REFERENCES
DISCLOSURE
AUTHORIZE
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
Add
Military
* Are you currently on active military duty?
Yes
No
Please select a value
Are you currently in the Reserves or National Guard?
Yes
No
Save and Go Back
Save
Save & Continue

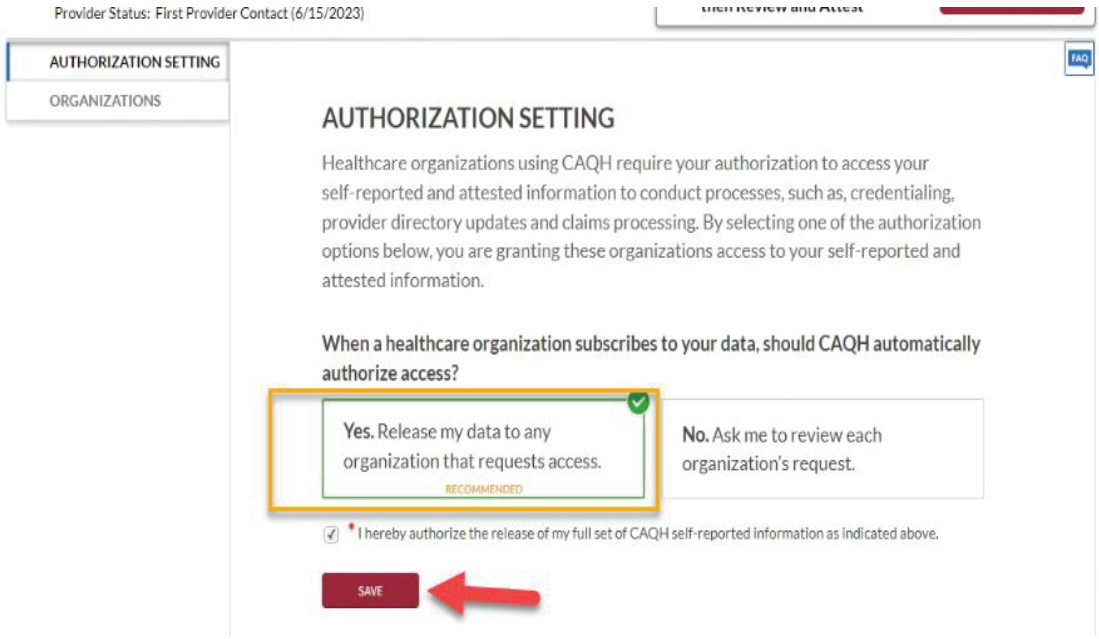


Please complete all the disclosure questions and hit save and continue

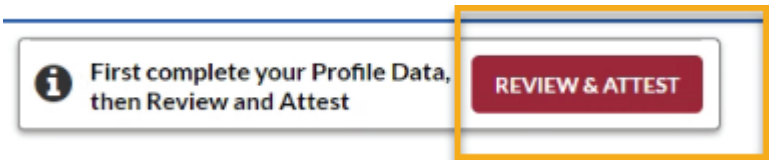
Please complete all the disclosure questions and hit save and continue



In the next section select Yes and check the box below to be accepted by Medicaid.

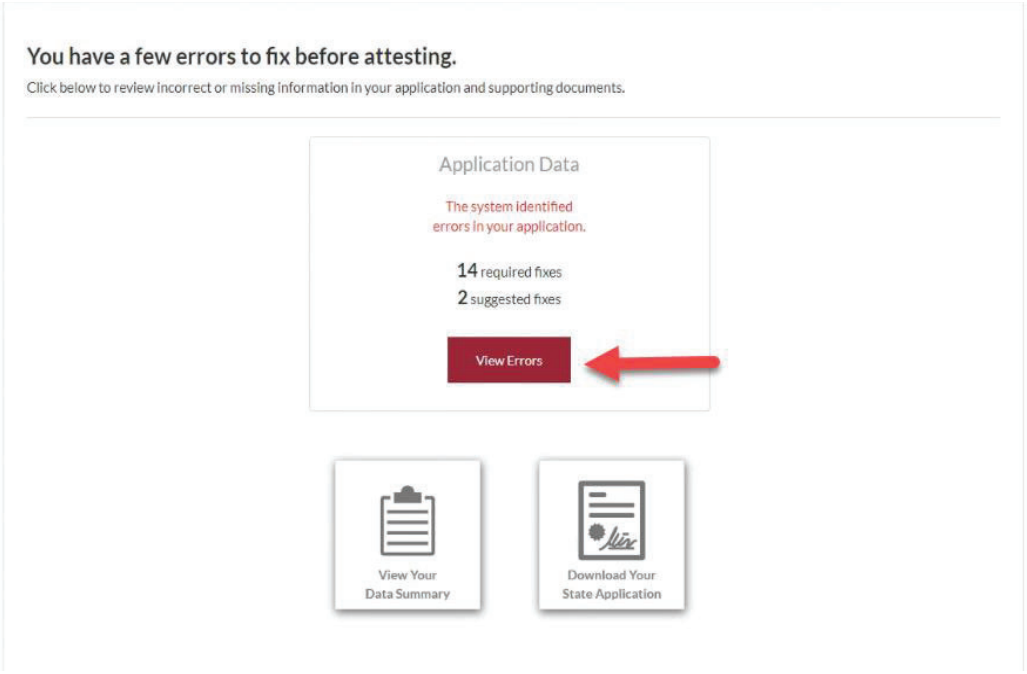


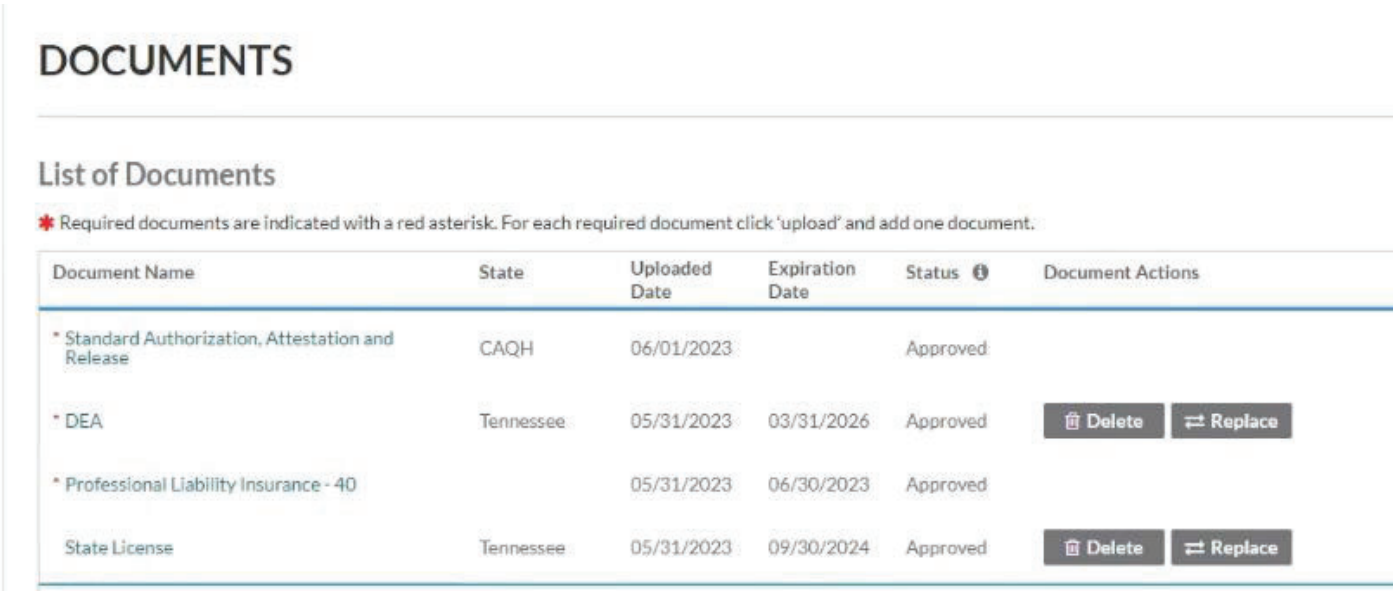
Please ATTEST before documents can be added.



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

These 4 items should be added as seen below.





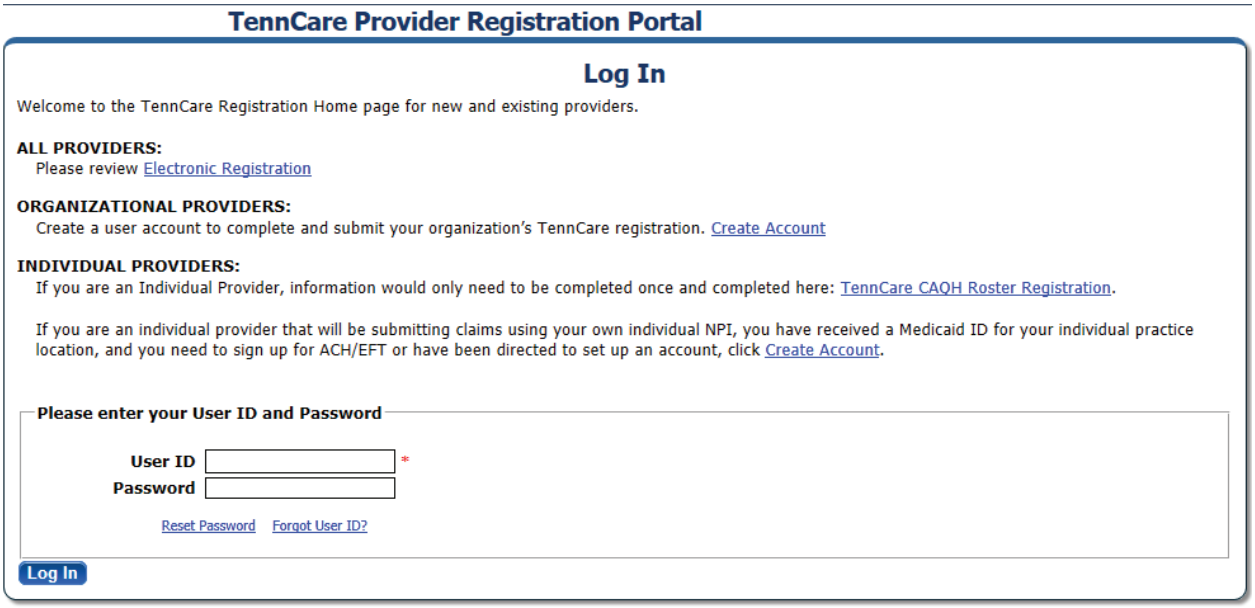
After you upload documents. Check back the next day to make sure all documents where approved and if all are approved, Attest again. This will finish up the process for CAQH.

THE CAQH PROFILE HAS TO BE ATTESTED EVERY 120 DAYS

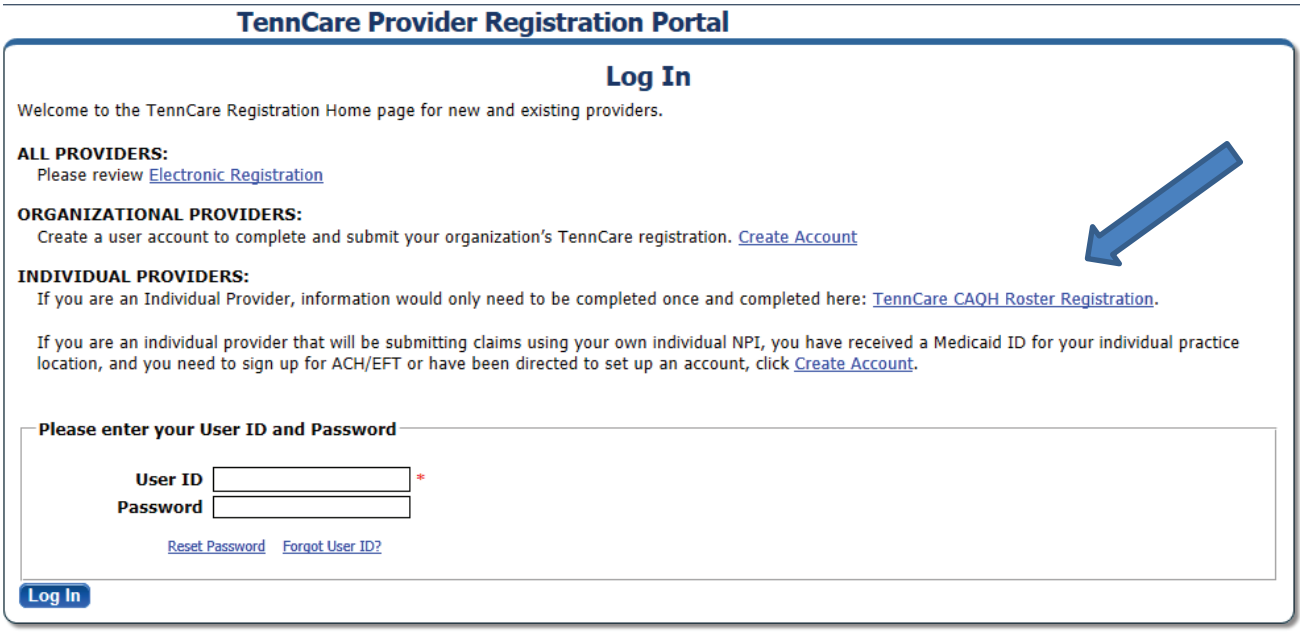
How to Create an Individual Registration in PDMS:

Step 1: Login to the TennCare Registration portal.

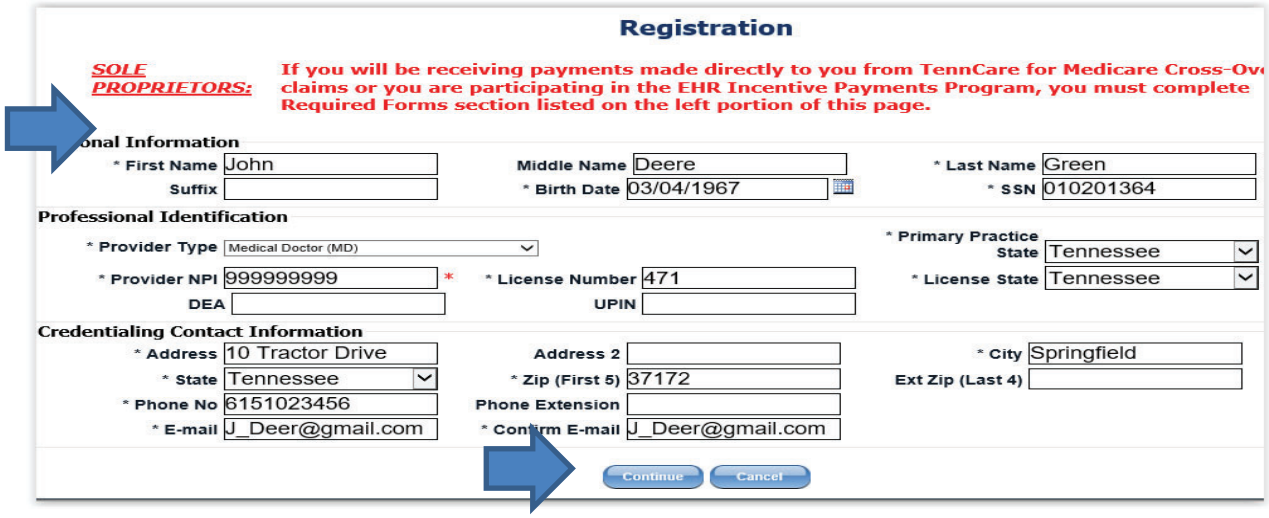
https://pdms.tenncare.tn.gov/Account/Login.aspx



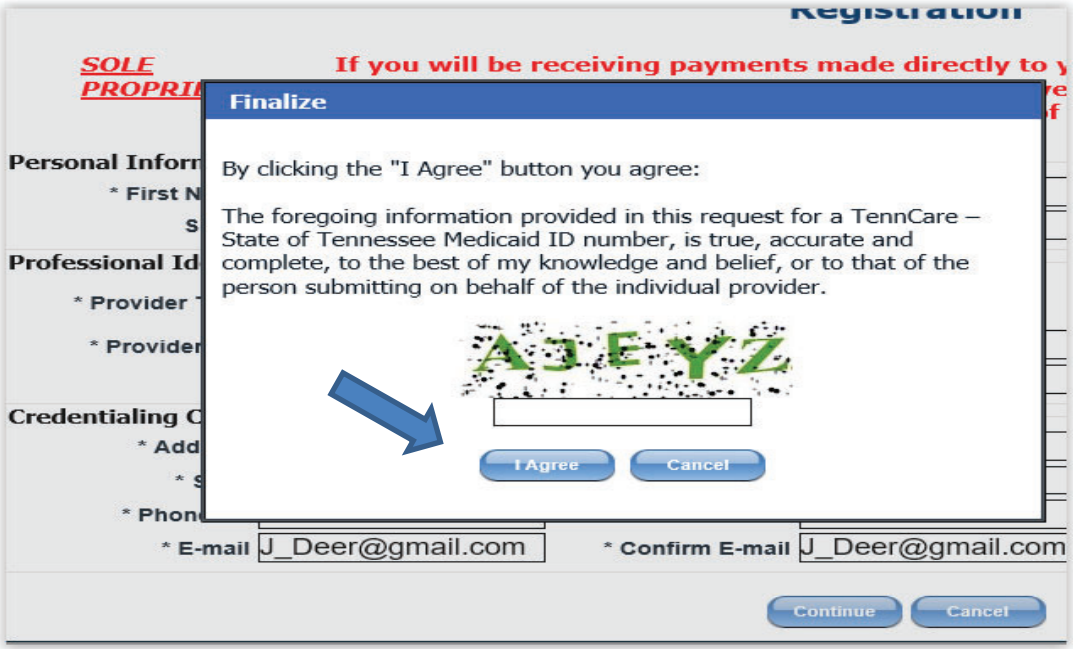
Step 2: Click on the “TennCare CAQH Roster Registration” link.



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

Registration

Your request for a **Tennessee Medicaid ID** has been submitted.

If you will use your individual NPI to bill TennCare for Medicare Crossover claims you MUST submit additional forms to TennCare to obtain a vendor number. The required forms are located in the "Required Forms" link listed on the left portion of this page. All the forms in this link must be completed and submitted to TennCare Provider Services.

Please complete all forms in the ACH Enrollment Instructions for Individual Provider Types link and mail them to:

State of Tennessee
Attn: Supplier Maintenance
21st Floor WRS Tennessee Tower
312 Rosa L Parks Ave.
Nashville, TN 37243

Again, these forms are only needed if you are an individual provider who will be submitting Medicare Crossover claims directly to TennCare for payment. If you need assistance with the required forms please contact Provider Services at Provider.Registration@tn.gov or 1-800-852-2683.

The information you entered on the online registration form will be submitted to the **Council for Quality Health Care (CAQH)**. If you are already a participating provider with CAQH, please ensure that you have allowed global access to your information or granted TennCare access to your information. If you currently do not participate with CAQH, you will receive information from CAQH on how to submit your information to them. CAQH will send TennCare information needed to assign a Tennessee Medicaid ID. Once you have granted TennCare access to your information, there is no longer a need to submit forms to TennCare. All updates will be automatically sent to TennCare when you update your information with CAQH.

If you have additional questions, please email Provider.Registration@tn.gov.

Summary

Print

TennCare Registration Record

Personal Information

* First Name	John	Middle Name	Deere	* Last Name	Green
Suffix		* Birth Date	03/04/1967	* SSN	010201364

Professional Identification

* Provider Type	Medical Doctor (MD)			* Primary Practice State	Tennessee
* Provider NPI	1346720703	* License Number	471	* License State	Tennessee
DEA		UPIN			

Credentialing Contact Information

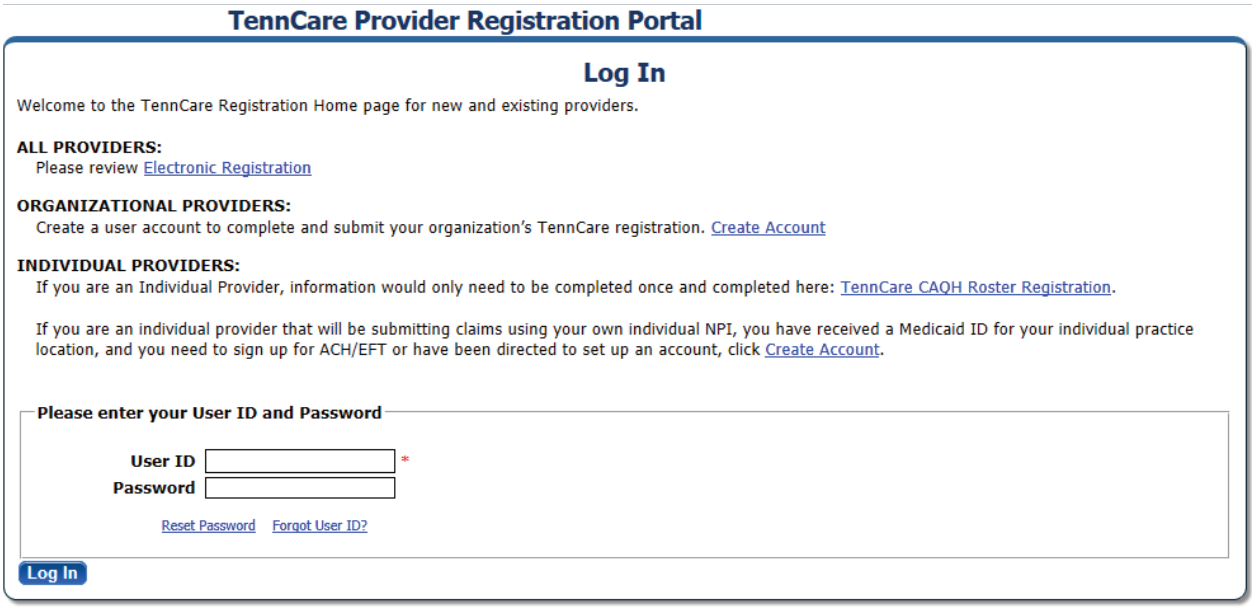
* Address	10 Tractor Drive	Address 2		* City	Springfield
* State	Tennessee	* Zip (First 5)	37172	Ext Zip (Last 4)	
* Phone No	6151023456	Phone Extension	0		
* Email	J_Deer@gmail.com	* Confirm Email	J_Deer@gmail.com		

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.

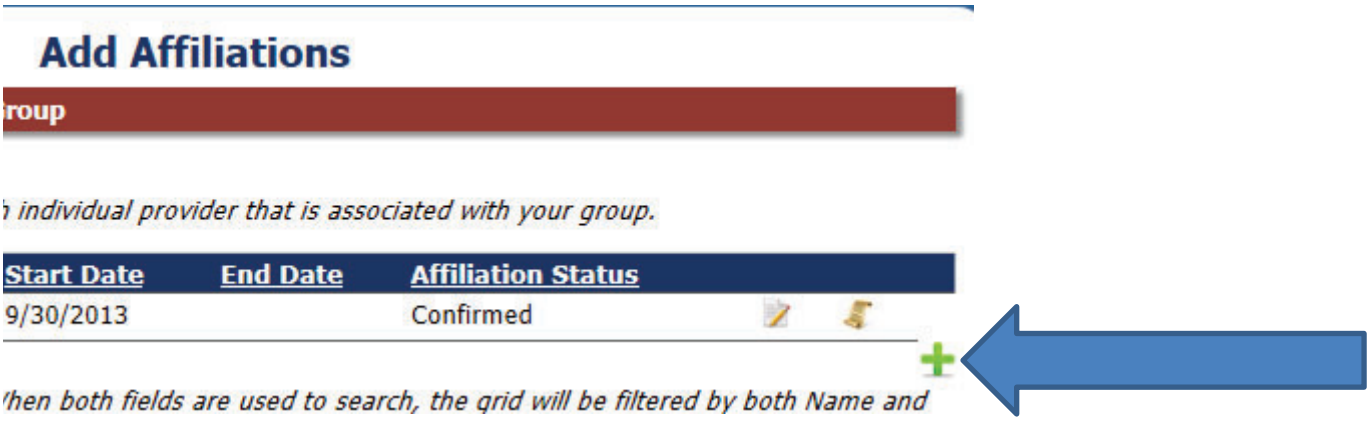


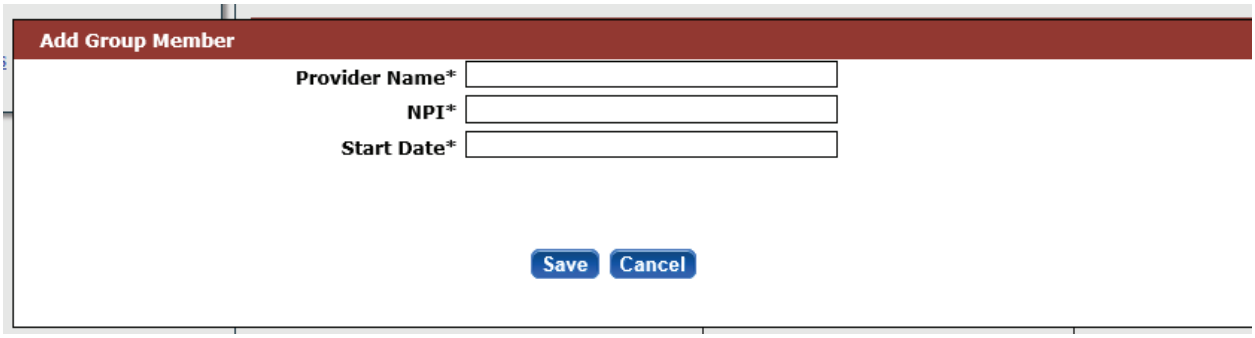
Step 2:

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.