

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/>

Provider Data Portal

Formerly CAQH ProView

Welcome to the CAQH Provider Data Portal formerly known as CAQH ProView. CAQH Provider Data Portal eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

Help reduce inquiries for your administrative information and save even more time by keeping your profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.

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

TO LEARN MORE

User Guide v4.1

Video: I forgot my username/password

Editing SSN and DOB Quick Reference Guide

Dentists: Quick Reference Guide v1.2

Video: Single Sign-on for Dentists

Sign In

Check for CAQH ID

Username

Forgot Username

Password

Forgot Password

Remember me

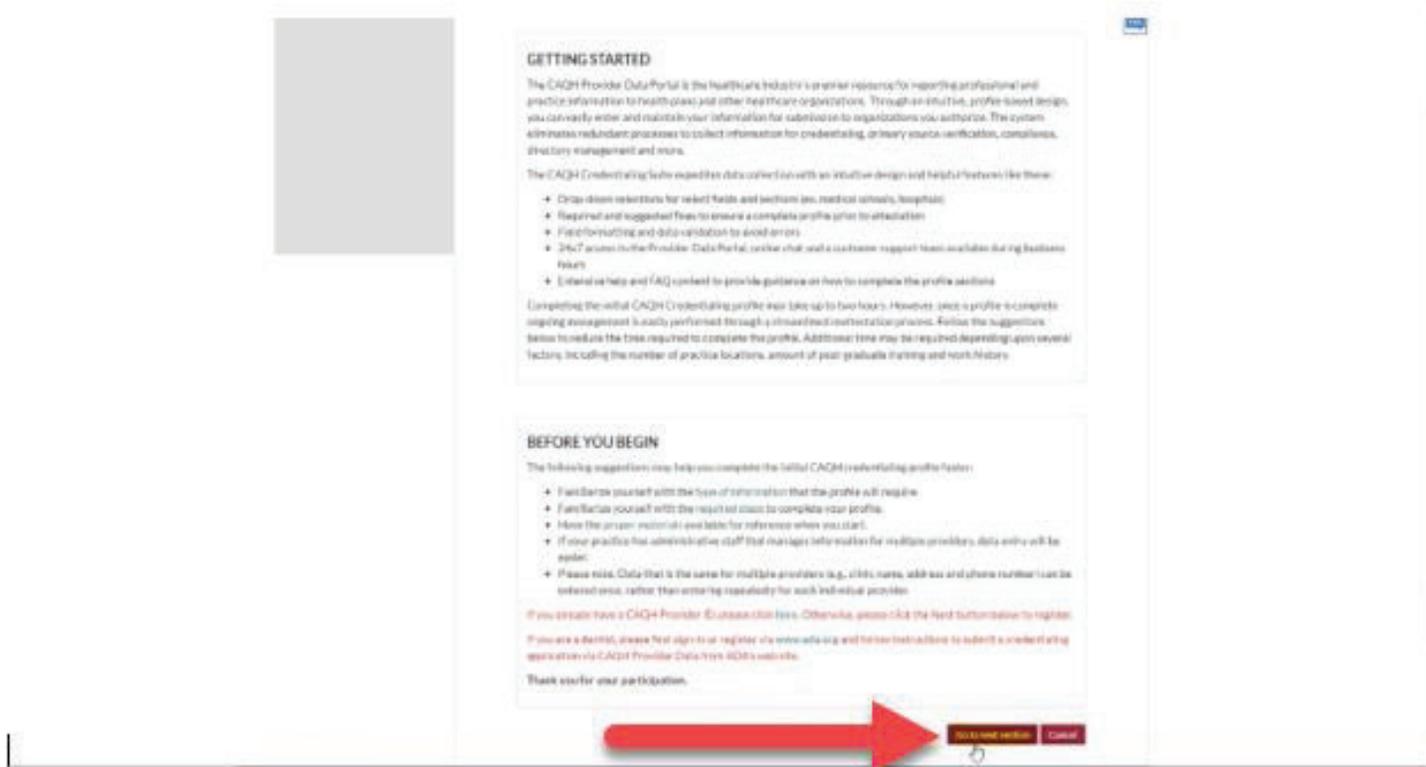
Sign In

First Time Here?

1. Dentists: Sign In using the American Dental Association's portal
2. If you received a welcome email, use the link in your email to begin the sign-in process.
3. If you are a first-time user, [click Register here.](#)

[Click Register here.](#)





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

Please complete all of the following fields:

The National Uniform Claim Committee (NUCC) maintains the industry-recognized Health Care Taxonomy code. CAQH is unable to determine your NUCC Grouping; if you cannot identify your NUCC Grouping, please use the On-line Lookup tool on the [NUCC Website](#) to find your specialty and the corresponding Grouping.

* NUCC Grouping
Allopathic & Osteopathic Physician

* Provider Type
Medical Doctor (MD)

* First Name Middle Name * Last Name Suffix
[Text Box] [Text Box] [Text Box] [Dropdown]

* Address Type
[Please Select]

* Street 1
[Text Box]

Street 2
[Text Box]

* City * State * Zip Code
[Text Box] [Select] [Text Box]

* Primary Practice State * Birth Date
[Select only one] [Select date]

E-mail Type
[Please Select]

* E-mail Address (Note - this e-mail address will be used as your primary method of contact)
[Text Box]

E-mail Address (confirmation)
[Text Box]

Please enter the following personal identification numbers:

By entering your identifiers, the system will be able to determine if an account has been created for you already.

* Social Security Number * NPI Number I do not have an Individual NPI.

* DEA Number I do not have a DEA Number.

* License State * License Number I do not have a professional license.



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

CAQH | PROVIDER DATA PORTAL

Thank you!

Please check your e-mail to obtain your CAQH Provider ID to complete your registration.

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

Provided details already exists in CAQH. Please proceed to complete your registration.

Create a CAQH Account

Please fill in the fields below to continue registration

Please enter your CAQH Provider ID

CAQH Provider ID

CAQH Provider ID is required

Continue



Getting Started

faster:

- Familiarize yourself with the type of information that the profile requires.
- Familiarize yourself with the required steps to complete your profile.
- Have the proper materials available for reference when you start.
- If your practice has administrative staff that manages information for multiple providers, data entry will be easier.
- Please note: Data that is the same for multiple providers (e.g., clinic name, address and phone number) can be entered once, rather than entering repeatedly for each individual provider.

If you already have a CAQH Provider ID, please click [here](#). Otherwise, please click the Next button below to register.

If you are a dentist, please first sign-in or register via www.ada.org and follow instructions to submit a credentialing application via the CAQH Provider Data Portal from ADA's web site.

Thank you for your participation.

Next **Cancel**



CREATE A CAQH ACCOUNT

ONLY ADD SOCIAL AND NPI ON THE PAGE

Create a CAQH Account

Please fill in the fields below to continue registration

Please enter the following personal identification number:

Social Security Number

NPI Number

DEA Number

License Number

UPIN

TIN

Continue 

Establish Your CAQH Account

To set up your CAQH account, please enter a username, password, and answer the security questions below.

Please enter a username

Your username must be at least 8 characters. It can be made up of numbers and/or letters, but it cannot include special characters like @ or #.

* Username

Please enter a password

Your password must be at least 8 characters and cannot be the same as your username. If your old password meets these requirements, you may enter it here.

* Password

* Re-enter Password

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

Do not share this information.

If you have trouble completing this section, please try clearing your browser cache or checking that your browser is on the latest version.

* Security Question 1:
--Select--

* Security Answer 1:
[Text Input]

* Security Question 2:
--Select--

* Security Answer 2:
[Text Input]

* Security Question 3:
--Select--

* Security Answer 3:
[Text Input]

I have read and agree to the [Terms of Service](#) and the [Privacy Policy](#), which describes how my personal data will be processed.

Create Account



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

Provider | Provider Groups | Practice Managers | Participating Organizations

Provider Data Portal

Formerly CAQH ProView

Welcome to the CAQH Provider Data Portal formerly known as CAQH ProView. CAQH Provider Data Portal eliminates duplicate paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

Help reduce inquiries for your administrative information and save even more time by keeping your profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.

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

Sign In

Check for CAQH ID

12345678
Forgot Username

Forgot Password

Remember me

Sign In

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 ⓘ
- * Provider Type
- * Practice Setting ⓘ
- * Primary Practice State ⓘ

Additional Practice State(s)

Name

- * First Name Middle Name
- * Last Name Suffix

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

Start Date

End Date

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

State

Zip Code

Country

County

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 additional email address.

Provider's Phone Number

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 [NPES NPI Registry](#).

I do not have an Individual NPI

Foreign National Identification Number

Add FNIN

Unique Physician Identification Number

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. [EHR](#). 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. [EHR](#). 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

PROFESSIONAL IDS Import

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

Please review the missing information highlighted below.

- * Please enter Professional License details for Practice State - TN.
- * Provider must have a State License for TN that is not expired. Please enter a valid Expiration Date.

Professional License
Please add a license number for each of the practice states you listed in the [Personal Information](#) section of your profile.

* Add a Professional License Add

Drug Enforcement Administration (DEA) Registration

Add a DEA Registration Add

I do not prescribe controlled substances

Controlled Dangerous Substance (CDS) Registration

Add CDS Registration Add

Professional License

* License State

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Today

03/01

Please enter the date in the requested format.

* Currently Practicing

Yes
 No

License Type

MD

* Expiration Date

07/01/2023

Continue Save & Add Another Remove Not Now

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.

Drug Enforcement Administration (DEA) Registration

* DEA Number
Please enter the field

* State
Please select a value

Issue Date
Please select a date

* Expiration Date
Please select a date

I have a Buprenorphine Waiver

Continue Save & Add Another Remove Not Now

Drug Enforcement Administration (DEA) Registration

Add a DEA Registration

- PERSONAL INFORMATION
- PROFESSIONAL IDS**
 - Professional License
 - DEA Registration
 - CDS
 - Medicare
 - Medicaid
 - ECFMG
 - USMLE
- EDUCATION & PROFESSIONAL TRAINING
- SPECIALTIES
- PRACTICE LOCATIONS**
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DISCLOSURE
- AUTHORIZE

Medicaid

Add Medicaid Number

Medicare

Add Medicare Number

Educational Commission for Foreign Medical Graduates (ECFMG)

Add ECFMG

United States Medical Licensing Examination (USMLE)

Add USMLE

Workers Compensation

Workers Compensation Number

- PERSONAL INFORMATION
- PROFESSIONAL ID#
- EDUCATION & PROFESSIONAL TRAINING**
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CREDENTIALING CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DEMOGRAPHIC
- AUTHORITY

EDUCATION & PROFESSIONAL TRAINING

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

Education

Education and Professional Training now links to Employment Information
Health plans and other organizations often require Gap Records that capture academic training levels. To save you time, the CQH Credentialing Suite now uses completed Education and Professional Training records to automatically create gap records in your Employment Information section.

* Please enter at least one education record

[Add](#)

Professional Training

Please enter information about your internships, residencies, or other training programs. Please be specific, as possible when entering contact information as it will be used by your author and health care organizations to verify your training.

Enter a professional training record

[Add](#)

Have you completed cultural competency training?

Cultural Competence Training, often referred to as cultural and linguistically appropriate services (CLAS), can help reduce health disparities and improve health equity. To find training opportunities, click here.

- 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

SPECIALTIES

Import

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

Primary Specialty

* Primary Specialty

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?

<input type="radio"/> Yes	<input type="radio"/> No	HMO
<input type="radio"/> Yes	<input type="radio"/> No	PPO
<input type="radio"/> Yes	<input type="radio"/> 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

- | | |
|--|---|
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Blindness Or Visual Impairment |
| <input type="checkbox"/> Children | <input type="checkbox"/> Deafness Or Hard-of-hearing |
| <input type="checkbox"/> Children in the Care or Custody of DCF (Department of Children and Families) | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Homelessness | |
| <input type="checkbox"/> Lesbian, Gay, Bisexual (LGB) | |
| <input type="checkbox"/> Military and Veterans | |
| <input type="checkbox"/> Transgender | |
| <input type="checkbox"/> Youth Affiliated With DYS (Department of Youth Services) Either Detained or Committed | |

- 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

- 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

Save and Go Back Save Save & Continue

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

© 2023 CAQH. All rights reserved.
 Weekly Maintenance Window: Sundays, 12:00 AM - 8:00 AM ET
 Monthly Deployment Window: Mondays, 12:00 AM - 8:00 AM ET
 (Deployment on Tuesday for Federal Holidays)
 CAQH solutions will be unavailable during all times above, including the APIs and sFTP.

Insurance Coverage

*Please enter at least one insurance policy
 You must maintain at least one current policy record

Federal Tort Claims Act (FTCA) Coverage
 The FTCA provides liability coverage for providers that offer services through entities that are supported by the Health Resources and Service Administration (HRSA). FTCA-eligible entities include:

- Federally Qualified Health Centers (FQHC)
- Indian Health Services (IHS)
- Community Health Centers
- Migrant Health Centers
- Health Care for the Homeless Centers
- Public Housing Primary Care Centers

[Visit HRSA](#) to learn more about FTCA and eligible entities.

I am covered by FTCA

Not-Insured

I am not insured

- 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

* City State Zip Code

Phone Number

I have a phone extension to add

Fax Number

* Start Date

* 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

The screenshot shows a web application interface with a left-hand navigation menu and a main content area. The navigation menu includes the following items: PERSONAL INFORMATION, PROFESSIONAL IDS, EDUCATION & PROFESSIONAL TRAINING, SPECIALTIES, PRACTICE LOCATIONS, HOSPITAL AFFILIATIONS, CREDENTIALING CONTACTS, PROFESSIONAL LIABILITY INSURANCE, EMPLOYMENT INFORMATION, PROFESSIONAL REFERENCES (highlighted with a blue bar), DISCLOSURE, and AUTHORIZE. The main content area is titled 'PROFESSIONAL REFERENCES' and contains a note: '* Required fields are indicated with a red asterisk. All other fields are optional.' Below this is a section titled 'Reference' with the text 'No record Found, Click Add to enter Professional Reference'. A red 'Add' button is highlighted with a yellow box. At the bottom of the main content area, there are three buttons: 'Save and Go Back', 'Save', and 'Save & Continue'.

Please complete all the disclosure questions and hit save and continue

Please complete all the disclosure questions and hit save and continue

Save

- PERSONAL INFORMATION
- PROFESSIONAL ID#
- EDUCATION & PROFESSIONAL TRAINING
- SPECIALTIES
- PRACTICE LOCATIONS
- HOSPITAL AFFILIATIONS
- CURRENT/PHYSICIAN CONTACTS
- PROFESSIONAL LIABILITY INSURANCE
- EMPLOYMENT INFORMATION
- PROFESSIONAL REFERENCES
- DISCLOSURE**
- AUTHORIZE

CAQH

DISCLOSURE

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

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

Licensure

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

Hospital Privileges and Other Affiliations

2. * Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions for reasons other than non-completion of medical care if when quality of care was not adversely affected or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?
 Yes
 No

Ability to Perform Job

23. * Are you currently engaged in the illegal use of drugs? (Currently means sufficiently recent to justify a reasonable belief that the use of drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. Illegal use of drugs refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.)
 Yes
 No
24. * Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?
 Yes
 No
25. * Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?
 Yes
 No
26. * Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?
 Yes
 No

Save and Go Back

Save

Save & Continue



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

Provider Status: First Provider Contact (6/15/2023)

AUTHORIZATION SETTING

ORGANIZATIONS

AUTHORIZATION SETTING

Healthcare organizations using CAQH require your authorization to access your self-reported and attested information to conduct processes, such as, credentialing, provider directory updates and claims processing. By selecting one of the authorization options below, you are granting these organizations access to your self-reported and attested information.

When a healthcare organization subscribes to your data, should CAQH automatically authorize access?

<input checked="" type="checkbox"/> Yes. Release my data to any organization that requests access. <small>RECOMMENDED</small>	<input type="checkbox"/> No. Ask me to review each organization's request.
---	---

I hereby authorize the release of my full set of CAQH self-reported information as indicated above.

SAVE 

Please **ATTEST** before documents can be added.

 **First complete your Profile Data, then Review and Attest**

REVIEW & ATTEST

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

These 4 items should be added as seen below.

You have a few errors to fix before attesting.

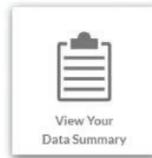
Click below to review incorrect or missing information in your application and supporting documents.

Application Data

The system identified errors in your application.

14 required fixes
2 suggested fixes

[View Errors](#)



DOCUMENTS

List of Documents

* Required documents are indicated with a red asterisk. For each required document click 'upload' and add one document.

Document Name	State	Uploaded Date	Expiration Date	Status	Document Actions
* Standard Authorization, Attestation and Release	CAQH	06/01/2023		Approved	
* DEA	Tennessee	05/31/2023	03/31/2026	Approved	Delete Replace
* Professional Liability Insurance - 40		05/31/2023	06/30/2023	Approved	
State License	Tennessee	05/31/2023	09/30/2024	Approved	Delete Replace

After you upload documents. Check back the next day to make sure all documents were 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>

TennCare Provider Registration Portal

Log In

Welcome to the TennCare Registration Home page for new and existing providers.

ALL PROVIDERS:
Please review [Electronic Registration](#)

ORGANIZATIONAL PROVIDERS:
Create a user account to complete and submit your organization's TennCare registration. [Create Account](#)

INDIVIDUAL PROVIDERS:
If you are an Individual Provider, information would only need to be completed once and completed here: [TennCare CAQH Roster Registration](#).

If you are an individual provider that will be submitting claims using your own individual NPI, you have received a Medicaid ID for your individual practice location, and you need to sign up for ACH/EFT or have been directed to set up an account, click [Create Account](#).

Please enter your User ID and Password

User ID	<input type="text"/>	*
Password	<input type="password"/>	

[Reset Password](#) [Forgot User ID?](#)

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

TennCare Provider Registration Portal

Log In

Welcome to the TennCare Registration Home page for new and existing providers.

ALL PROVIDERS:
Please review [Electronic Registration](#)

ORGANIZATIONAL PROVIDERS:
Create a user account to complete and submit your organization's TennCare registration. [Create Account](#)

INDIVIDUAL PROVIDERS:
If you are an Individual Provider, information would only need to be completed once and completed here: [TennCare CAQH Roster Registration](#).

If you are an individual provider that will be submitting claims using your own individual NPI, you have received a Medicaid ID for your individual practice location, and you need to sign up for ACH/EFT or have been directed to set up an account, click [Create Account](#).

Please enter your User ID and Password

User ID	<input type="text"/>	*
Password	<input type="password"/>	

[Reset Password](#) [Forgot User ID?](#)



Step 3: Fill out the Registration Information, then click continue.

Registration

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

Personal Information

* First Name Middle Name * Last Name
 Suffix * Birth Date * SSN

Professional Identification

* Provider Type * Primary Practice State
 * Provider NPI * License Number * License State
 DEA UPIN

Credentialing Contact Information

* Address Address 2 * City
 * State * Zip (First 5) Ext Zip (Last 4)
 * Phone No Phone Extension
 * E-mail * Confirm E-mail

Step 4: Registration Agreement. Enter Characters and click I Agree.

Registration

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

Finalize

By clicking the "I Agree" button you agree:

The foregoing information provided in this request for a TennCare – State of Tennessee Medicaid ID number, is true, accurate and complete, to the best of my knowledge and belief, or to that of the person submitting on behalf of the individual provider.



* E-mail * Confirm E-mail

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 Middle Name * Last Name
Suffix * Birth Date * SSN

Professional Identification

* Provider Type * Primary Practice State
* Provider NPI * License Number * License State
DEA UPIN

Credentialing Contact Information

* Address Address 2 * City
* State * Zip (First 5) Ext Zip (Last 4)
* Phone No Phone Extension
* Email * Confirm Email

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.

TennCare Provider Registration Portal

Log In

Welcome to the TennCare Registration Home page for new and existing providers.

ALL PROVIDERS:
Please review [Electronic Registration](#)

ORGANIZATIONAL PROVIDERS:
Create a user account to complete and submit your organization's TennCare registration. [Create Account](#)

INDIVIDUAL PROVIDERS:
If you are an Individual Provider, information would only need to be completed once and completed here: [TennCare CAQH Roster Registration](#).

If you are an individual provider that will be submitting claims using your own individual NPI, you have received a Medicaid ID for your individual practice location, and you need to sign up for ACH/EFT or have been directed to set up an account, click [Create Account](#).

Please enter your User ID and Password

User ID

Password

[Reset Password](#) [Forgot User ID?](#)

[Log In](#)

Step 2:

Click on the add affiliation link.

Manage My Account

- [Update Registration](#)
- [Update My Profile](#)
- [Add an Affiliation](#)
- [View Provider File \(Read Only\)](#)
- [Documents and Reports](#)
- [Request Termination](#)

Step 3:

Click the green + sign on the right hand side.

Add Affiliations

Group

Individual provider that is associated with your group.

Start Date	End Date	Affiliation Status		
9/30/2013		Confirmed		

When both fields are used to search, the grid will be filtered by both Name and



Step 4:

Enter new affiliation information and save.

Add Group Member

Provider Name*

NPI*

Start Date*