



BlueCare Tennessee is an Independent Licensee of the BlueCross BlueShield Association.

New Credentialing and Recredentialing Documentation Process for CHOICES and Employment and Community First (ECF) CHOICES Home and Community-Based Service (HCBS) Providers

Effective January 1, 2020

Amerigroup Community Care, BlueCare Tennessee and UnitedHealthcare Community Plan have worked closely with the Division of TennCareSM to significantly streamline our credentialing and recredentialing processes.

To support this, TennCare has enhanced their Provider Data Management System (PDMS) to provide a single source for providers to load documents and for MCOs to retrieve documents prior to an on-site visit. For those of you who are familiar, this process is similar to the CAQH process for practitioners.

Please note the MCOs must still complete an on-site visit in order to credential and/or recredential each of their contracted providers. However, this enhancement will shorten the time spent on site.

As mentioned above, this change goes into **effect January 1, 2020**. All HCBS providers are required to load their LTSS policies and procedures, as well as ensure that updated licenses and certificates of insurance are in the PDMS system, by that time.

The MCOs worked with pilot provider in each region in 2018 to ensure that these efforts would be successful. This also gave us the opportunity to remedy any potential challenges prior to rolling this effort out to the entire HCBS network.

Both TennCare and the MCOs are extremely excited about this initiative.

If you have any questions or concerns, please feel free to contact your provider relations representative or provider network manager at any of the MCOs.

As a reminder, the Division of TennCare uses web-based technology to simplify and improve the provider registration/revalidation process. Individual providers need to register to be added to the Council for Affordable Quality Healthcare (CAQH) roster for providers. Once registered, all updates should be maintained by CAQH. Other provider entities (including single and multispecialty groups) should register and update their data and members via the TennCare website.

TennCare Provider Registration <https://pdms.tennCare.tn.gov/Account/Login>

Individual should also register at: CAQH Proview <https://proview.caqh.org/Login>

A valid TennCare ID number is required for participation in TennCare, Tennessee's Medicaid program. A valid TennCare ID number is required to:

- Get prescriptions covered by the TennCare pharmacy benefit for TennCare members.
- Submit Medicare/Medicaid crossover claims to the Division of TennCare for consideration of Medicare copays and deductibles for members with Medicare as a primary carrier.
- Contract with any TennCare MCO in order to provide medically necessary services to TennCare members.
- Receive payments from TennCare's Electronic Health Record Incentive Program.

To view up to date policies regarding provider registration please visit the TennCare Policy and Guidelines section of the portal: <https://www.tn.gov/tenncare/policy-guidelines/policies.html>. For information on registration and/or revalidation please see the step by step guide at: <https://www.tn.gov/content/dam/tn/tenncare/documents/GroupRegistrationInstructions.pdf>

For further assistance contact us at 1-800-852-2683 option 5 or Provider.Registration@tn.gov.