



STATE OF TENNESSEE DEPARTMENT OF FINANCE  
AND ADMINISTRATION  
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION  
**BUREAU OF TENNCARE**  
310 GREAT CIRCLE ROAD  
NASHVILLE, TN 37243-1700

The information contained here is to provide information for the fields on the registration form. Provider information entered here will be submitted to CAQH in to collect the information needed by TennCare for assigning a Medicaid ID. **You MUST** click submit once all information has been entered. Failure to click 'Submit' will require all information to be submitted again.

## Step 1: Provider Information

### **Personal Information – Individual Provider**

- First Name – Provider first name
- Middle Name - Provider middle name / Initial
- Last Name – Provider last name
- Suffix – Sr, Jr, I, II, etc.
- Birth Date – Provider birth date
- Provider SSN – SSN of Provider

### **Professional Information – Individual Provider**

- Provider Type – Choose Provider Type from drop down menu
- Primary Practice State – Choose provider primary practice state from drop down menu
- Provider NPI – Provider Individual NPI
- State License Number – Provider license number
- DEA – Provider DEA number if available
- UPIN – Provider UPIN number if available
- CAQH ID – If current member of CAQH, enter provider CAQH ID

### **Contact Information – Credentialing Contact (This may or may not be the provider's information. The information entered here should be the contact for questions and or updates).**

- Address 1 – Address location for credentialing contact
- Address 2 – Suite number, etc
- City
- State – Choose from drop down menu
- Zip – Primary 5 digit Zip
- Zip 4 – Zip plus 4 if known (not required)
- Phone – Primary phone of credentialing agent
- Phone Extension – Extension of credentialing agent
- Email – Credentialing contact email address
- Confirm Email – Confirming credentialing contact email address

***Make sure to click SUBMIT.***

**Your data will not be processed until you click SUBMIT.**

## Step 2: Electronic Payment

If you will be receiving payments made directly to you from TennCare for Medicare Cross-Over claims or if you will be receiving an EHR Incentive Payment directly, you must complete the ACH enrollment forms. If you will be receiving payments from groups or entities you are associated with, i.e.; a Managed Care Organization, Dental Benefits Manager, etc., you do not need to complete the ACH forms. These forms are only needed if payment will be made to you directly by TennCare for Medicare Cross-Over claims you submit or the EHR Incentive Program.

The *Required Forms* link at the top of the Provider Registration Portal webpage contains additional forms that must be completed and submitted to TennCare in order to receive electronic payments. These additional forms are only needed if you are an individual provider who will be submitting Medicare Cross-Over claims directly to TennCare for payment or receiving an EHR Incentive Payment. If you need assistance with the required forms, please contact Provider Services at [Provider.Registration@tn.gov](mailto:Provider.Registration@tn.gov) or 1-800-852-2683. Please print the forms, fill them out and fax them to TennCare Provider Services at 615-248-4386 or 1-800-465-8059.