



Bureau of TennCare IS Policy Manual

Effective - 01/01/2021

Policy No: BTC-Pol-Prv-200802-001	
Subject: MCC Provider Enrollment Files	
Approval: Encounter Data Policy Workgroup	Date: 04/04/2008

PURPOSE OF POLICY STATEMENT: To clarify TennCare's position regarding MCC submission of monthly provider enrollment files.

POLICY:

To ensure adequate provider networks as required by contract, MCCs must submit to TennCare provider enrollment files per MCC contract requirements. TennCare's provider reporting requirements are for all contracted providers plus any nonemergency out-of-plan provider that has a claim adjudicated for a TennCare recipient within the last 12-months regardless of the in-plan/out-of-plan provider status or date of service on claims processed for the provider. This is for network adequacy purposes.

The following types of providers must be included in the provider file: any Billing (for example those that receive a 1099 for Medicaid Payments), Supervising (supervisor of a provider that is performing service), or Servicing individual or entity that provides service to or receives payment for services to a TennCare recipient and is included on claims submitted for adjudication to the MCC. Servicing is defined as Ordering, Rendering, Attending, or Referring providers. When in doubt as to whether a provider

record should be sent on the provider file, include the record. Below are further clarifications on the provider file contents.

1. Individuals who are in groups should not be reported with the group's TIN, rather their individual NPI, TennCare assigned Medicaid ID and SSN or EIN.
2. For individuals with a DEA number, the DEA number must be included on each Provider Enrollment file submitted. The following naming standard should be used for submission of the DEA number: field type = character, field length = 9, field position = Char. An example of a DEA number is AB0123456; DEA numbers beginning with "X" are not acceptable.
3. Only one provider file can be submitted per day per MCC.
4. Terminated provider records should be sent for twelve months from initial notification to TennCare of termination.
5. If a MCC mistakenly places a provider record on the file, they will need to submit a termination date on that record with the next provider file submission. The terminated record must continue to appear on the file for 12 months from initial notification of TennCare termination.

For weekly submissions, if a provider file is rejected by TennCare, the MCC is required to correct and resubmit within two business days. Failure to do so will be subject to liquidated damages.

For monthly Program (TennCare/CoverKids) file submissions, these files must be accepted by TennCare from each MCC no later than the 5th of each month for the TennCare provider enrollment file and no later than the 10th of each month for the CoverKids provider enrollment file. The MCCs will have 10 calendar days prior to the 5th and 10th of each month to have each Program monthly provider enrollment file accepted. When the 5th or 10th falls on a weekend day or a state-observed holiday, TennCare will extend the acceptance deadline to the next business day.

The MCCs will have two attempts to submit an acceptable monthly provider enrollment file. The second file must be submitted and subsequently accepted by the 5th and 10th to avoid assessment of liquidated damages. This applies to all MCCs regardless of contract requirements for weekly or monthly provider enrollment files. If the provider enrollment file is not accepted on the 5th and 10th or the next business day if the 5th or 10th

falls on weekend day, liquidated damages will be assessed for each day the provider enrollment file is not accepted starting on and including the 6th and 11th

The following naming standard should be used for submission of MCC Provider Enrollment files to TennCare rprvXXXYYMMDD01.zip. Files not named correctly are considered not delivered and therefore subject to liquidated damages.

In this document for file names, XX = 2 digit MCC number and XXX = 3 digit MCC number, CC = century, YY = year, MM = month, DD = day, 01 = daily file sequence number.

The sequence number is incremented only for rejected files that are resubmitted. The resubmitted file must maintain the original base file name minus the sequence number.

The files are to be zipped and placed on the SFTP server in the MCCXXX/extracts/provider/in folder. If the naming convention is not followed, the automated script will not acquire the file for processing. The internal file name in the header within the zip archive should match the external file name with an extension of .txt or .dat.

Along with the file being loaded to SFTP, an email should be sent to Provider.Networks@tn.gov containing the transmittal log as an attachment. The automated scripts stop acquiring provider files at 4:30 pm Central each weekday. Provider files are processed nightly and reviewed for acceptance or rejection the next business day,

MCCs receive two automated email notices the evening a provider file is accepted. The first email notification with subject line "Provider Error Summary Report for MCCXXX" is the Provider Error Report named prvp031d.XXX.CCYMMDD.zip with an internal report number of PRV-31XX-D. The report is placed on SFTP in the folder named MCCXXX/extracts/reports/out detailing the total number of provider records that set each edit. This report contains the MCC Number, MCC Name, MCC File ID along with the Error Code, Description, Error Tally, and Total Enrollment Records Read.

The notification for the Provider Interface Error Report is an automated email with "Daily Provider Error Report" in the subject line and is sent the evening the provider file is accepted. The file posted to SFTP is named prvXXXCCYYMMDD.zip with an

BTC-Pol-Prv-200802-001

(Revised 11/5/2020)

internal report number of PRV-XXE-D. The report is posted to SFTP in the folder named MCCXX/extracts/reports/out detailing all edits posted to each unduplicated provider record. This report contains the MCC NBR, Create Date, MCC Name, File ID, TennCare ID, Provider Name, and Error Num of each provider record that posted an edit. The MCCs are expected to review these reports for each accepted provider file to determine if any changes are needed to either their credentialing or file generation process.

Exceptions:

None

REFERENCE DOCUMENTS:

HIPAA Implementation Guides <http://www.wpc-edi.com>

TennCare HIPAA EDI Companion Guides

BTC-Pol-Enc-200608-002 – Provider Identification Usage on Submitted Transactions

TennCare Provider Enrollment Record Layout

OFFICES OF PRIMARY RESPONSIBILITY:

- TennCare IS Division and Provider Networks Unit —to ensure that provider enrollment files are submitted to TennCare and accepted
- Information Systems Management Contractor – to process provider enrollment files through the TCMIS system
- MCCs - to follow transaction requirements