

# Quick Guide: Provider Demographic and Termination Updates

## How to update a provider record



### Amerigroup Community Care requires specific documentation in order to update a provider's record. One of the following is required:

- A request on provider group letterhead with the signature of the provider or an authorized representative
- An email from an authorized provider or representative

All providers must complete their registration with the Division of TennCare at <https://www.tn.gov/tenncare/providers/provider-registration>.

### For in-network/participating provider data updates or terminations, changes can be made via:

- Email to Tennessee Network Data Support at [tnnwksup@amerigroup.com](mailto:tnnwksup@amerigroup.com) or fax to **1-877-423-9973**.

### For existing contracted providers, credentialing applications may be submitted:

- Through the website at <https://providers.amerigroup.com/TN>.
- Via email to Provider Credentialing at [tnprovcred@amerigroup.com](mailto:tnprovcred@amerigroup.com).
- By fax to **1-888-562-5089**.

All practitioners' Council for Affordable Quality Healthcare (CAQH) number must be current.

### For existing contracted facilities, re-credentialing applications may be submitted:

- Through the website at <https://providers.amerigroup.com/TN>.
- Via email to [gpccredentialing@anthem.com](mailto:gpccredentialing@anthem.com).

### For initial credentialing, location additions or specialty additions only:

- Fax to **1-888-562-5089**.

### For in-network/participating providers associated with a delegated or facility-based roster contract:

Updates can be made via email to Tennessee Network Data Support at [tnnwksup@amerigroup.com](mailto:tnnwksup@amerigroup.com). These updates should always be submitted on the required roster template spreadsheet.

### For an address change

#### Documentation should include:

- Name of provider or group and NPI number.
- Tax ID number.
- Old location, telephone and fax.
- New location, telephone and fax.
- Indication if this is the primary location or an additional location (for example, second, third, etc.).
- Effective date.

Note: All **facility** location changes must go through credentialing with full credentialing packet.

### For correspondence, credentialing contact or medical records address change

#### Documentation should include:

- Name of provider or group and NPI number.
- Tax ID number.
- Old location, telephone and fax.
- New location, telephone and fax.
- Effective date.
- Credentialing contact individual name.
- Credentialing contact email address.
- Credentialing contact telephone and fax.
- Credentialing mailing address.

### For a remit address change

#### Documentation should include:

- Name of provider or group and NPI number.
- Tax ID number.
- Old location, telephone and fax.
- New location, telephone and fax.
- Effective date.
- W-9.

### For tax information change

#### Documentation should include:

- Name of provider or group and NPI number.
- Tax ID number.
- Old location, telephone and fax.
- New location, telephone and fax.
- W-9 (if changing the tax information form 1099).
- Effective date.

### For a group name change

#### Documentation should include:

- Old name and NPI number with tax ID number (no change to tax ID).
- New name and NPI number.
- Effective date.
- W-9 with tax ID number (no change to tax ID) and new name (signed and dated).
  - The doing-business-as name must be included on W-9.
- Providers must complete their registration with the Division of TennCare at <https://www.tn.gov/tenncare/providers/provider-registration.html>.

### For a participating group entity adding a new tax ID that is currently participating in the network and will continue to be reimbursed under the current “old” contracted rates upon effective date

#### Documentation should include:

- Current entity name and NPI number.
- W-9 of current tax ID number.
- New entity name and NPI number.
- W-9 of new tax ID number adding.
- Requested effective date.
- Providers must complete their registration with the Division of TennCare at <https://www.tn.gov/tenncare/providers/provider-registration.html>.

Please note: This is a tax ID assignment and will require going through a legal review.

### For an individual name change

#### Documentation should include:

- Name of provider and NPI number.
- Provider old name.
- Provider new name.
- Effective date.
- Providers must complete their registration with the Division of TennCare at <https://www.tn.gov/tenncare/providers/provider-registration.html>.

### For a participating entity adding NPI (tax ID stays the same)

#### Documentation should include:

- Name of provider, new NPI number and new Medicaid number.
- Tax ID number.
- Effective date.
- Entity application.
- Providers must complete their registration with the Division of TennCare at <https://www.tn.gov/tenncare/providers/provider-registration.html>.

### For providers who are currently participating Amerigroup providers

Credentialing follows the provider. Therefore, before a provider changes from one tax ID to another credentialing status will always be researched.

### For a change of member panel status<sup>1</sup>

#### Documentation should include:

- Name of provider and NPI number.
- Tax ID number.
- Whether auto-assign should be off or on.
- Whether new members should be yes or no.
- Whether provider wants to remain in directory should be yes or no.
- Reason for closing patient panel.

### For a patient age range change

#### Documentation should include:

- Name of provider and NPI number.
- Tax ID number.
- Age range of members (minimum and maximum) for accepting new patients.

## For a participating entity terming NPI<sup>2</sup>

### Documentation should include:

- Name of provider and NPI number.
- Service location.
- Tax ID number.
- Effective date.
- Reason for termination.

### Reminders:

- Letterheads and emails should always include the tax ID number, NPI number and effective date.
- If the request is for a tax ID change, the letter must include the handwritten signature (not printed) of an authorized representative.
- The provider effective date should be the latter of 60 days from the clean receipt of notice to Amerigroup.
- All individual providers and provider entities are required to complete their provider registration with the Division of TennCare for each assigned Medicaid ID at <https://www.tn.gov/tenncare/providers/provider-registration.html>.

## For a participating provider going to a nonparticipating group

### The following is required:

- The provider must go to the Amerigroup website to request application, located at <https://providers.amerigroup.com>.
- The provider must complete registration with the Division of TennCare, located at <https://www.tn.gov/tenncare/providers/provider-registration.html>.

## For a participating provider going to a participating group

### The following is required:

- Request on new group letterhead with effective date.
- Indicate if the provider is a PCP or specialist.
- Complete registration with the Division of TennCare at <https://www.tn.gov/tenncare/providers/provider-registration.html> to retrieve a W-9 form.
- Request on letterhead or email from former practice manager or provider enrollment to term old tax ID with effective date.

If this is for a PCP, please indicate whether or not members will be moved from the old tax ID to the new tax ID. This request must come from the old provider group contact. The provider may choose to go to the Amerigroup website to request application.

## For a solo participating provider that becomes a group, incorporates and does not change their tax ID

### The following is required:

- Request on new group letterhead with effective date.
- Indicate if the provider is a PCP or specialist.
- Complete group application.
- Complete W-9.

If the group is adding additional practitioners, credentialing may be required. Providers must complete their registration with the Division of TennCare, located at <https://www.tn.gov/tenncare/providers/provider-registration.html>. The provider may choose to go to the Amerigroup website to request application.

## For a participating provider leaving a group/going into solo practice

### The following is required:

- The provider must go to the Amerigroup website to request application.
- The provider must complete their registration with the Division of TennCare.

## For a solo participating provider that becomes a group, incorporates and changes their tax ID

### The following is required:

- If this is for a PCP, request that members move from the old tax ID to the new tax ID.
- The provider may choose to go to the Amerigroup website to request application.

### Reminders:

- Letterheads and emails should always include the tax ID number, NPI number and effective date.
- If the request is for a tax ID change, the letter must include the handwritten signature (not printed) of an authorized representative.
- The provider effective date should be the latter of 60 days from the clean receipt of notice to Amerigroup.
- All individual providers and provider entities are required to complete their provider registration with the Division of TennCare for each assigned Medicaid ID.

## For provider terminations, close panel and moving members or changes from a PCP to a specialist

In an effort to provide the best service to a practice and to our shared members, we recommend providers notify us<sup>3</sup> with a minimum of 45 days prior to the effective date of any provider termination.

### For a provider termination

#### Documentation should include:

- Name of the provider terminating from the group and the NPI number.
- Group tax ID number.
- Termination effective date.
- Reason for termination (e.g., quit group, retired, moved out of state, deceased, etc.).
- When applicable, the name of the transitional PCP within the same group that is now accepting members (must be a participating provider).

### For a provider type change (from a PCP to a specialist or a specialist to a PCP)

#### Documentation should include:

- Name of the provider and the NPI number.
- Tax ID number.
- Effective date of change.
- When applicable, the name of the transitional PCP within the same group that is now accepting members (must be a participating Amerigroup provider).

### For providers who are currently nonparticipating Amerigroup providers and:

- Are a nonparticipating provider joining a nonparticipating group (must go through website to join our network).
- Are a nonparticipating provider and a solo practitioner (must go through website to join our network).

### For a nonparticipating tax ID being added to a participating tax ID (the current tax ID will continue to exist)

The following is required:

- Request on new group letterhead with effective date.
- W-9 form.
- Standard *Provider Contract Amendment*.<sup>4</sup>

Providers must complete their registration with the Division of TennCare.

## For a panel status/PCP close panel requiring member transition

#### Documentation should include:

- Name of the provider and the NPI number.
- Tax ID number.
- If auto-assign should be off or on.
- If new members should be yes or no.
- Reason for closing the patient panel.
- Effective date.
- When applicable, the name of the transitional PCP within the same group that is now accepting members (must be a participating Amerigroup provider).

### For a nonparticipating provider/participating group<sup>5</sup>

#### The following is required:

- Request on new group letterhead with effective date
- Indicate whether the provider is a PCP or specialist
- CAQH number

Providers must complete their registration with the Division of TennCare. The provider may choose to go to the Amerigroup website to request application.

#### Reminders:

- Letterheads and emails should always include the tax ID number, NPI number and effective date.
- If the request is for a tax ID change, the letter must include the handwritten signature (not printed) of an authorized representative.
- The provider effective date should be the latter of 60 days from the clean receipt of notice to Amerigroup.
- It is a requirement that all individual providers and provider entities must complete their provider registration with the Division of TennCare for each assigned Medicaid ID.

If you need further assistance, contact Provider Services at 1-800-454-3730, Monday through Friday from 8 a.m. to 5 p.m.

#### FOOTNOTES:

1. If reassigning members, please refer to termination process.
2. If this is for a group, the termination process will be followed.
3. Documentation is required to be on letterhead or company email, dated, and with the signature of an authorized representative in the provider's office who is responsible for the *Provider Agreement*.
4. Required to add the new tax ID to the current contract.
5. Credentialing status will be researched. If needed, the provider or credentialing manager will be contacted.