



TENNCARE POLICY MANUAL

Policy No: CON 06-001 (rev 4)	
Subject: Minimum Requirements for Provider Directories	
Approved by: <i>[Signature]</i>	Date: 7/19/12
Approved by: <i>[Signature]</i>	Date: 7/20/12
Approved by: <i>[Signature]</i>	Date: 7/23/12

PURPOSE:

The Bureau of TennCare has received questions from managed care contractors (MCCs) about what provider demographics information is required in provider directories for enrollees. This Policy Statement addresses the minimum requirements and offers guidelines for submitting the provider directory to the TennCare Marketing Coordinator.

DISCUSSION:

MCCs must furnish two provider directories to enrollees: 1) a general provider directory—distributed to all enrollees—containing information about primary care providers (PCPs) and specialists and 2) a CHOICES provider directory—distributed to all CHOICES members—containing information about long-term care providers. Each directory has different requirements. As a reminder, all information furnished to enrollees must be presented at or below the 6th grade reading level. See Section 2.17 of the East, Middle, and West Tennessee Contractor Risk Agreements (CRAs) and the TennCare Select Agreement.

An "x" in a column on the grid below indicates which information is required in the **general provider directory** for enrollees. In addition, this directory must include a prominent notice that information about long-term care providers is available to CHOICES members in the CHOICES provider directory. MCCs can publish additional information—subject to TennCare approval—if desired. For example, an MCC may choose to include ancillary services (e.g., dialysis or physical therapy, as well as the appropriate address and phone number) at its discretion.

Required Information for General Provider Directory

Provider Type	Name	Address	Phone Number	Open/ Closed to New Patients	Foreign Language (if available)	Office Hours	TENNderCare Screens (if available)	Type of Service by County
PCP	X	X	X	X	X	X	X	X
Specialist	X	X	X	X	X	X		X
Home Health	X							
Home Infusion	X							
Hospice	X							
DME	X							
Laboratory	X							
Pros./Orthotics	X							
Mental Health/Substance Abuse	X							
Pharmacy	X	X	X					X
Hospital	X	X	X					X
Dentist (by specialty)	X	X	X	X	X	X		X
Vision	X	X	X					X

An "x" in a column on the grid below indicates which information is required in the **CHOICES provider directory** for enrollees. Additional information may be published with TennCare's approval.

Required Information for CHOICES Provider Directory

Provider Type	Name	Address	Phone Number	County in Which Services Are Provided
Nursing Facility (NF)	X	X	X	X
Community-Based Residential Alternatives (CBRA)				
Adult Care Home	X	X	X	X
Assisted Care Living Facility (ACLF)	X	X	X	X
Non-Residential HCBS				
Adult Day Care	X	X	X	X
Assistive Technology	X	X	X	X
Attendant Care	X	X	X	X
Home-Delivered Meals	X	X	X	X
In-Home Respite Care	X	X	X	X
Inpatient Respite Care	X	X	X	X
Minor Home Modifications	X	X	X	X
Personal Care Visits	X	X	X	X

Provider Type	Name	Address	Phone Number	County in Which Services Are Provided
Personal Emergency Response System (PERS)	X	X	X	X
Pest Control	X	X	X	X
Short-Term NF Care	X	X	X	X

TennCare Provider Directory Verification Record Layout

Enrollee provider directories, and any revisions thereto, shall be submitted to the TennCare Marketing Coordinator for approval prior to distribution to enrollees. MCCs shall submit separate layouts for the general provider directory and the CHOICES provider directory, and each submission shall include a paper and an electronic copy. The text of the directories shall be in Microsoft Word. The provider information used to populate the enrollee provider directories must be submitted as TXT files and be produced using the same extract process as the actual enrollee provider directories. Below is the file layout to be used when an MCC submits its provider directory information; this file contains selected data elements from the current monthly TennCare Provider Enrollment file:

TennCare Provider Directories Record Layout

Fieldname	Type	Length	Position Start	Position End	Comments
Detail Record					
BUSINESS-NAME	Char	29	1	29	The name of the Business or group for non-individual providers. NOTE: This field is a re-define of bytes 1-29 which are used for individual providers as defined below.
PROV-LASTNAME	Char	13	1	13	Last name of individual provider with a space for surname distinction such as Jr., Sr, II etc. for individuals.
PROV-FIRSTNAME	Char	11	14	24	First name of individual provider.
PROV-MIDDLE-INITIAL	Char	1	25	25	Middle initial of individual provider.
PROV-TITLE	Char	4	26	29	Provider type MD, RN, LPN, etc. Must match Dept. of Health.
SVR-ADDR-LN1	Char	30	30	59	Provider service location for specialty/taxonomy indicated.
SVR-ADDR-LN2	Char	20	60	79	Provider service location for specialty/taxonomy indicated.
SVR-ADDR-CITY	Char	20	80	99	Provider service location for specialty/taxonomy indicated.
SVR-ADDR-STATE	Char	2	100	101	Provider service location for specialty/taxonomy indicated.

Fieldname	Type	Length	Position Start	Position End	Comments
SVR-ADDR-ZIP	Num	9	102	110	Provider service location for specialty/taxonomy indicated.
SVR-PHONE-NUMBER	Num	10	111	120	Phone number for this location.
TAXONOMY	Char	10	121	130	Taxonomy used to determine specialty code when NPI is present.
SPECIALTY-CODE	Char	3	131	133	Must use current list of valid specialty codes.
PROVIDER-TYPE	Char	2	134	135	Must use current list of valid provider types.
TENNCARE-ID	Char	15	136	150	Provider identification number assigned by the MCC. This number must be unique for each provider reported to TennCare and associated with no more than 1 NPI.
MCC	Num	3	151	153	MCC identification number assigned by TennCare.
PROV-PRENATAL	Char	1	154	154	Provider provides prenatal care. Values 'Y', 'N'.
NEW-PAT	Char	1	155	155	Provider accepts new patients. Values 'Y', 'N'.
BHO-PROVIDER-SERVICE-CODE	Char	2	156	157	See attached document with listing of codes. Required on Behavioral Health Providers for MCOs 004, 027, 028, 029, 030, 031, and 032.
OFFICE HOURS1	Char	25	158	182	
OFFICE HOURS2	Char	25	183	207	
OFFICE HOURS3	Char	25	208	232	
OFFICE HOURS4	Char	25	233	257	
OFFICE HOURS5	Char	25	258	282	
OFFICE HOURS6	Char	25	283	307	
OFFICE HOURS7	Char	25	308	332	
FOREIGN-LANGUAGE1	Char	15	333	347	
FOREIGN-LANGUAGE2	Char	15	348	362	
FOREIGN-LANGUAGE3	Char	15	363	377	
FOREIGN-LANGUAGE4	Char	15	378	392	
FOREIGN-LANGUAGES5	Char	15	393	407	

OFFICES OF PRIMARY RESPONSIBILITY:

TennCare Office of Managed Care Operations
TennCare Office of Provider Services
TennCare Marketing Coordinator
TennCare Division of Long Term Services and Supports

REFERENCES:

<https://tn.gov/assets/entities/tenncare/attachments/MCOStatewideContract.pdf>

TennCare MCO Statewide Contract

TennCare Select Agreement Section 2.17

(A hyperlink is not available at this time.)

Original: 08/10/06: DAS

Reviewed / No revision: 11/29/07: DAS

Revision 1: 08/28/08: DAS

Revision 2: 12/02/09: DAS

Revision 3: 05/16/11: JTR

Revision 4: 07/23/12: JTR

Reviewed/No Revision: 12/12/13: AY

Hyperlinks Updated: 06/04/15 AY

**Behavioral Health Service Codes for determining Access and Availability
(Attachment V of the CRA)**

Service Type	Service Code(s) for use in position 330-331 of the Provider Enrollment File
Psychiatric Inpatient Hospital Services	Adult – 11, 79, 85 Child – A1 or H9
24 Hour Psychiatric Residential Treatment	Adult – 13, 81, 82 Child – A9, H1, or H2
Outpatient MD Services (Psychiatry)	Adult – 19 Child – B5
Outpatient Non-MD Services	Adult – 20 Child – B6
Intensive Outpatient/ Partial Hospitalization	Adult – 21, 23, 62 Child – B7, C2, C3
Inpatient Facility Services (Substance Abuse)	Adult – 15, 17 Child – A3, A5
24 Hour Residential Treatment Services (Substance Abuse)	Adult – 56 Child – F6
Outpatient Treatment Services (Substance Abuse)	Adult – 27 or 28 Child – D3 or D4
Mental Health Case Management	Adult – 31, 66, or 83 Child – C7, D7, G2, G6, or K1
Psychiatric Rehabilitation Services (as detailed in the eight categories below):	
Psychosocial Rehabilitation	42
Supported Employment	44
Peer Support	88
Illness Management & Recovery	91
Supported Housing	32 and 33
Crisis Services (Mobile)	Adult – 37, 38, 39 Child – D8, D9, E1
Crisis Respite	Adult – 40 Child – E2
Crisis Stabilization	Adult – 41