

**TENNESSEE MEDICAID – ACCESS MED PLUS
ELECTRONIC CLAIMS REGISTRATION**

Access Med Plus cannot accept electronic claims until the following enrollment procedures are completed. Each Provider must complete one copy of the enrollment forms.

Enrollment Forms Required	<p>1) Electronic Data Interchange Agreement 2 pages On page 1 please include the current date and the Provider's name. On page 2 please include the Provider's signature underneath "PARTICIPATING PROVIDER".</p> <p>2) Appendix A Transmission Method 1 page Please print the Provider's name, address, Medicaid assigned Provider license number, office contact name, telephone number and tax identification or social security number of the Provider in which claims will be submitted. Please include the Provider's printed name and signature in section 3 at the bottom of the enrollment form.</p>				
Please fax or Mail	<p>Attn: CPS Provider Registration at (860) 289-0055</p> <p>Attn: Provider Registration Claims Processing Service, Inc. 220 Burnham Street South Windsor, CT 06074</p>				
Enrollment Confirmation	<p>CPS will verify enrollment with Medicaid and notify you when claims can be submitted electronically.</p>				
Contact Phone Numbers	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Medicaid Customer Service</td> <td style="width: 50%; text-align: right;">(800) 269-3133</td> </tr> <tr> <td>CPS Provider Enrollment</td> <td style="text-align: right;">(888) 255-7293</td> </tr> </table>	Medicaid Customer Service	(800) 269-3133	CPS Provider Enrollment	(888) 255-7293
Medicaid Customer Service	(800) 269-3133				
CPS Provider Enrollment	(888) 255-7293				
Help	<p>Please contact CPS Provider Enrollment if you have any questions.</p>				
Changing Electronic Billing Agents	<p>If currently submitting electronic claims through another billing agency please complete section 3 at the bottom of the Appendix A Transmission Method enrollment form. This will be the name of billing agency in which you are currently submitting electronic claims to Access Med Plus. Enter the current date for "Effective <u> </u> / <u> </u> / <u> </u> for "Changing billing agencies. Complete items 1,2".</p>				

ELECTRONIC DATA INTERCHANGE AGREEMENT

This Agreement is entered into this _____ day of _____, 19_____, between _____ (hereinafter referred to as "Participating Provider") and TENNESSEE MANAGED CARE NETWORK (hereinafter referred to as "Network") for the purpose of electronically submitting claims data between the Participating Provider and the Network.

1. Term of the agreement. This agreement shall continue until either terminated in writing or until the termination of the agreement between the Participating Provider and the Network, whichever occurs first.
2. Integrity of Information Transmitted. The Participating Provider is responsible for the integrity of all data and shall send corrections, if necessary, at the Participating Provider's cost.
3. Management and Audit Trails. The Network and Participating Provider, themselves or through a third party, shall maintain daily logs and store data sent or received for a period of not less than ninety (90) days.
4. Checking for Errors. The Network and Participating Provider shall check for duplicate or missing data and/or documents being sent or received.
5. Charges. If Participating Provider transmits through a third party EDI network, or through an agent or representative of Participating Provider, Participating Provider will be responsible for applicable charges.
6. Acknowledgment Requirements. Network and Participating Provider are responsible for sending an EDI acknowledgment for each document received electronically via modem, and shall be capable of receiving and EDI acknowledgment for each document sent.
7. Resending Data. Participating Provider is responsible for resending all documents transmitted in the event a complete and valid transmission is not received.
8. Receiving Data. If data is sent through a third party EDI network, or through an agent or representative of Participating Provider, Network and Participating Provider shall pick up data received in its electronic mailbox a minimum of once each week.
9. Confidentiality. It is understood that dial-up phone numbers, Participating Provider identification codes, and passwords are confidential and shall be treated as such.

10. Implementation

- A. Network and Participating Provider shall acquire software and hardware capable of performing EDI transmissions.
- B. Network and Participating Provider's EDI software shall include the current versions capable of receiving and sending documents such as claims data.
- C. Participating Provider shall either transmit directly to Network or through a third party EDI network, or provider data on magnetic cartridge, tape, or diskette.

11. Testing. Testing will begin as soon as the Participating Provider is signed on to the network EDI system. After four (4) weeks of testing for each logical group of documents, Participating Provider is expected to be in a production status.

12. Estimated Testing Date. Testing may begin n/a

PARTICIPATING PROVIDER

Date: _____

By: _____
Authorized Signature

TENNESSEE MANAGED CARE NETWORK

Date: _____

By: _____
Authorized Signature

**APPENDIX A
TRANSMISSION METHOD**

Providers wishing to submit claims on cartridge, tape, diskette or modem, or change their method of Submitting claims, are required to complete and submit this form. Return to the following address: Tennessee Managed Care Network, 220 Athens Way, Nashville, TN 37228, Attention: EDI Coordinator.

Provider Name: _____ Provider Number: _____
Address: _____ Contact: _____
_____ Telephone: _____
_____ TIN/SSN: _____

Claim Type(s): DENTAL

Reason for notification (please, check one and complete information requested). Please, circle Cartridge, Tape, Diskette, or Modem as appropriate.

- _____ Effective / / Starting Cartridge/Tape/Diskette/Modem billing from our computer system. Complete item 3 below.
- _____ Effective / / Starting Cartridge/Tape/Diskette/Modem billing from a billing Agency. Complete items 1 and 3 below.
- _____ Effective / / Changing billing agencies. Complete items 1, 2, and 3 below.
- _____ Effective / / Changing from a billing agency to Cartridge/Tape/Diskette/Modem billing from our computer system. Complete items 2 and 3 below.
- _____ Effective / / No longer submitting claims via Cartridge/Tape/Diskette/Modem Billing. Complete items 2 (if appropriate) and 3.

1. Billing agency authorized to submit claims for provider listed above:

Agency Name: Claims Processing Service, Inc. Telephone: (888) 255-7293

Address: 220 Burnham Street
South Windsor, CT 60674

Authorized Signature: _____
Name and Title: John Dydyn Jr., Director of Product Development

2. Previous agency no longer submitting claims for provider listed above:

Agency Name: _____

3. Provider Signature: _____

Typed Name: _____