

# CHOICES Newsletter

## Volunteer State Health Plan (VSHP)

January 2012

### VSHP Contact Information

#### Nursing Facility Hotline

Did you know that Nursing Facilities have a separate provider hotline to assist with claims and billing questions? The number is **1-866-502-0056**.

#### Provider Inquiry Specialist Team

For questions concerning authorizations or Electronic Visit Verification (EVV) related matters, please contact your assigned Provider Inquiry Specialist at 1-800-468-9736.

You may also send your authorization questions to the mailbox: [providerauthissues\\_gm@bcbst.com](mailto:providerauthissues_gm@bcbst.com).

#### CHOICES Provider Service Lines

BlueCare Provider Service:	<b>1-800-468-9736</b>
TennCareSelect Provider Service:	<b>1-800-276-1978</b>
Automated Eligibility Line:	<b>1-800-543-8607</b>

#### CHOICES Provider Network Managers

East TN – Sherri Dietz  
Phone: **(423) 535-5674**  
Email: [Sherri\\_Dietz@bcbst.com](mailto:Sherri_Dietz@bcbst.com)

Middle TN - Nathan Key  
Phone: **(615) 760-8707**  
Email: [Nathan\\_Key@bcbst.com](mailto:Nathan_Key@bcbst.com)

West TN - Sheldon House  
Phone: **(901) 544-2170**  
Email: [Sheldon\\_House@bcbst.com](mailto:Sheldon_House@bcbst.com)

Providers may also utilize the Choices Provider Relations general e-mail mailbox:  
**CHOICESProviderRelations\_GM@bcbst.com**. Issues pertaining to contracts, claims questions or benefits may be sent to this mailbox.

#### Enhanced Services

All CHOICES Enhanced Services require prior authorization. Providers should call **1-800-468-9736** to obtain an authorization.

Level 1 (ICF) and Level 2 (SNF) services do not require prior authorization as the Pre-Admission Evaluation (PAE) serves as the authorization.

#### HIPAA 5010 / ICD-10

As of January 1, 2012, all CHOICES claims submissions to VSHP must be HIPAA 5010 compliant. Beginning October 1, 2013, all diagnosis codes submitted on CHOICES claims to VSHP must be in the ICD-10 format. Additional information regarding HIPAA 5010 and ICD-10 can be found online at <http://www.bcbst.com/providers/ecom/hipaa-5010-upgrade.shtml>.

Providers receiving rejected claims submitted on or after January 1, 2012, as a result of implementation of HIPAA 5010 may contact eBusiness Solutions at **(423) 535-5717, Option 2** or may contact the appropriate BlueCare or TennCareSelect Provider Service line.

#### Assisted Care Living Facility (ACLF) Services

Authorizations are required for Assisted Care Living Facility (ACLF) Services and may be obtained by calling **1-800-468-9736**. Please request the appropriate daily or monthly authorization based on the anticipated length of stay. If a member's length of stay changes during any given calendar month, please call **1-800-468-9736** to obtain an updated authorization.

Providers should utilize the below information when billing for ACLF services:

- Revenue Code: 3109
- Daily Procedure Code: T2031 ; Units: Number of Days
- Monthly Procedure Code: T2030 ; Units: 1
- Bed-Hold Units are non-contractually billable/reimbursable ACLF services

#### ACLF Billing Update

On January 1, 2012, the Bureau of TennCare implemented a change in the maximum monthly room and board charge for ACLF services provided to CHOICES members. For 2012, this amount cannot exceed the lesser of **\$1,675.20** or the amount charged to a non-

CHOICES resident. For additional information, please refer to the memo dated January 4, 2012.

### **Pre-Admission Evaluations (PAEs)**

For all CHOICES PAEs, including those for recertification, providers must enter the Medicaid Only Payor Date (MOPD) into the Tennessee Pre-Admission Evaluation System (TPAES). The MOPD is a requirement by the Bureau of TennCare to establish CHOICES eligibility for Level 1 and Level 2 Nursing Facility services.

Providers may access the TPAES Training Manual online at [www.tn.gov/tenncare/forms/tlctpaesmanual.pdf](http://www.tn.gov/tenncare/forms/tlctpaesmanual.pdf). Providers can obtain information regarding TPAES training by calling 1-877-224-0219.

## **VSHP CHOICES Billing Guidelines**

### **Dates of Service/Date Span Billing Update**

Effective mid-November 2011, VSHP began rejecting CHOICES claims not submitted per the below updated billing guidelines:

Dates of service submitted on CHOICES claims must have occurred within the same calendar month.

The header *From Date* must equal the earliest detail *From Date*, and the header *To Date* must equal the latest detail *To Date*.

- For example:
  - 7/01/11 – 7/31/11 header date span filed
  - 7/03/11, 7/14/11 & 7/22/11 are filed at the detail line item level

Since the detail line items do not include or equal 7/01/11 or 7/31/11, the claim will be returned to the provider requiring a correction to these dates be made.

The claim should be filed as: 7/03/11 – 7/22/11 at the header level and 7/03/11, 7/14/11, 7/22/11 at the detail level.

For additional assistance regarding the updated billing guidelines, providers submitting CHOICES claims via the Electronic Visit Verification (EVV) system may utilize the job aide stored securely online within the TennCare Documentation Library. Please refer to the Helpful Links section of this newsletter for login information. Providers submitting CHOICES claims via other methods should contact their Provider Network Manager for additional assistance.

### **CHOICES Eligibility Verification**

Providers are contractually required to verify CHOICES eligibility prior to rendering services. CHOICES eligibility can be verified utilizing the below resources:

TennCare Online Services (Secure, Login Required):

- <https://apps.tn.gov/tcmis/tennessee/Security/logon.asp>

TennCare Provider Services:

- **1-800-852-2683**

BlueAccess (Secure, Login Required):

- <http://www.bcbst.com>

VSHP Provider Services:

- **BlueCare: 1-800-468-9736**
- **TennCareSelect: 1-800-276-1978**
- **Automated: 1-800-543-8607**

To utilize TennCare Online Services, providers must register for access and obtain login credentials. Instructions for registration are located on the login page. Providers will need a social security number and date of birth to verify CHOICES eligibility. The information returned will include the member's assigned TennCare MCO (present and past including eligible date spans), CHOICES Group assignment(s) (including eligible date spans), and Member Liability (if applicable). Information obtained via TennCare Online Services is considered current and accurate at the time of obtainment.

To utilize BlueAccess, providers must register for access and obtain login credentials. This can be accomplished via the **Register Now** link located on bcbst.com. Providers may utilize a member's first name, last name, date of birth, or social security number to verify CHOICES eligibility of current BlueCare or TennCareSelect enrollees. The information returned will include CHOICES eligible date spans. ID numbers for BlueCare or TennCareSelect CHOICES members will begin with **ZEEM** and the member's ID card will reflect **CHOICES**.

Benefits are based on the member's eligibility when services are rendered. Benefits and eligibility are determined by the Bureau of TennCare, and are subject to change.

### **Timely Filing Limit**

Timely filing is now in effect. Please remember, you have 120 days from the date of service to submit a claim for payment. If you have any questions regarding claims submission, please contact your Provider Network Manager.

### **Schedule Changes / Auth Issues / Claims Issues**

For schedule changes, authorization issues, and claims issues, please contact VSHP as soon as possible. Early resolution of schedule changes and authorization issues will reduce billing errors and allow for timely claims submission of CHOICES services. Early resolution of claims issues will decrease disruption time of provider cash flow.

### **Remittance Advice**

VSHP strongly encourages providers to review Remittance Advices immediately upon receipt to aid with billing and payment reconciliation. Providers utilizing EFT must utilize BlueAccess to obtain Remittance Advices.

### **BlueAccess®**

BlueAccess is a tool available to all providers who have Internet access. With this tool you can:

- View benefit limits
- View authorizations
- Submit claims via the CHOICES Web Portal
- Review Remittance Advices
- Obtain other member-specific information

To use BlueAccess, go to bcbst.com or vshptn.com, register and request a shared secret. For questions or concerns regarding BlueAccess registration, please contact your Provider Network Manager.

### **Billing for CHOICES HCBS Services**

Providers may reference the chart below when billing for CHOICES HCBS services:

HCBS Service	Procedure Code	Revenue Code	Mod
Adult Day Care	S5100	0570	
Assistive Technology	T2029	0590	U4
Attendant Care	S5125	0570	
Home Delivered Meals	S5170	0590	
Homemaker Services	S5130	0570	U1
In-Home Respite	S5150	0660	
Inpatient Respite	S5151	0660	
Minor Home Mods	S5165	0590	
Personal Care Visits	T1019	0570	
PERS – Installation	S5160	0590	
PERS – Monthly Fee	S5161	0590	
Pest Control	S5121	0590	U1

### **Issue Reporting and Resolution**

Please allow time for VSHP to resolve issues prior to contacting the Bureau of TennCare. Reporting MCO concerns to the Bureau of TennCare creates duplicate issues resulting in the delay of issue resolution.

## **Electronic Visit Verification (EVV)**

### **EVV Training**

If at any time your agency needs additional training on EVV, please contact your Provider Network Manager. He/She will schedule a time to come to your office and train employees on the system.

### **Missed and Late Visits**

Anytime scheduled services are not going to be provided to a VSHP member, VSHP must be notified immediately. Per the HCBS contract section **4.10 Change or Deviation in Services**, “the Provider shall immediately report to the Member’s Care Coordinator any deviations from the authorized service schedule.”

Providers must provide an accurate reason why services were not provided to the member as authorized. If the member refuses services or the staff worker is unavailable, there is a reason code to enter for an unplanned event. Each month, VSHP sends a report to the Bureau of TennCare reflecting the status of VSHP members receiving services as authorized in the plan of care. In the event that services are not provided as authorized, an explanation must be given. Supplying the missed and/or late reason code also provides information in the event that a critical incident presents itself.

### **Cancelling Schedules**

All visits/services must be scheduled prior to the staff worker arriving at the member’s home to provide the services. Visits should never be cancelled. The cancel function should only be used when the member’s status is placed on Hold for an unforeseen event. Examples would include, but are not limited to a VSHP member being admitted to the hospital, or taking an extended vacation.

There is a Sandata work tool available in the Sandata Documentation Library which includes Cancelling Schedules when a member’s status changes to HOLD.

### **EVV Technical Support**

For technical support utilizing the EVV system, please call Sandata Client Relations at **1-877-526-0516**.

## Friendly Reminders

### **Member Changes**

If a member is admitted to the hospital, you must contact VSHP as soon as possible. A delay of notification will result in authorization and claims errors.

Also, any time a member has a change in demographics (i.e., address, phone, etc.), this information must be reported to DHS in order for the system to be updated correctly. The member and/or the member's representative must report this information.

### **Member s Without Telephones**

Persons receiving government assistance may qualify for FREE Home Phone Service. Please visit [www.usfreecall.com](http://www.usfreecall.com) or call 1-877-90G-OUA (1-877-904-6872) for further details.

### **Adult Day Care Licensure**

Effective January 1, 2012, Adult Day Care Centers providing services to CHOICES members must be licensed by the State of Tennessee. Any provider lacking licensure will be terminated from the VSHP CHOICES Provider Network.

For additional information, please contact your assigned Provider Network Manager.

### **Provider Demographics Changes**

Please remember to contact your Provider Network Manager as quickly as possible if your agency experiences a change in demographics.

With the change of ownership, VSHP requests you provide at least a 60-day notice so that new contracts may be issued and all necessary paperwork can be completed. For additional information, please contact your Provider Network Manager.

### **Billing for CHOICES Nursing Facility Services**

Providers may reference the following chart when billing for CHOICES Nursing Facility Services:

Revenue Code	Description	Comment
191	Subacute Care Level 1	Level 1 ICF - Applicable for Short and Long Term Stays
192	Subacute Care Level 2	Level 2 SNF - Applicable for Short and Long Term Stays
192	Subacute Care Level 2 - Enhanced	Chronic Ventilator Care - Billed with Procedure Code 94004
192	Subacute Care Level 2 - Enhanced	Vent Weaning - Billed with Procedure Code 94004 and Mod 22
192	Subacute Care Level 2 - Enhanced	Tracheal Suctioning - Billed with Procedure Code 94004 and Mod 52
185*	LOA	Nursing Home - Hospital bed hold for ICF only
183*	LOA	Therapeutic Leave - Overnight home visits for ICF only
189*	LOA	Other - Non-covered day - ICF, SNF, and ICF-MR
224	Date of Discharge if Patient's discharge status is deceased.	
224	Date of Discharge if Patient's discharge status is deceased. Enhanced - Chronic Ventilator Care	Chronic Ventilator Care - Billed with Procedure Code 94004
224	Date of Discharge if Patient's discharge status is deceased. Enhanced - Vent Weaning	Vent Weaning - Billed with Procedure Code 94004 and Mod 22
224	Date of Discharge if Patient's discharge status is deceased. Enhanced - Tracheal Suctioning	Tracheal Suctioning - Billed with Procedure Code 94004 and Mod 52

### **CHOICES Services Reminder**

Missed visits can be only be 'made-up' during the same service week (Sunday – Saturday) and are contingent upon approval by member and VSHP. If approved, the 'make-up' visit will be authorized for a day when the service in question is not scheduled (e.g., 2 instances of Homemaker service will not be authorized for any 1 day). For additional information, please contact your assigned Provider Inquiry Specialist and/or your assigned Provider Network Manager.

### **Supporting Documentation Requests**

Please complete requests by VSHP for supporting documentation as soon as possible to avoid delays in issue resolution. VSHP may request timesheets to aid in resolving EVV issues. Timesheets submitted to VSHP must include the signature of the CHOICES member and the signature of the provider agency caregiver.

### **CHOICES Claims Submission**

Providers utilizing the EVV system must submit CHOICES claims to VSHP via established EVV procedures.

Providers not utilizing the EVV system may utilize the below methods for CHOICES claims submissions to VSHP:

- CHOICES web portal (secure) via BlueAccess
- ANSI 5010 format via VSHP preferred electronic clearinghouse vendors
- Printed UB-04 claim via US Mail to VSHP

For additional information, please contact your assigned Provider Network Manager.

---

### **CHOICES Internet Resources**

VSHP CHOICES Provider Resource Page:

<http://www.bcbst.com/providers/bluecare-tenncaresselect/choices/>

EVV TennCare Documentation Library:

<http://webtraining.sandata.com/tenncare/> ; username: nhtraintrn ; password: 3stars ; VSHP Documents password: design.

TennCare Long-Term Services & Supports:

<http://www.tn.gov/tenncare/longtermcare.shtml>

TennCare Online Services:

<https://apps.tn.gov/tcmis/tennessee/Security/logon.asp>

TennCare Provider Page:

<http://www.tn.gov/tenncare/providers.html>

TPAES Training Manual:

<http://www.tn.gov/tenncare/forms/tctpaesmanual.pdf>

BlueAccess:

<http://www.bcbst.com> ; <http://www.vshptn.com>

---